

RETURN AND REPAIR FORM

Dräger

Customer Information

B:

S:

Company Name: Pine Beach PD

Date Received: 9-28-11

Date given to service: _____

Carrier: ☒ FedEx ☐ UPS ☐ USPS Shipping Method: ☐ GRD ☒ 3DAY ☐ 2DAY
☐ NDA-PRI ☐ NDA-STD

Product: ☐ 6510 ☐ 6810
☒ 7110 ☐ 8610
☐ 7510 ☐ DT5000
☐ 7410 Upper-half ☐ 9510
☐ 7410 Whole

Serial Number: AR WJ - 0003

Printer Serial#: AR

Sim Serial#: DD

Probe Serial#: DD

Warranty Expires: _____

Description: ☐ A ☐ B ☐ Plus ☐ Demo ☐ Screener ☐ Trade In

Accessories

☐ 110V A/C Adapter ☐ Regulator ☐ Printer Ribbon ☐ Printer Paper
☐ Mouthpieces ☐ 9510 Stylus ☐ 9510 Top Cover ☐ Carrying Case
☐ Dry Gas ☐ Other (please specify) _____

Repair Information:

Test#:

Part Number	Description	Qty	Total Cost
6809514	Breath Hose	1	N/C W
mp cal 71	Calibration	1	N/C W
mp Labor	Labor	.5	N/C W

Repair Notes:

Cal W/DC ops Check
Adjust -12V set at +12.11 average.
IRV - 4.021, 9150 performed a bump test, no
change in IRV reading. Also found spots on cuvette
spots were removed. While unit was being calibrated
the unit displayed a error (72) I replaced breath hose.

Service Technician: JS

Date: 9-28-11