

Return & Repair Form:

Customer Information:

Company Name: N. Hanover TWP B: 60712 S: _____
 Date Received: 7-26-10 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
 Whole Instrument Top 1/2 Sim Ser #: _____
 Other _____ Probe Ser # DD P - _____
 Serial #: AR WJ-0002
 Printer Ser #: AR
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 Oct. 2010

Repair Information:

Test #

Reason for Return: FC

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>n/cw</u>
<u>MP CAL 71</u>	<u>CAL</u>	<u>1</u>	<u>n/cw</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>n/cw</u>

Repair Notes:

FC # ARBD-2503
CAL w/ DC; EPS Check
INSTALL NEW Cap Tube

Service Technician: JS

Date: 7-26-2010