

Return & Repair Form:

Customer Information:

Company Name: Greenwich PD B: _____ S: _____
 Date Received: 11-12-2010 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-~~7110-6310-6810-7510~~
 9510- Drug Tester 5000 Serial #: AR 0073
 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>6808486</u>	<u>Note</u>	<u>1</u>	<u>N/CW</u>
<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:

FC # ARBH-0459
CAL w/DC's ops check

Service Technician: [Signature]

Date: 11/15/2010