

Return & Repair Form:

Customer Information:

Company Name: Little Falls B: _____ S: _____

Date Received: 3-22-11 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 w m. 0027

Printer Ser #: AR

Sim Ser #: _____

Whole Instrument

Top 1/2

Probe Ser # DD P

Other _____

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>6808453</u>	<u>FC</u>	<u>1</u>	<u>n/c w</u>
<u>Mp Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>n/c w</u>
<u>8315075</u>	<u>PCB</u>	<u>1</u>	<u>n/c w</u>
<u>mp Labor</u>	<u>Labor</u>	<u>.5</u>	<u>n/c w</u>

Repair Notes:

Clean Cuvette jaw & install new FC.

FC # ARCA-0099

Cal w/PC & ops check

Installed PCB, unit would not complete a SWP-check.

Service Technician: AD

Date: 6/2/2011