

RETURN & REPAIR FORM



CUSTOMER NJ State Police Cust. # _____

Date ret. 5/25 Carrier UPS Method 612 RMA# _____

7110 Serial# ARLM0285 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) _____

<u>Part #</u>	<u>Description</u>	<u>\$</u>	<u>Qty</u>	<u>Total</u>
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, Replaced Breath-hose, Calibrated
 Unit full QC & ORS CHK. Upgraded firmware
 TO NJ-3.10.

Date 21 OCT 04 Technician TW

Print name of technician in capital letters _____