

Return & Repair Form:

Customer Information:

Company Name: NJSP - Bordentown B: _____ S: _____

Date Received: 11/23/09 Date Given to Service: _____

Carrier: FedEx UPS DHL - USPS Method: GRD NDA 2DY - 3DY - Other

Product Information:

Product: 7410-1110 6510-6810-7510
9510- Drug Tester 5000

Serial #: ARWE - 8031

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:

Test #

Reason for Return:

Part Number	Description	Qty	Total Cost
	<u>STND-CHECK</u>	<u>1</u>	<u>N/A WARR</u>

Repair Notes:

Printer cable was NOT connected, re-connect
Printer cable ran one STND-check.

Service Technician: [Signature]

Date: 11/23/09