

Dräger safety

ROBINSVILLE TWP NJ P.D. **Return & Repair Form**

Customer Information:

CUSTOMER K-MED SVC? Cust # _____
Date of Return: 2/26/2008 Carrier: FX UPS DHL USPS Method: GRD (NDA) 2DY 3DY
OTHER: STD

Product Information:

Product : (7110) 7410 6510 6810 Serial # AR WF - 0369
Description: A B PLUS SCREENER Printer Serial # AR -
Whole Inst. Top Half Simulator Serial # _____
OTHER : _____ Probe Serial # DD P -

Demo Unit Returned to stock on: _____

Accessories: (check all that apply):

- 110VAC Adapter
- Regulator
- Mag Card Rdr # _____
- Printer Paper
- Printer Ribbon
- Casio # _____
- Mouthpieces
- Carrying Case
- Dry Gas
- Other (specify): _____

Warranty Expiration Date: _____

Repair Information:

Test # _____

Reason for Return: FC

Part #	Description	Qty	Total
# <u>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/C WARR</u>
<u>MPCAL 71</u>	<u>7110 CAL</u>	<u>1</u>	<u>N/C WARR</u>
<u>ME LABOR</u>	<u>LABOR</u>	<u>.5</u>	<u>N/C WARR</u>

Repair Notes: REPLACE FC / CAL W/ QC & OPS CHECKS

Technician: [Signature]

Date: 02.26.08