

Return & Repair Form:

Customer Information:

Company Name: Lincoln Park B: _____ S: _____
 Date Received: 1-25-11 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo
 Serial #: AR TN-0064
 Printer Ser #: AR -
 Whole Instrument _____ Top 1/2 _____
 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 #

Part Number	Description	Pr	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>SI</u>	<u>1</u>	<u>w/c w</u>
<u>MP cal 71</u>	<u>Cal</u>	<u>PT</u>	<u>1</u>	<u>w/c w</u>
<u>MP Labor</u>	<u>Labor</u>		<u>.5</u>	<u>w/c w</u>

Repair Notes:

FC# AR BL-1881
Cal w/O. 3 ops check

Service Technician: _____

Date: 1/26/2011