Return & Repair Form: ____

Customer Information:

Company Name: Franklin Lakes B: 79574 S: _____

Date Received: 9-21-10 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 2L- 0140
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 Jan. 2014

Repair Information: **Test #**

Reason for Return:

Part Number	Description	Qty	Total Cost
MP Cal 71	Cal	1	w/c w
MP Labor	Labor	.5	w/c w

Repair Notes:

Cuvette was inspected and there were spots found on Cuvette, Cuvette was cleaned until spots removed.

There were 99 .1% C-sing test ran on unit results sent to Rob.
Cal w/ QC / OPS Check.

Service Technician: _____ Date: 9-27-2010