Return & Repair Form:

Customer Information:

Company Name: Sayreville Police B: _____ S: _____

Date Received: 4-26-10 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 TL -0015

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
6808455	FC	1	W/C W
6808486	Plate	1	W/C W
MA CAL 71	CAL	1	W/C W
MD Labor	Labor	.5	W/C W

Repair Notes:

NEW FC # ARAN-0958

CAL W/DC ; OPS CHECK

Service Technician: _____ Date: 4/27/2010