Return & Repair Form:

Customer Information:

Company Name: Bennegett Twp. B: _____ S: _____

Date Received: 2-15-11 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 WJ-0007

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
mpcal71	CaC	1	w/cw
mplabor	Labor	5	w/c w

Repair Notes:

~~FC#~~ ARBL-1908

CaCw/Qc & Ops Check

Service Technician: _____ Date: 2/18/2011