

Return & Repair Form:

Customer Information:

Company Name: Union Beach B: _____ S: _____
 Date Received: 4/5/2011 Date Given to Service: 4/5/2011
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-~~7110~~-8510-6810-7510 Serial #: AR XE - 0082
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top ½ 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: <u>FC</u>			
Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>n/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:

FCT# ARCA - 0197
Cal w/ QC / Ops check

Service Technician: JC

Date: 4/6/2011