

Return & Repair Form:

Customer Information:

Company Name: Jefferson TWP B: _____ S: _____
 Date Received: 3-11-10 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR TW-0062
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR _____
 Whole Instrument Top ½ Sim Ser #: _____
 Other _____ Probe Ser # DD P - _____

ACCESSORIES:

110 V A/C Adapter Regulator Mag Card Rdr# _____
 Printer Paper Printer Ribbon Casio # _____
 Mouthpieces Carrying Case Dry Gas
 Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information:

Test #

Reason for Return: FC

| Part Number | Description | Qty | Total Cost |
|------------------|--------------|-----------|-----------------|
| <u>6808455</u> | <u>FC</u> | <u>1</u> | <u>n/c warr</u> |
| <u>mp cal 21</u> | <u>cal</u> | <u>1</u> | <u>n/c warr</u> |
| <u>mv labor</u> | <u>labor</u> | <u>.5</u> | <u>n/c warr</u> |

Repair Notes:

NEW FC # ARAN-0977
Cal w/ Qc / Ops Check

Service Technician: js

Date: 03/15/2010