

Return & Repair Form:

Customer Information:

Company Name: Toms River B: _____ S: _____
 Date Received: 1-7-09 Date Given to Service: _____
 Carrier: FedEx UPS - DHL - USPS Method: GRD NDA 2DY - 3DY - Other

Product Information:

Product: 7410 - 7110 - 6510 - 6810 Serial #: AR WF-0394
 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>N/C WORK</u>
<u>6809458</u>	<u>IR DETECTOR</u>	<u>1</u>	<u>N/C WORK</u>
<u>MPCML 91</u>	<u>CAL</u>	<u>1</u>	<u>N/C WORK</u>
<u>MPLATOR</u>		<u>.5</u>	<u>N/C WORK</u>

Repair Notes:

BREATH HOSE HAD PLASTIC FROM MOUTHPIECE BAG BLOCKING
BREATH HOSE PATH - REPLACED FC AS P.M. DUE TO
TEST DATA (OLD CELL WAS YA) - REPLACED IR DETECTOR
CAL W/ QC & OPS CHECKS

Service Technician: JE

Date: 01-08-09