

Return & Repair Form:

Customer Information:

Company Name: MT OLIVE PD B: _____ S: _____
 Date Received: 2-24 Date Given to Service: 2-24
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: ~~7410-7110-6510-6810-7510~~
 9510- Drug Tester 5000 Serial #: AR UL - 0043
 Description: A - B - Plus - Screener - Demo 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 4-2010

SCOTT
YAN
NESS

Repair Information:

Test #

Reason for Return: _____

| Part Number | Description | Qty | Total Cost |
|------------------|--------------|-----------|-------------|
| <u>10808455</u> | <u>FC</u> | <u>1</u> | <u>N/CW</u> |
| <u>MP CAL 71</u> | <u>CAL</u> | <u>1</u> | <u>N/CW</u> |
| <u>MP Labor</u> | <u>Labor</u> | <u>.5</u> | <u>N/CW</u> |

Repair Notes:

RE ARBN-0829
Cleaned cuvette and installed a new FC.
Cal w/ DC & Ops check

Service Technician: JS

Date: 2/25/2011