

Return & Repair Form:

Customer Information:

Company Name: Washington TWP B: _____ S: _____
 Date Received: 2-23-10 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 USE - 0011
 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

Reason for Return:			
Part Number	Description	Qty	Total Cost
<u>8315075</u>	<u>PCB</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:

Installed new PCB.

Cal w/DC / ops check

Service Technician: JS

Date: 03/19/2010