

Return & Repair Form:

Customer Information:

Company Name: Borough of Helmetta B: _____ S: _____

Date Received: 10/26/2010 Date Given to Service: _____

Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: ~~7410-7110~~-6510-6810-7510 Serial #: ARUL - 0054
 9510-Drug Tester 5000

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 _____

Repair Information:

Test #

Reason for Return:			
<u>FC</u>			
Part Number	Description	Qty	Total Cost
<u>6808455</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:

New FC# ARBE-1026

Cal w/ QC & ops check

Service Technician: [Signature]

Date: 10/27/2010