

Return & Repair Form:

Customer Information:

Company Name: Washington Twp B: _____ S: _____

Date Received: 8-27-09 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 WE - 0004

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: PCB

Part Number	Description	Qty	Total Cost
<u>8315075</u>	<u>PCB</u>	<u>1</u>	<u>N/C w/arr</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/C w/arr</u>
<u>MP Labor</u>	<u>Labor</u>	<u>1.0</u>	<u>N/C w/arr</u>

Repair Notes:

Replace PCB
Cal w/acc / ops check

Service Technician: [Signature]

Date: 08-28-2009