

Return & Repair Form:

Customer Information:

Company Name: Somerville B: _____ S: _____
 Date Received: 4/19/2010 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY Other

Product Information:

Product: 7410-7110-6510-6810-7510
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo
 Serial #: AR WF - 0395
 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: FC

| Part Number | Description | Qty | Total Cost |
|------------------|--------------|-----------|--------------|
| <u>Q808455</u> | <u>FC</u> | <u>1</u> | <u>N/C W</u> |
| <u>MP CAL 71</u> | <u>CAL</u> | <u>1</u> | <u>N/C W</u> |
| | | | |
| | | | |
| <u>MP Labor</u> | <u>Labor</u> | <u>.5</u> | <u>N/C W</u> |

Repair Notes:

NEW FC # AR AN-1073
CAL w/DC & OPS

Service Technician: AS

Date: 04/19/2010