

Return & Repair Form:

Customer Information:

Company Name: Boyd of Mountside B: _____ S: _____
 Date Received: 3-26-10 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR UM-0053
 9510- Drug Tester 5000
 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>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/A WARR</u>
<u>MP cal 71</u>	<u>cal</u>	<u>1</u>	<u>N/A WARR</u>
<u>MP cal box</u>	<u>cal box</u>	<u>5</u>	<u>N/A WARR</u>

Repair Notes:

NEW FC # ARAN-1009
cal w/QC, 5 Opc Check

Service Technician: [Signature]

Date: 03/29/2010