

RETURN AND REPAIR FORM



Customer Information

B:

S:

Company Name: Keyport P.D., Keyport, N.J.

Date Received: 03/20/12 Date given to service: 03/20/12

Carrier: FedEx UPS USPS Shipping Method: GRD 3DAY 2DAY
 NDA-PRI NDA-STD

Product: 6510 6810 7110 8610 7510 DT5000 7410 Upper-half 9510 7410 Whole

Serial Number: AR KD-0007
 Printer Serial#: AR
 Sim Serial#: DD
 Probe Serial#: DD

Warranty Expires: _____

Description: A B Plus Demo Screener Trade In

Accessories

110V A/C Adapter Regulator Printer Ribbon Printer Paper
 Mouthpieces 9510 Stylus 9510 Top Cover Carrying Case
 Dry Gas Other (please specify) _____

Repair Information:

Test#:

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>Fuel Cell</u>	<u>1</u>	<u>w/c w</u>
<u>mp cal 71</u>	<u>Calibration</u>	<u>1</u>	<u>w/c w</u>
<u>mp Labor</u>	<u>Labor</u>	<u>.5</u>	<u>w/c w</u>

Repair Notes: Replaced busted fuel cell #AEZD-2213 with fuel cell #ARCK-0887.

cal w/DC; ops check

Service Technician: JS Date: 3-22-12

Packing Slip

Customer no Order No Order date
 150078061 10538200 03/23/2012

Packing slip no. **Ship date**
 80673567 03/23/2012

Please reference on inquiries

ship to

150078061
 BOROUGH OF KEYPORT
 70 WEST FRONT STREET
 KEYPORT, NJ 07735
 USA

bill to

Your Purchase Order Number

7110: ARXD-0007
 Any questions? Please contact:
 MARA HERRERA

Customer
 BOROUGH OF KEYPORT
 70 WEST FRONT STREET
 KEYPORT, NJ 07735
 USA

Your sales person

Don Pouliot
 Phone: 973-398-3228

Delivery terms
 FA
 FREIGHT ALLOWED

Page 1 / 2

Item#	sh. Quant.	Part no. Description
		Ship via: Fed Ex Saver
		NOTE: All claims for shortages/defects must be reported within 10 Business days after receipt of order. All returns must have our RMA# clearly marked on the box. Please call Customer Service at 866-385-5900.
		7110: ARXD-0007
0010	1 EA	6808455 SENSOR : FUEL CELL Ordered / Back ordered : 0 / 0 EA
0020	1 EA	MPCAL71 CALIBRATION CHARGE - 7110/9510 Ordered / Back ordered : 0 / 0 EA

Draeger Safety Diagnostics Inc.
 Accounting Address:
 101 Technology Drive
 Pittsburgh, PA 15275
 Tel: (412) 788-5537
 Fax: (412) 788-5598

Remit Wire Transfers To:
 Citizens Bank
 Acct. # 6209426615
 Acct. Name: Draeger Safety Diagnostics Inc.
 Transit Number: 036076150
 Federal ID Number: 84-1600159

REMIT TO:
 Draeger Safety Diagnostics Inc.
 P.O. Box 200337
 Pittsburgh, PA 15251-0337

Packing Slip

Customer no Order No Order date
150078061 10538200 03/23/2012

Packing slip no. Ship date
80673567 03/23/2012

Please reference on inquiries

Page 2 / 2

Item#	sh. Quant.	Part no. Description			
0030	0.5 H	MPLABOR LABOR CHARGE Ordered / Back ordered : 0.0 / 0.0 H			

STATE OF NEW JERSEY
 DEPARTMENT OF LAW AND PUBLIC SAFETY
 DIVISION OF STATE POLICE
BREATH TESTING INSTRUMENTATION SERVICE REPORT

1. Department: Keyport Police Department 70 West Front St. Keyport, NJ 07735		2. Contact: Tpr. I Steve Dellanoce #6027	4. Date: 03/16/2012
		3. Phone Number: 609-947-9211	5. County: Monmouth
6. Alcotest Instrument Serial Number: <p style="text-align: center;">ARXD-0007</p>	7. Simulator Component Serial Number: <p style="text-align: center;">N/A</p>	8. Temperature Probe Component Serial Number: <p style="text-align: center;">N/A</p>	

9. Reason for Service:
Complaint received of instrument experiencing control test failures.

10. Comments:
Operational condition of the instrument was assessed by reviewing the performance history of the instrument. This revealed low Electrochemical Sensor (EC) results (Fuel Cell) on control tests. Instrument placed out of service and returned to Draeger Safety Diagnostics for evaluation.

Please replace Fuel Cell.

- 11. The above Instrument/Component has been found to be in satisfactory working condition; no further action required.
- 12. The above Instrument/Component is placed out of service pending further evaluation.
- 13. The above Instrument/Component is placed back in service.

"I have been certified by the Attorney General as a Breath Test Coordinator/Instructor pursuant to N.J.A.C. 13:51, et. seq. In my official capacity as a Breath Test Coordinator/Instructor I perform inspections of evidential breath test devices and related components of evidential breath test systems. I have inspected the evidential breath test device listed on this report in my official capacity. The results of my inspection are recorded on this form. I certify that the forgoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the forgoing statements made by me are willingly false, I am subject to punishment."

<p>Tpr. I Steve Dellanoce #6027 Name & Badge Number (Print)</p>	<p><i>Tpr I Steve Dellanoce #6027</i> Signature</p>	<p>3/16/12 Date</p>
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CALL FOR SERVICE DETAILS

NJ0132200 KEYPORT POLICE

CFS Number: 12-1640
CFS Date: 13-MAR-2012 09:32
Actual CFS Type: 86 Administration
CFS Received As: 86 Administration

Disposition: MOR
Entered By: foxc

Location: 70 W FRONT ST
MAIN ST
KEYPORT

Apt:

Primary Unit: KP-18
Officer: AG3 GALLO, ANTHONY

Involved Vehicles:	Year	Make	Model	Body	Color	Tag	State
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Narrative: LT GALLO WAS ADVISED BY NJSP THAT THE ALCOTEST UNIT IS TO BE PLACED OUT OF SERVICE UNTIL FURTHER NOTICE, DUE TO A FUEL CELL THAT NEEDS TO BE REPLACED.

Date and Time	CFS Remarks
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