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Return & Repair Form:

Customer Information:

Company Name: Melford Twp. Pol. Dept # 55574 s: 55618

Date Received: 10.12.10 Date Given to Service: _____

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

Product Information:

Product: 7110 7110 - 6510 - 6810 - 7510
9510 - Drug Tester 5000

Serial #: ARUL - 0003

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 Oct. 2013

Repair Information:

Test #

Reason for Return: FC

Part Number	Description	Qty	Total Cost
<u>680 8486</u>	<u>Plastic</u>	<u>1</u>	<u>n/c w</u>
<u>680 8455</u>	<u>FC</u>	<u>1</u>	<u>n/c w</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>n/c w</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>n/c w</u>

Repair Notes:

FC # AR135-1065

Cal w/DC & OPS Check

Service Technician: JC

Date: 10/18/2010