

Return & Repair Form:

Customer Information:

Company Name: Harrison Township Pol. Dept B: _____ S: _____
137 N. Main Str. Mullica Hill NJ 08062
 Date Received: 5/19/2011 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR TL - 0025
9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top 1/2 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: _____

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/A</u>
<u>mp cal 71</u>	<u>cal</u>	<u>1</u>	<u>N/A</u>
<u>mp labor</u>	<u>labor</u>	<u>15</u>	<u>N/A</u>

Repair Notes:

FC # ARCA-0981
cal w/ Qc; Ogs check

Service Technician: AR

Date: 5/23/2011