

Return & Repair Form:

Customer Information:

Company Name: Island Heights P.P. B: _____ S: _____
 Date Received: 12-14-10 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 WJ - 0001
 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:			
<u>PC13</u>			
Part Number	Description	Qty	Total Cost
<u>8315075</u>	<u>PC13</u>	<u>1</u>	<u>w/c w</u>
<u>mp cal 71</u>	<u>cal</u>	<u>1</u>	<u>w/c w</u>
<u>mp labor</u>	<u>labor</u>	<u>.5</u>	<u>w/c w</u>

Repair Notes:

FC# ARAM - 0427
new capture
cal w/ QC & ops check

Service Technician: [Signature]

Date: 2/7/2011