

Return & Repair Form:

Customer Information:

Company Name: Township of Green P.D B: 59719 S:

Date Received: 8-2-2010 Date Given to Service: _____

Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: ~~7410-7110-6310-6810-7510~~ 9510-Drug Tester 5000 Serial #: AR WM - 0086

Description: A - B - Plus - Screener - Demo Printer Ser #: AR - _____

Whole Instrument _____ Top 1/2 _____ 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 NOV-2013

Repair Information:

Test #

Reason for Return: PCIB, FC

Part Number	Description	Qty	Total Cost
<u>8315075</u>	<u>PCIB</u>	<u>1</u>	<u>N/CW</u>
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/CW</u>
<u>MP CAL 71</u>	<u>CAL</u>	<u>1</u>	<u>N/CW</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/CW</u>

Repair Notes:

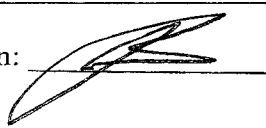
FC # AR13D-2551

INSTALL NEW FC

INSTALL NEW PCIB

INSTALL NEW Cap Tube

CAL w/DC ; OPS Check

Service Technician: 

Date: 08-03-2010