

Return & Repair Form:

Customer Information:

Company Name: Twp of Hamilton B: _____ S: _____

Date Received: 4-5-10 Date Given to Service: _____

Carrier: FedEx UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR WF - 0401

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

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FL</u>	<u>1</u>	<u>N/C w/warr</u>
<u>MP CAL 71</u>	<u>CAL</u>	<u>1</u>	<u>N/C w/warr</u>
<u>6808486</u>	<u>Plate</u>	<u>1</u>	<u>N/C w/warr</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/C w/warr</u>

Repair Notes:

new # ARAN-0997

CAL w/DC; Ops Check

Service Technician: [Signature]

Date: 04/16/2010