

Return & Repair Form:

Customer Information:

Company Name: Brick of TWP B: _____ S: _____

Date Received: 5-11-10 Date Given to Service: _____

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

Product Information:

Product: 7410-7110-6510-6810-7510
9510- Drug Tester 5000

Serial #: AR USA - 0157

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: FC

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>n/c w</u>
<u>6808486</u>	<u>Plate</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:

New FC # ARAN-1000

CAL w/ Qc & ops check

Service Technician: _____

Date: 5/12/2010