

Return & Repair Form:

Customer Information:

Company Name: Sussex City B: _____ S: _____
 Date Received: 9-21-09 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 XH - 0040
 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:

Reason for Return: _____ Test # _____

Part Number	Description	Qty	Total Cost
<u>MPCal 71</u>	<u>Cal</u>	<u>1</u>	<u>n/c work</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>n/c labor</u>

Repair Notes:

Filter loose, reset Filter
Cal w/ Qc; ops check

Service Technician: [Signature]

Date: 09-22-09