Return & Repair Form:

Customer Information:

Company Name: Franklin Lakes P.D. B: 79574 S: _____

Date Received: 7-19-2010 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 ZL - 0140

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 1-2014

Repair Information: **Test #**

Reason for Return:

Part Number	Description	Qty	Total Cost
MPCAL 71	CAL	1	N/C W
MP Labor	Labor	5	N/C W

Repair Notes:

Install new Cap Tube.
Cleaned spots of mirror
Performed 50 $ TND - check TEST.
CAL W/ QC, Ops Check

Service Technician: _____ Date: 7-19-2010