

Return & Repair Form:

Customer Information:

Company Name: Union County P. D B: _____ S: _____ ~~Westfield, NJ~~ Westfield, NJ

Date Received: 06-24-11 Date Given to Service: 06-24-11

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

Product Information:

Product: 7410-7110-6510-6810-7510
9510- Drug Tester 5000

Serial #: ARLWE - 0083

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>6808455</u>	<u>FC</u>	<u>1</u>	<u>w/c w</u>
<u>MIP CAL 71</u>	<u>Cal</u>	<u>1</u>	<u>w/c w</u>
<u>MPL Labor</u>	<u>Labor</u>	<u>.5</u>	<u>w/c w</u>

Repair Notes:

ARCA-0686 New FC #

Cal w/DC : ops check

Service Technician: JS

Date: 6-28-11