Return & Repair Form:

Customer Information:

Company Name: TWP OF N. BRUNSWICK S: _____

Date Received: 3-23-10 Date Given to Service: _____

Carrier: FedEx – UPS – DHL – USPS **Method:** GRD – NDA – 2DY – (3DY) – Other

Product Information:

Product: 7410-7110-6510-6810-7510
9510- Drug Tester 5000

Serial #: AR TC - 0813

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: FC

Part Number	Description	Qty	Total Cost
6808486	Plate	1	N/C warr
6808455	FC	1	N/C warr
MP Cal 71	Cal	1	N/C warr
MP Cabor	Cabor	.5	N/C warr

Repair Notes:

FC # ARAN-0778

This unit arrived with out a cover over the power supply, Installed a new cover.

Service Technician: JC Date: 03/23/2010