Return & Repair Form:

Customer Information:

Company Name: Bogota Police Dept. B: _____ S: _____

Date Received: 10-27-09 Date Given to Service: _____

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

Product Information:

Product: 7410–7110–6510–6810-7510 Serial #: AR ZL - 0131
9510- Drug Tester 5000

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	Wk Warr
MP Labor		.5	Wk Warr

Repair Notes:

Cleaned Cuvette and Checked Filter

Cal w/QC & Sys Check

Service Technician: _____ Date: 10/28/09