Return & Repair Form:

Customer Information:

Company Name: South Orange PD B: _____ S: _____

Date Received: 11/9/2010 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 4B-0068

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:

Part Number	Description	Qty	Total Cost
MP Cal '11	Cal	1	w/c w
MP Labor	Labor	.5	w/c w

Repair Notes:

Cuvette inspected and cleaned.

Cal w/Qc + OPS check

Service Technician: _____ Date: 11/10/2010