

RETURN AND REPAIR FORM

Dräger

Customer Information

B:

S:

Company Name: Dunellen Borough P.O. NJ

Date Received: 10/11/11 Date given to service: _____

Carrier: ☐ FedEx ☐ UPS ☐ USPS Shipping Method: ☐ GRD ☐ 3DAY ☐ 2DAY
☐ NDA-PRI ☐ NDA-STD

Product: ☐ 6510 ☐ 6810
☒ 7110 ☐ 8610
☐ 7510 ☐ DT5000
☐ 7410 Upper-half ☐ 9510
☐ 7410 Whole
 Serial Number: AR 72-0009
 Printer Serial#: AR
 Sim Serial#: DD
 Probe Serial#: DD

Warranty Expires: _____

Description: ☐ A ☐ B ☐ Plus ☐ Demo ☐ Screener ☐ Trade In

Accessories

☐ 110V A/C Adapter ☐ Regulator ☐ Printer Ribbon ☐ Printer Paper
☐ Mouthpieces ☐ 9510 Stylus ☐ 9510 Top Cover ☐ Carrying Case
☐ Dry Gas ☐ Other (please specify) _____

Repair Information:

Test#:

Part Number	Description	Qty	Total Cost
<u>mp cal 71</u>	<u>Calibration</u>	<u>1</u>	<u>w/c w</u>
<u>mp labor</u>	<u>Labor</u>	<u>.5</u>	<u>w/c w</u>

Repair Notes: Replaced capacitor located at position C-156.

Cal w/DC; ops check

Service Technician

[Signature]

Date:

10-13-11