Return & Repair Form:

Customer Information:

Company Name: Bordentown City P.D B: _____ S: _____

Date Received: 3-11-10 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

Description: A – B – Plus – Screener – Demo

Whole Instrument **Top ½**

Other _____

Serial #: AR WE -0007

Printer Ser #: AR _____ - _____

Sim Ser #: _____

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
6808486	Plate	1	N/C WAN
6808455	FC	1	N/C WAN
MP Cal 71	Cal	1	N/C WAN
MP Labor	Labor	.5	N/C WAN

Repair Notes:

NEW FC # ARAN-1029

Cal w/ Qc & Ops Check

Service Technician: JS Date: 03/15/2010