

RETURN & REPAIR FORM



CUSTOMER NS State Police Cust. # _____

Date ret. 5/26 Carrier ups Method Cid RMA# _____

7110 Serial# ARLM 0282 Warranty exp.: _____

Reported Problem: _____

- Accessories (check all that apply): Regulator P.Paper Scotty V Printer Rib. Pouch
 Sim. Temp. Probe Ser.# _____ Keyboard Organizer Key
 Mouthpieces _____ Sim. To cuvette hose Pump to Sim. hose Power cord
 Other (specify) _____
 Other (specify) _____

Part#	Description	\$	Qty	Total
w/ 6808455	Fuel Cell		1	
w/ 12114	SCREW		1	
w/ 6809514	Breath-hose		1	
w/ 12117	Screw		1	
w/ 6809480	HOSE COVER		1	
w/ 12118	WASHER		1	
MPCAL 71			1	
	Repair Time		.5	Time \$

TOTAL REPAIR \$ _____

REPAIR NOTES:
 Replaced fuel Cell, Calibrated Unit, full QC
 & OPS CHR. Replaced Breath-hose. Upgraded
 UNIT TO NS-3.10.

21 OCT 04 _____