

Return & Repair Form:

Customer Information:

Company Name: Kearny Police B: _____ S: _____
 Date Received: 3-22-11 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 XB -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:		Qty	Total Cost
Part Number	Description		
<u>6808453</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 # APCA-0039
Cal w/DC & ops check

Service Technician: AS

Date: 3/24/2011