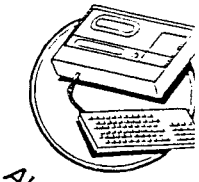
RETURN & REPAIR FORM



CUSTOMER NJ State Police Cust. #_____

Date ret. 12/10 Carrier Fed Exp. Method_____ RMA#_____

7110 Serial# ARLM 0288 Warranty exp.: _____

Reported Problem: _____

Accessories (check all that apply): ☐ Regulator ☐ P.Paper ☐ Scotty V ☐ PrinterRib. ☐ 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*
X CAL H			1	
	Repair Time			Time $

TOTAL REPAIR $ _____

REPAIR NOTES:
Upgraded Unit to NJ-3.2, full dc & ops CHK with CALIBRATION.

Date 01/05/00 Technician EC

Every above checked item is included ☐ Shipping_____