

Return & Repair Form:

Customer Information:

Company Name: Upper Saccharo River B: _____ S: _____

Date Received: 12-11-09 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 XC - 0104

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:

<u>FL</u>			
Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FL</u>	<u>1</u>	<u>N/C WARR</u>
<u>MP CAL 71</u>	<u>CAL</u>	<u>1</u>	<u>N/C WARR</u>
<u>MP Labor</u>	<u>Labor</u>	<u>1.5</u>	<u>N/C WARR</u>

Repair Notes:

INSTAN new FL ARAM - 0235

CAL w/QL & Ops Check

Service Technician: JS

Date: 12/16/09