

Return & Repair Form:

Customer Information:

Company Name: Scotch Plains P.O. B: _____ S: _____
 Date Received: 1-4-11 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 - 0062
 9510- Drug Tester 5000
 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:

Reason for Return:		Test #		
<u>FC</u>				
Part Number	Description	Qty	Qty	Total Cost
<u>6808486</u>	<u>Plate</u>	<u>1</u>	<u>1</u>	<u>w/cw</u>
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>1</u>	<u>w/cw</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>1</u>	<u>w/cw</u>
<u>MP Labor</u>	<u>Labor</u>		<u>.5</u>	<u>w/cw</u>

Repair Notes:

FC# WC-0055 Replaced with FC#
ARB5-1881

Cal w/DC's Ops check

Service Technician: 

Date: 01/05/2011