Return & Repair Form:

Customer Information:

Company Name: Atlantic City P.D. B: 63000 S: 63001

Date Received: 9-28-10 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

Serial #: AR XB -0064

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 May 2013

Repair Information: **Test #**

Reason for Return: FC

Part Number	Description	Qty	Total Cost
6808455	FC	1	N/C W
MP Cal 71	Cal	1	N/C W
MP labor	Labor	.5	N/C W

Repair Notes:

FCH ARBE-1171
New Cap+tube
Cal w/ QC + OPS check

Service Technician: _____ Date: 9-28-2010