

Return & Repair Form:

Customer Information:

Company Name: Base of South Beach ^{Bank} B: 616669 S: _____
 Date Received: 5-25-10 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 WIM - 0091
 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 JAN. 2011

Repair Information:

Test #

Reason for Return: LIGHTNING STRIKE

Part Number	Description	Qty	Total Cost
<u>8315075</u>	<u>PCB</u>	<u>1</u>	<u>1233.00</u>
<u>MPCIR 71</u>	<u>CAL</u>	<u>1</u>	<u>120.00</u>
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/CW</u>
<u>MPCARBOR</u>	<u>LABOR</u>	<u>1.0</u>	<u>88.00</u>

Repair Notes:

DATA CAN NOT BE RECOVERED / REPLACE PCB 1441 + 21
REPLACE FC AS P.M.
NEW FC # ARBD-2541
Cal w/DC / Ops Check

Service Technician: [Signature]

Date: 05-27-2010