

Return & Repair Form:

Customer Information:

Company Name: Bloomington P.D. NJ B: _____ S: _____
 Date Received: 27 May 11 Date Given to Service: 27 May 11
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR XA - 0035
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo 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:			
Part Number	Description	Qty	Total Cost
<u>MP Cal 71</u>	<u>Cal</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:

Unit was inspected and there were no problems found, tech blew out cuvette for P/M. Tech ran 50 0.100 test - no problems found in results, After calibration there another 100/0.100 test ran not problem with the results, Data also reviewed by Supervisor
Cal w/ CC ; ops check

Service Technician: [Signature]

Date: 6/10/2011