

Return & Repair Form:

Customer Information:

Company Name: Bergen Cnty PD B: _____ S: _____
 Date Received: 4/12/2011 Date Given to Service: 4/12/2011
 Carrier: FedEx UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR 2L-0141
 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>n/c w</u>
<u>Misc part</u>	<u>Flow sensor</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>Mplabor</u>	<u>Labor</u>	<u>.5</u>	<u>n/c w</u>

Repair Notes:

FCT# ARCA-1125

Unit would not do a stud-check, the unit displayed blowing not allowed, tech installed another flow sensor.

cal w/rc & ops check

Service Technician: [Signature]

Date: 4/15/2011