

Return & Repair Form:

Customer Information:

Company Name: Cape May City PD B: _____ S: _____
 Date Received: 4/11/2011 Date Given to Service: _____
 Carrier: (FedEx) UPS - DHL - USPS Method: GRD - NDA - 2DY - (3DY) Other

Product Information:

Product: 7410-(7110)-6510-6810-7510 Serial #: AR WM-0040
 9510- Drug Tester 5000
 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:			
<u>FC</u>			
Part Number	Description	Qty	Total Cost
<u>0808455</u>	<u>FC</u>	<u>1</u>	<u>w/cw</u>
<u>mp cal 71</u>	<u>Cal</u>	<u>1</u>	<u>w/cw</u>
<u>mp Labor</u>	<u>Labor</u>	<u>.5</u>	<u>w/cw</u>

Repair Notes:

FC# ARCA-0119
Replaced FC and Inspected Cuvette, no
problems found.
Cal w/DC ; ops check

Service Technician: [Signature]

Date: 4/12/2011