

Dräger safety

Return & Repair Form

Customer Information:

CUSTOMER Brooklawn PD Cust # _____
 Date of Return: 11/9 Carrier: FedEx Method: BID

Product Information:

Product: 7110 7410 6510 6810 Serial # ARUM-0065
 Description: A B PLUS SCREENER _ Printer Serial # _____
 Whole Inst. Top Half Simulator Serial # _____
 OTHER: _____ Probe Serial # _____
 Demo Unit Returned to stock on: _____
 Accessories: (check all that apply):
 110VAC Adapter Regulator Mag Card Rdr # _____
 Printer Paper Printer Ribbon Casio # _____
 Mouthpieces Carrying Case Dry Gas
 Other (specify): _____
 Warranty Expiration Date: _____

Repair Information:

Test # _____

Reason for Return: UNIT WILL PERIODICALLY NOT ACCEPT DATE + TIME

Part #	Description	Qty	Total
<u>MPCAL71</u>	<u>7110 CAL</u>	<u>1</u>	<u>N/C</u>

Repair Notes: Could not reproduce cust problem. Training issue.
Cal ops check + Q.C.

Technician: [Signature]

Date: 11/21/05