

Return & Repair Form:

Customer Information:

Company Name: Atlantic Highlands PD B: _____ S: _____

Date Received: 07/05/11 Date Given to Service: 07/05/11

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

Product Information:

Product: 7410-~~7110~~-6510-6810-7510
9510- Drug Tester 5000

Serial #: ARXC-0004

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>6808455</u>	<u>FC</u>	<u>1</u>	<u>n/c u</u>
<u>mp cal 71</u>	<u>Cal</u>	<u>1</u>	<u>n/c u</u>
<u>mp Labor</u>	<u>Labor</u>	<u>.5</u>	<u>n/c u</u>

Repair Notes:

FC# ARCA-0566

Cal w/DC, 3 ops check

Service Technician: JS

Date: 7-6-11