Return & Repair Form:

Customer Information:

Company Name: WEEHawken FD B: _____ S: _____

Date Received: 10/19/2010 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 XC - 0072

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 71	Cal	1	n/c w
6808455	FC	1	n/c w
mp labor	calbar	.5	n/c w

Repair Notes:

Cuvette was inspected and their where spots found on one of the Cuvette mirrors, spots where removed.

Cal w/ QC ; ops check

New FC # ARBE-1165

New Captube installed.

Service Technician: _____ Date: 10/20/2010