

Return & Repair Form:

Customer Information:

Company Name: DUHELLEN PD B: _____ S: _____
Date Received: 08-21-2009 Date Given to Service: _____
Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410 7110 6510 - 6810 Serial #: AR TL - 0009
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>FL</u>			
Part Number	Description	Qty	Total Cost
<u>6808486</u>	<u>Plate</u>	<u>1</u>	<u>N/C w/arr</u>
<u>6808455</u>	<u>FL</u>	<u>1</u>	<u>N/C w/arr</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/C w/arr</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/C w/arr</u>

Repair Notes:

Replaced FL, Plate
Cal w/DC ; Ops Check

Service Technician: [Signature]

Date: 08-21-2009