

Return & Repair Form:

Customer Information:

Company Name: NJSP - Burlington B: _____ S: _____

Date Received: 1-4-10 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 WC - 0056
 9510- Drug Tester 5000 *Priority*

Description: A - B : AR -

Whole Instrument USED PCB

Other _____ FROM DEMO DD _____ P -

ACCESSORIES:

110 V A/C Adapter

Printer Paper

Mouthpieces

Other (Please Specify) _____

Rdr# _____

Date _____

Repair Information:

Test # _____

Reason for Return: PCB

Part Number	Description	Qty	Total Cost
<u>8315075</u>	<u>PCB</u>	<u>1</u>	<u>N/C WARR</u>
<u>6808453</u>	<u>FC</u>	<u>1</u>	<u>N/C WARR</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/C WARR</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/C WARR</u>

Repair Notes:

Install FC # ARAS-0029 / REPLACED PCB

Cal w/DC; Ops Check

Service Technician: JS

Date: 01/06/2010