

Return & Repair Form:

Customer Information: Steve Dellanace

Company Name: Twp Hamilton P'd B: _____ S: _____

Date Received: 5-9-11 Date Given to Service: 5-9-11

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

Product Information:

Product: ~~7410-7110~~ 6510-6810-7510 Serial #: AR XA - 0065
 9510- Drug Tester 5000

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>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-0085

cal w/DC 48ps check

Service Technician: [Signature]

Date: 5-10-2011