

Return & Repair Form:

Customer Information:

Company Name: Ewing Twp Police Dept B: _____ S: _____
 Date Received: 10-27-09 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other
FL 2-4-10

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR WE - 0372
 9510- Drug Tester 5000
 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: FL, Cuvette

| Part Number | Description | Qty | Total Cost |
|------------------|-------------------|-----------|-----------------|
| <u>6809500</u> | <u>Cuvette</u> | <u>1</u> | <u>N/C WARR</u> |
| <u>6808455</u> | <u>FC</u> | <u>1</u> | <u>N/C WARR</u> |
| <u>6808486</u> | <u>Plate</u> | <u>1</u> | <u>N/C WARR</u> |
| <u>6809512</u> | <u>Cromm. 1/2</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:

FC Failed cal ARWE-0106 Replaced with ARWE-1108
INSTALL new Cuvette
Cal w/DC & Ops check

Service Technician: [Signature]

Date: 10/28/09