Return & Repair Form:

Customer Information:

Company Name: Middletown Township B: _____ S: _____

Date Received: 9/13/2010 Date Given to Service: 9/13/2010

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 WS-8015

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:

Part Number	Description	Qty	Total Cost
MPCAL 71	CAL	1	N/C W
MPLabor	Labor	.5	N/C W

Repair Notes:

Unit was pre-cal to see unit would store the cal in the memory function, and the successfully store the information.

Cal w/ Qc & Ops Check

Service Technician: _____ Date: 9-15-2010