

Return & Repair Form:

Customer Information:

Company Name: Bloomfield B: _____ S: _____
 Date Received: 9/16/2010 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 XA - 0034
 Printer Ser #: AR
 Sim Ser #: _____
 Probe Ser # DD P
 Whole Instrument Top 1/2
 Other _____
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:

Reason for Return:		Test #	
<u>FC</u>			
Part Number	Description	Qty	Total Cost
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/C/W</u>
<u>6808455</u>	<u>FC</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:

FL # ARBE-1162 / Old FC # ARWJ-0055
Cal w/ QC & OPS Check
Clean spots off Cuvette mirrors.

Service Technician: FC

Date: 9-17-2010