Return & Repair Form:

Customer Information:

Company Name: Freehold Township B: _____ S: _____

Date Received: 9-18-09 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 *C -0084

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: FC

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

Repair Notes:

Replace FC

Cal W/QC + Ops Check

Service Technician: JS Date: 09-18-09