

Return & Repair Form:

Customer Information:

Company Name: Shrewsbury Borough B: _____ S: _____

Date Received: 5-24-11 Date Given to Service: 5-24-11

Carrier: FedEx UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: ~~7410-7110-6510-6810-7510~~ 9510- Drug Tester 5000 Serial #: AR 2A-0061

Description: A - B - Plus - Screener - Demo 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>8315075</u>	<u>PCB</u>	<u>1</u>	<u>w/cw</u>
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>w/cw</u>
<u>mp cal 71</u>	<u>Cal</u>	<u>1</u>	<u>w/cw</u>
<u>mp labor</u>	<u>labor</u>	<u>.5</u>	<u>w/cw</u>

Repair Notes:

FC # ARCA-0558

Unit would not start while performing a
stand-check test, installed new PCB.

Cal w/DC; ops check

Service Technician: [Signature]

Date: 6-3-11