

Return & Repair Form

Customer Information:

Company Name: 0: Dobsboro P.D. B: _____ S: _____
 Date Received: 8-19-08 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410 - 7110 - 6510 - 6810 Serial #: AR um - 0061
 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: HIGH/LOW IR RESULTS

Part Number	Description	Qty	Total Cost
<u>6809500</u>	<u>CUVETTE</u>	<u>1</u>	<u>w/cwmark</u>
<u>mpeal</u>	<u>cal</u>	<u>1</u>	<u>w/cwmark</u>
<u>mplabor</u>		<u>1 H</u>	<u>w/cwmark</u>

Repair Notes:

REPLACED CUVETTE / CAL w/QC & OPS CHECKS

Service Technician: _____



Date: 08-20-08