Return & Repair Form:

Customer Information:

Company Name: Springfield PD B: _____ S: _____

Date Received: 8-5-10 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

Serial #: AR WE - 8012

Description: A – B – Plus – Screener – Demo

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: FC

Part Number	Description	Qty	Total Cost
6808455	FC	1	N/C W
6808486	Plate	1	N/C W
MP Cal 71	Cal	1	N/C W
MP Labor	Labor	.5	N/C W

Repair Notes:

NEW FC# ARBD-2502

Install NEW CapTube

Service Technician: _____ Date: 8-12-2010