

Return & Repair Form

Customer Information:

Company Name: Trenton City B: _____ S: _____

Date Received: 3-5-10 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

Description: A - B - Plus - Screener - Demo

Serial #: AR WE - 0002

Printer Ser #: AR

Sim Ser #: _____

Probe Ser # DD P

Whole Instrument

Top 1/2

Other _____

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: STUCK IN SEARCHING?

Test #

Part Number	Description	Qty	Total Cost
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>w/ warranty</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>w/ warranty</u>

Repair Notes:

PROBLEM NOT DUPLICATED / NO DATA IN MEMORY TO EVALUATE / CLEAR MEMORY / CAL WITH QC AND OPS CHECKS

Cal w/ QC / OPS check

Service Technician: [Signature]

Date: 3/8/2010