

Return & Repair Form:

Customer Information:

Company Name: Paulsboro Borough P.P. B: NS S: _____
 Date Received: 10 Jun 11 Date Given to Service: 10 Jun 11
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - (NDA) - 2DY - 3DY - Other

Product Information:

Product: 7410-(7110)-6510-6810-7510 Serial #: AR WA-0183
 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>mp cal 71</u>	<u>Cal</u>	<u>1</u>	<u>w/cw</u>
<u>mp Labor</u>	<u>Labor</u>	<u>.5</u>	<u>nk w</u>

Repair Notes:

Clean spots off cuvette, and calibrator
7110.

Cal w/Qc 7 ops checks

Service Technician: JS

Date: 6-13-11