

Return & Repair Form:

Customer Information:

Company Name: Greenwich Twp B: _____ S: _____
 Date Received: 5-12-10 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 #: ARWF-0407
 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: FC

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>n/kw</u>
<u>mp cal 71</u>	<u>Cal</u>	<u>1</u>	<u>n/kw</u>
<u>mp labor</u>	<u>labor</u>	<u>.5</u>	<u>n/kw</u>

Repair Notes:

NEW FC # ARAN-1037
Cal w/O ; Ops Check

Service Technician: AS

Date: 05-13-2010