

Return & Repair Form:

Customer Information:

Company Name: Pennsacoken Twp B: _____ S: _____

Date Received: 2/11/2011 Date Given to Service: _____

Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: ARUM-0066
 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: FL

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FL</u>	<u>1</u>	<u>N/C</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/C</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/C</u>

Repair Notes: FL # ARBL-1723

Cal w/QC & OPS

Service Technician: [Signature]

Date: 2/14/2011