

Return & Repair Form:

Customer Information:

Company Name: North Arlington PA S: _____
 Date Received: 09-25-09 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 XA-0042
 9510- Drug Tester 5000
 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 _____

Repair Information:

Test #

Reason for Return:

| Part Number | Description | Qty | Total Cost |
|-----------------|-------------|-------------|-----------------|
| <u>MPCAL 71</u> | | <u>1</u> | <u>N/C WARR</u> |
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| <u>MPLABOR</u> | | <u>1 HR</u> | <u>N/C WARR</u> |

Repair Notes:

PROBLEM NOT DUPLICATED - RE SOLDERED HORN WIRE AS PREVENT. MAINT. - RECALIB
TESTED UNIT WITH NJSP PROCESS - ALL BEEPS WORK AT CORRECT TIME

FULL CALIBRATION AND OPS CHECKS PERFORMED

Service Technician: AS/TE

Date: 9.29.09