

Return & Repair Form:

Customer Information:

Company Name: Lebanon Twp B: _____ S: _____
 Date Received: 12-17-09 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 WA - 0189
 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 #

Part Number	Description	Qty	Total Cost
<u>8315075</u>	<u>PCB</u>	<u>1</u>	<u>N/A</u>
<u>MP CAL 71</u>	<u>CAL</u>	<u>1</u>	<u>N/A</u>
<u>MP Labor</u>	<u>Labor</u>	<u>1.5</u>	<u>N/A</u>

Repair Notes:

Install NEW PCB
Cal w/ Oc's Ops Check

Service Technician: JS

Date: 12/31/09