

Return & Repair Form:

Customer Information:

Company Name: Marlboro Twp B: _____ S: _____

Date Received: 5-2-11 Date Given to Service: _____

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

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR XA - 0069
 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: FC

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/CW</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/CW</u>
<u>6808486</u>	<u>Plate</u>	<u>1</u>	<u>N/CW</u>
<u>MP Labor</u>	<u>Labor</u>	<u>1.5</u>	<u>N/CW</u>

Repair Notes:

FC# ARCA-0141

Cal w/QC & Ops check

Service Technician: JS

Date: 5-4-2011