

Return & Repair Form:

Customer Information:

Company Name: NJSP B: _____ S: _____

Date Received: 11-11-09 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 WD-0110

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>680 8435</u>	<u>FC</u>	<u>1</u>	<u>N/C warr</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/C warr</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/C warr</u>

Repair Notes:

NEW FC # ARME-0995

Cal w/DC & Ops Check

Service Technician: JS

Date: 11/12/09