

Return & Repair Form:

Customer Information:

Company Name: Independence TWP P.D B: _____ S: _____
 Date Received: 3-9-10 Date Given to Service: _____
 Carrier: KedEx UPS - DHL - USPS Method: GRD - NDA - 2DY 3DY Other _____

Product Information:

Product: 7410-~~7110~~-6510-6810-7510 Serial #: AR WF - 0383
 9510- Drug Tester 5000
 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: FL

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FL</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>6808486</u>	<u>Plate</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:

NEW FC# AR AN - 0897
Cal w/ AC & OPS check
Cleaned spots off cypette and check breath hose
no problem found.

Service Technician: [Signature]

Date: 03/15/2010