

Return & Repair Form:

Customer Information:

Company Name: Green Brook B: _____ S: _____
 Date Received: 1-10-11 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
 Description: A - B - Plus - Screener - Demo
 Serial #: AR 43 - 0002
 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:

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FL</u>	<u>1</u>	<u>N/K</u>
<u>mp Cal 21</u>	<u>Cal</u>	<u>1</u>	<u>N/K</u>
<u>mp Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/K</u>

Repair Notes:

FL ARBK-2486

cal w/DC & ops checks

Service Technician: [Signature]

Date: 01/12/2011