

Return & Repair Form:

Customer Information:

Company Name: North Arlington P.D. B: _____ S: _____
 Date Received: 4-21-11 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 17 - 0042
 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:			
Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FL</u>	<u>1</u>	<u>n/c w</u>
<u>MISC PART</u>	<u>Pressure sensor</u>	<u>1</u>	<u>w/c w</u>
<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:

FL # ARCA-1830

Cal w/DC ; ops check

Service Technician: _____

Date: 4/22/2011