# Return & Repair Form:

**Customer Information:**

Company Name: New Jersey State Police B: _____ S: _____

Date Received: 1-18-11 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-0014

**Description:** A – B – Plus – Screener – Demo

Printer Ser #: AR _____ - _____

**Whole Instrument** **Top ½**

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: FC

| Part Number | Description | Qty | Total Cost |
|---|---|---|---|
| 6808455 | FC | 1 | W/C W |
| mp Cal 71 | Cal | 1 | W/C W |
| | | | |
| | | | |
| | | | |
| | | | |
| mp Labor | Labor | .5 | W/C W |

Repair Notes:

FC# AR13L-1880

Cal w/ Qc & OPS check

Service Technician: _____ Date: 1/20/2011