



### Field Service Report

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4983  
 V.A.T Code 002

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311236582	PM	23-Aug-2010	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35293208/20	30-Jun-2011
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

#### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	4	Jul 27, 2010	08:00:00 AM	Jul 27, 2010	12:00:00 PM	GMT-07:00	pm

#### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
Gas Chromatograph	PM~GC10	GC Main Unit~GC	Cable /	pm	Job Completion C	Job Completed~Jl	pm

#### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300							

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david nash	23/08/2010		Total Parts		0	
Customer Signature	Date		Labor Hours	0	0	0
	23/08/2010		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total		0	
			V.A.T at current rate		0	
			Total		0	
Additional Information						



**Field Service Report**

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 SHELTON  
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 V.A.T Code 002

<b>Service Order No.</b>	<b>Activity Code</b>	<b>Desired Start Date</b>	<b>Model</b>	<b>Serial No.</b>
311236582	PM	23-Aug-2010	CLARUS500GASCHROM	650N9042003
<b>Engineer Name</b>		<b>Work Center</b>	<b>Contract No.</b>	<b>Expiration Date</b>
NASH,DAVID(VM3292)		US70001	35293208/20	30-Jun-2011
<b>Customer Name/Address</b>			<b>Bill To Name/Address</b>	
CITY OF SCOTTSDALE 7601 E MCKELIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
<b>Contact Name</b>		<b>Phone No.</b>	<b>Email Address</b>	<b>Customer PO No.</b>
VALDEZ, JEN		480-312-5276		

**Confirmation Text**

SRB-RE 4hrs Jul 27, 2010 08:00:00 AM Jul 27, 2010 12:00:00 PM  
 pm



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 710 Bridgeport Avenue  
 SHELTON  
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 V.A.T Code 002

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311236583	PM	23-Aug-2010	TURBOMATRIXHS	H5110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35293208/30	30-Jun-2011	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Time Confirmation**

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	4	Jul 27, 2010	08:00:00 AM	Jul 27, 2010	12:00:00 PM	GMT-07:00	pm

Clear

**Fault Coding**

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
Gas Chromatograph	PM~GC10	GC HS / ATD~GC-	Alignmen	pm	Job Completion C	Job Completed~Jl	pm

Clear

**Material Confirmation**

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300							

Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
David nash	23/08/2010		Total Parts		0	
			Labor Hours	0	0	0
Customer Signature	Date		Travel Hours	0	0	0
	23/08/2010		Total		0	
Customer Acknowledgment of receipt of the above repair/replacement.			V.A.T at current r		0	
			Total		0	
Additional Information						



**Field Service Report**

PerkinElmer Health Sciences 002  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 782-4000 Fax : (203) 944-4983  
 V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311236583	PM	23-Aug-2010	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35293208/30	30-Jun-2011	
Customer Name/Address	Bill To Name/Address			
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US	CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US			
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			
Confirmation Text				
SRB-RE 4hrs Jul 27, 2010 08:00:00 AM Jul 27, 2010 12:00:00 PM pm				



### Field Service Report

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06464-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4983  
 V.A.T Code 001

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311241445	REP	23-Jun-2010	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35293208/20	30-Jun-2011	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

#### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	8	Jun 29, 2010	08:00:00 AM	Jun 29, 2010	04:00:00 PM	GMT-07:00	new ipm
SRB-TV Travel - Billable	2	Jun 29, 2010	06:00:00 AM	Jun 29, 2010	08:00:00 AM	GMT-07:00	travel

#### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
Gas Chromatograph	Software Problem	GC Main Unit~GC	Cable /	new ipm required	Job Completion C	Job Completed~K	ipm

Clear

#### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300			0				

Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8	2	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date			Quantity	Unit Price	Total
david nash	29/06/2010			Total Parts		0
Customer Signature	Date			Labor Hours	0	0
	29/06/2010			Travel Hours	0	0
				Total		0
				V.A.T at current rate		0
Customer Acknowledgment of receipt of the above repair/replacement.				Total		0

Additional Information  
 .new ipm



**Field Service Report**

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4983

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311241445	REP	23-Jun-2010	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35293208/20	30-Jun-2011	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Confirmation Text**

SRB-RE 8hrs Jun 29, 2010 08:00:00 AM Jun 29, 2010 04:00:00 PM  
 new lpm

SRB-TV 2hrs Jun 29, 2010 06:00:00 AM Jun 29, 2010 08:00:00 AM  
 travel



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 V.A.T Code 001

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311212528	PM	25-May-2010	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	15183980/20	31-May-2010
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Time Confirmation**

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	3	Feb 23, 2010	08:30:00 AM	Feb 23, 2010	11:30:00 AM	GMT-07:00	PM
SRB-TV Travel - Billable	1	Feb 23, 2010	08:00:00 AM	Feb 23, 2010	09:00:00 AM	GMT-07:00	travel

**Fault Coding**

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
Gas Chromatograp	PM~GC10	GC Main Unit~GC		PM	Job Completion C	Job Completed~J	PM

Clear

**Material Confirmation**

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300			0				

Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date			Quantity	Unit Price	Total
David W Nash	23/02/2010		Total Parts			0
Customer Signature	Date		Labor Hours	0	0	0
			Travel Hours	0	0	0
			Total			0
			V.A.T at current r			0
Customer Acknowledgment of receipt of the above repair/replacement.			Total			0
Additional Information PM.						



**Field Service Report**

PerkinElmer Health Sciences 001  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4983  
 V.A.T Code

<b>Service Order No.</b>	<b>Activity Code</b>	<b>Desired Start Date</b>	<b>Model</b>	<b>Serial No.</b>
311212528	PM	25-May-2010	CLARUS500GASCHROM	650N9042003
<b>Engineer Name</b>		<b>Work Center</b>	<b>Contract No.</b>	<b>Expiration Date</b>
NASH,DAVID(VM3292)		US70001	15183980/20	31-May-2010
<b>Customer Name/Address</b>			<b>Bill To Name/Address</b>	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
<b>Contact Name</b>	<b>Phone No.</b>	<b>Email Address</b>		<b>Customer PO No.</b>
VALDEZ, JEN	480-312-5276			

**Confirmation Text**

SRB-RE 3hrs Feb 23, 2010 08:30:00 AM Feb 23, 2010 11:30:00 AM  
 PM  
 SRB-TV 1hrs Feb 23, 2010 08:00:00 AM Feb 23, 2010 09:00:00 AM  
 travel



# FIELD SERVICE REPORT

**PerkinElmer Inc.**

710 Bridgeport Ave  
Shelton, CT  
06484  
US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
V.A.T. Code:

Service Order No. 000311088445	Activity Code REP	Desired Start Date 7/31/2009	Model CLARUS500GASCHROM	Serial No. 650N9042003
Engineer Name NASH, DAVID (VM3292)	Work Center US70001	Contract No. 15183980 - 20	Expiration Date 5/31/2010	

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
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Contact Name KOSECKI, ALAN	Phone No. 480-312-5724	Fax No.	Customer PO No.
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Work Description				
Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	7/31/2009		travel	travel
8	7/31/2009		labor	Replace BAC 2 column.

Materials					
Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
1	N9316577	PE ELITE BAC2 0.32MM ID 1.2UM 30M	US12 / F300		

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.	1.	<input type="checkbox"/> Maintenance/IPV protocol left with customer

PerkinElmer Engineer Signature David Nash	Date 9/13/2009	Qty	Unit Amt	Total Amt
Customer Signature	Date	Total Materials		
		Total Travel Hours		
		Total Labor Hours		
		Total Amount		
		V.A.T. _____ %		
Customer acknowledgement of receipt of the above repair / replacement.		<b>Total</b>		

Special Terms and Conditions:  
This is not an invoice.



# FIELD SERVICE REPORT

**PerkinElmer Inc.**

710 Bridgeport Ave  
 Shelton, CT  
 06484  
 US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
 V.A.T. Code:

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
000311078045	REP	7/29/2009	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	15183981 - 20	5/31/2010	

Customer Name/Address	Bill To Name/Address
CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	

Contact Name	Phone No.	Fax No.	Customer PO No.
KOSECKI, ALAN	480-312-5724		

### Work Description

Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	7/29/2009		travel	travel
11	7/29/2009		labor	Evaluate system on multiple days. Replace ppc with manual pneumatics.

### Materials

Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
1	N8200147	KIT-TURBOMATIRX HEADSPACE MANL PNEU CONV	US12 / F300		

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11.	1.	<input checked="" type="checkbox"/> Maintenance/IPV protocol left with customer

PerkinElmer Engineer Signature	Date	Qty	Unit Amt	Total Amt
David Nash	9/13/2009			
Customer Signature	Date	Total Materials	Total Travel Hours	Total Labor Hours
		Total Amount	V.A.T. _____ %	Total

Customer acknowledgement of receipt of the above repair / replacement.

Special Terms and Conditions:  
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**PerkinElmer Inc.**  
 710 Bridgeport Ave  
 Shelton, CT  
 06484  
 US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
 V.A.T. Code:

## FIELD SERVICE REPORT

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
000311066440	REP	6/26/2009	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	15183981 - 20	5/31/2010	

Customer Name/Address	Bill To Name/Address
CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	

Contact Name	Phone No.	Fax No.	Customer PO No.
KOSECKI, ALAN	480-312-5724		

Work Description				
Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	6/26/2009		travel	travel
5	6/26/2009		labor	Crane error. Re route harness and adjust pressure

Materials					
Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.	1.	<input checked="" type="checkbox"/> Maintenance/IPV protocol left with customer

PerkinElmer Engineer Signature	Date	Qty	Unit Amt	Total Amt
David Nash	9/13/2009	Total Materials		
Customer Signature	Date	Total Travel Hours		
		Total Labor Hours		
		Total Amount		
		V.A.T. _____ %		
Customer acknowledgement of receipt of the above repair / replacement.		<b>Total</b>		

Special Terms and Conditions:  
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# FIELD SERVICE REPORT

**PerkinElmer Inc.**

710 Bridgeport Ave  
Shelton, CT  
06484  
US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
V.A.T. Code:

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
000311057869	REP	6/9/2009	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	15183980 - 20	5/31/2010	

Customer Name/Address	Bill To Name/Address
CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	

Contact Name	Phone No.	Fax No.	Customer PO No.
KOSECKI, ALAN	480-312-5724		

### Work Description

Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	6/9/2009		travel	travel
8	6/9/2009		labor	Replace collector on fld b. bake out and check back ground. Looks good

### Materials

Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
1	N6100357	COLLECTOR ASSY ASXL FID	US12 / F300		

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.	1.	<input checked="" type="checkbox"/> Maintenance/IPV protocol left with customer
PerkinElmer Engineer Signature	Date		Qty
David Nash	9/13/2009		Unit Amt
Customer Signature	Date		Total Amt
			Total Materials
			Total Travel Hours
			Total Labor Hours
			Total Amount
			V.A.T. _____ %
Customer acknowledgement of receipt of the above repair / replacement.			<b>Total</b>

Special Terms and Conditions:  
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## FIELD SERVICE REPORT

**PerkinElmer Inc.**

710 Bridgeport Ave  
Shelton, CT  
06484  
US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
V.A.T. Code:

Service Order No. 000340313290	Activity Code INS	Desired Start Date 5/11/2009	Model CLARUS500GASCHROM	Serial No. 650N9042003
Engineer Name NASH,DAVID(VM3292)		Work Center US70001	Contract No. -	Expiration Date

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
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Contact Name GARRETT, STEVE	Phone No. 480-312-5280	Fax No.	Customer PO No. P00284342
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### Work Description

Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	5/21/2009		travel	travel
6	5/21/2009		Intail	Installation
4	6/1/2009		install	complete install

### Materials

Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
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Job Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Labor Hours 10.	Travel Hours 1.	Maintenance Done <input type="checkbox"/> Maintenance/IPV protocol left with customer																												
PerkinElmer Engineer Signature David Nash	Date 9/13/2009		<table border="1"> <thead> <tr> <th></th> <th>Qty</th> <th>Unit Amt</th> <th>Total Amt</th> </tr> </thead> <tbody> <tr> <td>Total Materials</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Travel Hours</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Labor Hours</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Amount</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T. _____ %</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Qty	Unit Amt	Total Amt	Total Materials				Total Travel Hours				Total Labor Hours				Total Amount				V.A.T. _____ %				<b>Total</b>			
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V.A.T. _____ %																															
<b>Total</b>																															
Customer Signature	Date																														
Customer acknowledgement of receipt of the above repair / replacement.																															

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**PerkinElmer Inc.**  
 710 Bridgeport Ave  
 Shelton, CT  
 06484  
 US  
 Telephone: 1 800 7624000 Fax: 1 203 9444914  
 V.A.T. Code:

Service Order No. 000340313295	Activity Code INS	Desired Start Date 5/11/2009	Model TURBOMATRIXHS	Serial No. HS110L0904214
Engineer Name NASH, DAVID (VM3292)		Work Center US70001	Contract No. -	Expiration Date

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
---	----------------------

Contact Name GARRETT, STEVE	Phone No. 480-312-5280	Fax No.	Customer PO No. P00284342
--------------------------------	---------------------------	---------	------------------------------

Work Description				
Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
4	5/20/2009		Install	Installation
5	6/1/2009		Install	Complete install

Materials					
Qty	Part No.	Material Description	KIT	Unit Amount	Total Amount

Job Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Labor Hours 9.	Travel Hours . .	Maintenance Done <input checked="" type="checkbox"/> Maintenance/IPV protocol left with customer																					
PerkinElmer Engineer Signature David Nash	Date 9/13/2009		<table border="1"> <tr> <td>Qty</td> <td>Unit Amt</td> <td>Total Amt</td> </tr> <tr> <td>Total Materials</td> <td></td> <td></td> </tr> <tr> <td>Total Travel Hours</td> <td></td> <td></td> </tr> <tr> <td>Total Labor Hours</td> <td></td> <td></td> </tr> <tr> <td>Total Amount</td> <td></td> <td></td> </tr> <tr> <td>V.A.T. _____ %</td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> </tr> </table>	Qty	Unit Amt	Total Amt	Total Materials			Total Travel Hours			Total Labor Hours			Total Amount			V.A.T. _____ %			<b>Total</b>		
Qty	Unit Amt	Total Amt																						
Total Materials																								
Total Travel Hours																								
Total Labor Hours																								
Total Amount																								
V.A.T. _____ %																								
<b>Total</b>																								
Customer Signature		Date																						
Customer acknowledgement of receipt of the above repair / replacement.																								

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### Field Service Report

PerkinElmer Health Sciences  
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 Telephone : (800) 762-4000 Fax : (203) 944-4983  
 V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311295882	REP	02-Nov-2010	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35293208/30	30-Jun-2011
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address		Customer PO No.
VALDEZ, JEN	480-312-5276			

**Time Confirmation**

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	6	Nov 2, 2010	09:00:00 AM	Nov 2, 2010	03:00:00 PM	GMT-07:00	labor
SRB-TV Travel - Billable	1	Nov 2, 2010	08:00:00 AM	Nov 2, 2010	09:00:00 AM	GMT-07:00	travel



**Fault Coding**

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text



Clear

**Material Confirmation**

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300	M0413448	NEEDLE ASSEMBLY ^ HS	1	Piece	0	0	



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date			Quantity	Unit Price	Total
david w nash	10/11/2010		Total Parts			0
Customer Signature	Date		Labor Hours	0	0	0
	10/11/2010		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total			0
			V.A.T at current r			0
			Total			0

**Additional Information**

.Replace needle assembly and needle. Check needle purge and set.



**Field Service Report**

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4983

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311295882	REP	02-Nov-2010	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35293208/30	30-Jun-2011
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address		Customer PO No.
VALDEZ, JEN	480-312-5276			

**Confirmation Text**

SRB-RE 6hrs Nov 2, 2010 09:00:00 AM Nov 2, 2010 03:00:00 PM  
 labor

SRB-TV 1hrs Nov 2, 2010 08:00:00 AM Nov 2, 2010 09:00:00 AM  
 travel



### Field Service Report

PerkinElmer LAS, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code 001

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311411900	PM	30-Jun-2011	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35293208/20	30-Jun-2011
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Time Confirmation**

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	4	Jul 7, 2011	10:00:00 AM	Jul 7, 2011	02:00:00 PM	GMT-07:00	labor
SRB-TV Travel - Billable	1	Jul 7, 2011	02:00:00 AM	Jul 7, 2011	03:00:00 PM	GMT-07:00	travel



**Fault Coding**

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text



**Material Confirmation**

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300			0				



Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date			Quantity	Unit Price	Total
david nash	30/06/2011		Total Parts			0
Customer Signature	Date		Labor Hours	0	0	0
	30/06/2011		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total			0
			V.A.T at current r			0
			<b>Total</b>			<b>0</b>
Additional Information PM performed.						



**Field Service Report**

PerkinElmer LAS, Inc. 001  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311411900	PM	30-Jun-2011	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35293208/20	30-Jun-2011	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Confirmation Text**

SRB-RE 4hrs Jul 7, 2011 10:00:00 AM Jul 7, 2011 02:00:00 PM  
 labor

SRB-TV 1hrs Jul 7, 2011 02:00:00 AM Jul 7, 2011 03:00:00 PM  
 travel



### Field Service Report

PerkinElmer LAS, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code 001

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311411901	PM	30-Jun-2011	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35293208/30	30-Jun-2011
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Time Confirmation**

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	4	Jul 7, 2011	10:00:00 AM	Jul 7, 2011	02:00:00 PM	GMT-07:00	labor
SRB-TV Travel - Billable	1	Jul 7, 2011	02:00:00 PM	Jul 7, 2011	03:00:00 PM	GMT-07:00	travel



**Fault Coding**

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text



Clear

**Material Confirmation**

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300			0				



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david nash	30/06/2011		Total Parts		0	
Customer Signature	Date		Labor Hours	0	0	0
	30/06/2011		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total		0	
			V.A.T at current r		0	
			Total		0	

Additional Information  
 pm performed. check and align tray.



**Field Service Report**

PerkinElmer LAS, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311411901	PM	30-Jun-2011	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35293208/30	30-Jun-2011	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			
Confirmation Text				
SRB-RE	4hrs	Jul 7, 2011	10:00:00 AM	Jul 7, 2011 02:00:00 PM
labor				
SRB-TV	1hrs	Jul 7, 2011	02:00:00 PM	Jul 7, 2011 03:00:00 PM
travel				



# FIELD SERVICE REPORT

SERVICE ORDER NO.	TYPE
311313962	ZM01

FUNCTIONAL LOC. ADDRESS	US100012576 CITY OF SCOTTSDALE CITY OF SCOTTSDALE 7601 E MCKELLIPS SCOTTSDALE AZ 85257 USA	EQUIPMENT NO. DESCRIPTION JOB TYPE	10660318 TURBOMATRIXHS / HS110L0904214 Planned Maintenance
	CONTACT TELEPHONE FAX	JEN VALDEZ 480-312-6276	SHIP-TO NO. PAYER NO. PURCHASE ORDER
SOFTWARE HARDWARE	GC	CONTRACT NO. LINE ITEM DESCRIPTION	35283208 000030 TURBOMATRIX HEADSPACE SAMPLER
		START DATE END DATE	March 01, 2011 March 01, 2011

**PROBLEM DESCRIPTION**  
PM for Model TURBOMATRIXHS in 03/2011

**WORK DESCRIPTION**

- 1. PM

ACTIVITY	CSE	START	FINISH	DURATION	UNIT
1. Repair-BillableLabor	US70001 NASH,DAVID(VM)	Jan 24, 2011	Jan 24, 2011	4.0	H

MATERIAL	DESCRIPTION	QTY	UNIT

Customer acknowledgement of receipt of above repair/replacement

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Call completed by \_\_\_\_\_  
Engineer Name

Received call from \_\_\_\_\_  
Engineer Name



# FIELD SERVICE REPORT

SERVICE ORDER NO.	TYPE
311313963	ZM01

<b>FUNCTIONAL LOC.</b>	US100012676	<b>EQUIPMENT NO.</b>	10660317
<b>ADDRESS</b>	CITY OF SCOTTSDALE CITY OF SCOTTSDALE 7601 E MCKELLIPS SCOTTSDALE AZ 85257 USA	<b>DESCRIPTION</b>	TURBOMATRIXHS / HS110L0904215
		<b>JOB TYPE</b>	Planned Maintenance
		<b>SHIP-TO NO.</b>	100012676
		<b>PAYER NO.</b>	4000867
		<b>PURCHASE ORDER</b>	
<b>CONTACT</b>	JEN VALDEZ	<b>CONTRACT NO.</b>	35293208
<b>TELEPHONE</b>	480-312-6276	<b>LINE ITEM</b>	000040
<b>FAX</b>		<b>DESCRIPTION</b>	TURBOMATRIX HEADSPACE SAMPLER
<b>SOFTWARE</b>		<b>START DATE</b>	March 01, 2011
<b>HARDWARE</b>	GC	<b>END DATE</b>	March 01, 2011

**PROBLEM DESCRIPTION**  
PM for Model TURBOMATRIXHS in 03/2011

**WORK DESCRIPTION**

- pm

ACTIVITY	CSE	START	FINISH	DURATION	UNIT
1. Repair-BillableLabor	US70001 NASH,DAVIDIVM	Jan 24, 2011	Jan 24, 2011	4.0	H

MATERIAL	DESCRIPTION	QTY	UNIT

Customer acknowledgement of receipt of above repair/replacement

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Call completed by \_\_\_\_\_  
Engineer Name

Received call from \_\_\_\_\_  
Engineer Name



# FIELD SERVICE REPORT

SERVICE ORDER NO.	TYPE
311313961	ZM01

FUNCTIONAL LOC. ADDRESS	US100012676 CITY OF SCOTTSDALE CITY OF SCOTTSDALE 7601 E MCKELLIPS SCOTTSDALE AZ 85257 USA	EQUIPMENT NO. DESCRIPTION JOB TYPE	10659217 CLARUS500GASCHROM / 650N9042003 Planned Maintenance
	CONTACT TELEPHONE FAX	JEN VALDEZ 480-312-6276	SHIP-TO NO. PAYER NO. PURCHASE ORDER
SOFTWARE HARDWARE	GC	CONTRACT NO. LINE ITEM DESCRIPTION	35293208 000020 CLARUS 500 GAS CHROMATOGRAPH
		START DATE END DATE	March 01, 2011 March 01, 2011

**PROBLEM DESCRIPTION**  
PM for Model CLARUS500GASCHROM in 03/201

**WORK DESCRIPTION**

- 1. pm

ACTIVITY	CSE	START	FINISH	DURATION	UNIT
1. Repair-BillableLabor	US70001 NASH,DAVID(VM)	Jan 24, 2011	Jan 24, 2011	4.0	H

MATERIAL	DESCRIPTION	QTY	UNIT

Customer acknowledgement of receipt of above repair/replacement

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Call completed by \_\_\_\_\_  
Engineer Name

Received call from \_\_\_\_\_  
Engineer Name



# FIELD SERVICE REPORT

SERVICE ORDER NO.	TYPE
311313960	ZM01

<b>FUNCTIONAL LOC.</b> <b>ADDRESS</b>	US100012676 CITY OF SCOTTSDALE CITY OF SCOTTSDALE 7601 E MCKELLIPS SCOTTSDALE AZ 85257 USA	<b>EQUIPMENT NO.</b> <b>DESCRIPTION</b> <b>JOB TYPE</b>	10859087 CLARUS500GASCHROM / 850N9042002 Planned Maintenance
			<b>SHIP-TO NO.</b> <b>PAYER NO.</b> <b>PURCHASE ORDER</b>
<b>CONTACT</b> <b>TELEPHONE</b> <b>FAX</b>	JEN VALDEZ 480-312-6276	<b>CONTRACT NO.</b> <b>LINE ITEM</b> <b>DESCRIPTION</b>	35293208 000010 CLARUS 500 GAS CHROMATOGRAPH
<b>SOFTWARE</b> <b>HARDWARE</b>	GC	<b>START DATE</b> <b>END DATE</b>	March 01, 2011 March 01, 2011

**PROBLEM DESCRIPTION**  
 PM for Model CLARUS600GASCHROM in 03/2011

**WORK DESCRIPTION**

1. pm
2. travel

ACTIVITY	CSE	START	FINISH	DURATION	UNIT
1. Repair-Billable Labor	US70001 NASH,DAVID(VM	Jan 24, 2011	Jan 24, 2011	4.0	H
2. Travel - Billable	US70001 NASH,DAVID(VM	Jan 24, 2011	Jan 24, 2011	1.0	H

MATERIAL	DESCRIPTION	QTY	UNIT

Customer acknowledgement of receipt of above repair/replacement

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

Call completed by \_\_\_\_\_  
Engineer Name

Received call from \_\_\_\_\_  
Engineer Name



### Field Service Report

PerkinElmer Health Sciences, Inc. 003  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311455944	PM	01-Sep-2011	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35316016/30	30-Jun-2012
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE, AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x SRB-RE Repair - Billable Labor	4	Jan 6, 2012	09:00:00 AM	Jan 6, 2012	01:00:00 PM	GMT-07:00	labor
x SRB-TV Travel - Billable	1	Jan 6, 2012	08:00:00 AM	Jan 6, 2012	09:00:00 AM	GMT-07:00	travel



Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x							



Clear

Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david w nash	Dec 19, 2011		Total Parts		0	
Customer Signature	Date		Labor Hours	0	0	0
	Dec 19, 2011		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total		0	
Additional Information			V.A.T at current r		0	
PM.			Total		0	



**Field Service Report**

PerkinElmer Health Sciences, Inc. 003  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code

<b>Service Order No.</b>	<b>Activity Code</b>	<b>Desired Start Date</b>	<b>Model</b>	<b>Serial No.</b>
311455944	PM	01-Sep-2011	TURBOMATRIXHS	HS110L0904214
<b>Engineer Name</b>		<b>Work Center</b>	<b>Contract No.</b>	<b>Expiration Date</b>
NASH,DAVID(VM3292)		US70001	35316016/30	30-Jun-2012
<b>Customer Name/Address</b>			<b>Bill To Name/Address</b>	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE, AZ, 85251 US	
<b>Contact Name</b>	<b>Phone No.</b>	<b>Email Address</b>	<b>Customer PO No.</b>	
VALDEZ, JEN	480-312-5276			

**Confirmation Text**

SRB-RE 4hrs Jan 6, 2012 09:00:00 AM Jan 6, 2012 01:00:00 PM  
 labor

SRB-TV 1hrs Jan 6, 2012 08:00:00 AM Jan 6, 2012 09:00:00 AM  
 travel



### Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code

003

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311455943	PM	01-Sep-2011	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35316016/20	30-Jun-2012
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE, AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Time Confirmation**

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x	SRB-RE Repair - Billable Labor	4	Jan 6, 2012	09:00:00 AM	Jan 6, 2012	01:00:00 PM	GMT-07:00	labor
x	SRB-TV Travel - Billable	1	Jan 6, 2012	01:00:00 PM	Jan 6, 2012	02:00:00 PM	GMT-07:00	pm



**Fault Coding**

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x								



Clear

**Material Confirmation**

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x	US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature		Date		Quantity	Unit Price	Total
david w nash		Dec 19, 2011	Total Parts			0
Customer Signature		Date	Labor Hours	0	0	0
		Dec 19, 2011	Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total			0
Additional Information			V.A.T at current rate			0
.PM			Total			0

Short description : PM for Model CLARUS500GASCHROM in 09/201

Sep 16, 2011 12:00:00 AM



**Field Service Report**

PerkinElmer Health Sciences, Inc. 003  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code

<b>Service Order No.</b>	<b>Activity Code</b>	<b>Desired Start Date</b>	<b>Model</b>	<b>Serial No.</b>
311455943	PM	01-Sep-2011	CLARUS500GASCHROM	650N9042003
<b>Engineer Name</b>		<b>Work Center</b>	<b>Contract No.</b>	<b>Expiration Date</b>
NASH,DAVID(VM3292)		US70001	35316016/20	30-Jun-2012
<b>Customer Name/Address</b>			<b>Bill To Name/Address</b>	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE, AZ, 85251 US	
<b>Contact Name</b>	<b>Phone No.</b>	<b>Email Address</b>	<b>Customer PO No.</b>	
VALDEZ, JEN	480-312-5276			

**Confirmation Text**

SRB-RE 4hrs Jan 6, 2012 09:00:00 AM Jan 6, 2012 01:00:00 PM  
 labor  
 SRB-TV 1hrs Jan 6, 2012 01:00:00 PM Jan 6, 2012 02:00:00 PM  
 pm



## Field Service Report

PerkinElmer Health Sciences  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4983

V.A.T Code

<b>Service Order No.</b>	<b>Activity Code</b>	<b>Desired Start Date</b>	<b>Model</b>	<b>Serial No.</b>
311236582	PM	23-Aug-2010	CLARUS500GASCHROM	650N9042003
<b>Engineer Name</b>		<b>Work Center</b>	<b>Contract No.</b>	<b>Expiration Date</b>
NASH,DAVID(VM3292)		US70001	35293208/20	30-Jun-2011
<b>Customer Name/Address</b>			<b>Bill To Name/Address</b>	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
<b>Contact Name</b>		<b>Phone No.</b>	<b>Email Address</b>	<b>Customer PO No.</b>
VALDEZ, JEN		480-312-5276		

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	4	Jul 27, 2010	08:00:00 AM	Jul 27, 2010	12:00:00 PM	GMT-07:00	pm

+

Clear

### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
Gas Chromatograp	PM~GC10	GC Main Unit~GC	Cable /	pm	Job Completion C	Job Completed~J	pm

+

Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300							

+

Clear

<b>Call Complete</b>	<b>Labor Hours</b>	<b>Travel Hours</b>	<b>Maintenance Performed</b>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
<b>Service Engineer Signature</b>		<b>Date</b>		<b>Quantity</b>	<b>Unit Price</b>	<b>Total</b>
david nash		23/08/2010	Total Parts			0
			Labor Hours	0	0	0
<b>Customer Signature</b>		<b>Date</b>	Travel Hours	0	0	0
		23/08/2010	Total			0
			V.A.T at current r			0
<b>Customer Acknowledgment of receipt of the above repair/replacement.</b>			<b>Total</b>			0

Additional Information



**Field Service Report**

PerkinElmer Health Sciences 002  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4983  
 V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311236582	PM	23-Aug-2010	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35293208/20	30-Jun-2011	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			
Confirmation Text				
SRB-RE 4hrs Jul 27, 2010 08:00:00 AM Jul 27, 2010 12:00:00 PM pm				



## Field Service Report

PerkinElmer Health Sciences  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4983

V.A.T Code

<b>Service Order No.</b>	<b>Activity Code</b>	<b>Desired Start Date</b>	<b>Model</b>	<b>Serial No.</b>
311236583	PM	23-Aug-2010	TURBOMATRIXHS	HS110L0904214
<b>Engineer Name</b>		<b>Work Center</b>	<b>Contract No.</b>	<b>Expiration Date</b>
NASH,DAVID(VM3292)		US70001	35293208/30	30-Jun-2011
<b>Customer Name/Address</b>			<b>Bill To Name/Address</b>	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
<b>Contact Name</b>		<b>Phone No.</b>	<b>Email Address</b>	<b>Customer PO No.</b>
VALDEZ, JEN		480-312-5276		

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	4	Jul 27, 2010	08:00:00 AM	Jul 27, 2010	12:00:00 PM	GMT-07:00	pm

+ Clear

### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
Gas Chromatograp	PM~GC10	GC HS / ATD~GC-	Alignmen	pm	Job Completion C	Job Completed~J	pm

+ Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300							

+ Clear

<b>Call Complete</b>	<b>Labor Hours</b>	<b>Travel Hours</b>	<b>Maintenance Performed</b>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
<b>Service Engineer Signature</b>		<b>Date</b>		<b>Quantity</b>	<b>Unit Price</b>	<b>Total</b>
David nash		23/08/2010				0
<b>Customer Signature</b>		<b>Date</b>				0
		23/08/2010				0
Customer Acknowledgment of receipt of the above repair/replacement.			V.A.T at current r			0
			<b>Total</b>			0
<b>Additional Information</b>						



## Field Service Report

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4983

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311236583	PM	23-Aug-2010	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35293208/30	30-Jun-2011
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 4hrs Jul 27, 2010 08:00:00 AM Jul 27, 2010 12:00:00 PM  
 pm



### Field Service Report

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
**Telephone :** (800) 762-4000      **Fax :** (203) 944-4983  
**V.A.T Code**      001

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311241445	REP	23-Jun-2010	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35293208/20	30-Jun-2011
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Time Confirmation**

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	8	Jun 29, 2010	08:00:00 AM	Jun 29, 2010	04:00:00 PM	GMT-07:00	new ipm
SRB-TV Travel - Billable	2	Jun 29, 2010	06:00:00 AM	Jun 29, 2010	08:00:00 AM	GMT-07:00	travel

+ -

**Fault Coding**

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
Gas Chromatograp	Software Problem	GC Main Unit~GC	Cable /	new ipm required	Job Completion C	Job Completed~J	ipm

+ Clear

**Material Confirmation**

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300			0				

+ Clear

Call Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Labor Hours 8	Travel Hours 2	Maintenance Performed <input type="checkbox"/> Maintenance/IPV PTC Left with Customer
Service Engineer Signature david nash	Date 29/06/2010	Quantity	Unit Price
Customer Signature	Date 29/06/2010	Total Parts	Total
Customer Acknowledgment of receipt of the above repair/replacement.		Labor Hours	0
		Travel Hours	0
		Total	0
		V.A.T at current r	0
		<b>Total</b>	0

**Additional Information**

.new ipm



## Field Service Report

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
**Telephone :** (800) 762-4000      **Fax :** (203) 944-4983  
**V.A.T Code** 001

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311241445	REP	23-Jun-2010	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35293208/20	30-Jun-2011
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 8hrs Jun 29, 2010 08:00:00 AM Jun 29, 2010 04:00:00 PM  
 new ipm

SRB-TV 2hrs Jun 29, 2010 06:00:00 AM Jun 29, 2010 08:00:00 AM  
 travel



# Field Service Report

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
**Telephone :** (800) 762-4000      **Fax :** (203) 944-4983  
**V.A.T Code**

<b>Service Order No.</b>	<b>Activity Code</b>	<b>Desired Start Date</b>	<b>Model</b>	<b>Serial No.</b>
311212528	PM	25-May-2010	CLARUS500GASCHROM	650N9042003
<b>Engineer Name</b>		<b>Work Center</b>	<b>Contract No.</b>	<b>Expiration Date</b>
NASH,DAVID(VM3292)		US70001	15183980/20	31-May-2010
<b>Customer Name/Address</b>			<b>Bill To Name/Address</b>	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
<b>Contact Name</b>		<b>Phone No.</b>	<b>Email Address</b>	<b>Customer PO No.</b>
VALDEZ, JEN		480-312-5276		

**Time Confirmation**

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
SRB-RE Repair - Billable Labor	3	Feb 23, 2010	08:30:00 AM	Feb 23, 2010	11:30:00 AM	GMT-07:00	PM
SRB-TV Travel - Billable	1	Feb 23, 2010	08:00:00 AM	Feb 23, 2010	09:00:00 AM	GMT-07:00	travel

+ -

**Fault Coding**

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
Gas Chromatograp	PM~GC10	GC Main Unit~GC		PM	Job Completion C	Job Completed~J	PM

+ Clear

**Material Confirmation**

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial No.
US12	F300			0				

+ Clear

<b>Call Complete</b>	<b>Labor Hours</b>	<b>Travel Hours</b>	<b>Maintenance Performed</b>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
<b>Service Engineer Signature</b>		<b>Date</b>		<b>Quantity</b>	<b>Unit Price</b>	<b>Total</b>
David W Nash		23/02/2010				0
<b>Customer Signature</b>		<b>Date</b>				0
		25/05/2010				0
<b>Customer Acknowledgment of receipt of the above repair/replacement.</b>			<b>V.A.T at current r</b>			0
			<b>Total</b>			0

**Additional Information**  
PM.



**Field Service Report**

PerkinElmer Health Sciences  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4983

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311212528	PM	25-May-2010	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	15183980/20	31-May-2010
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE, AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Confirmation Text**

SRB-RE 3hrs Feb 23, 2010 08:30:00 AM Feb 23, 2010 11:30:00 AM  
 PM  
 SRB-TV 1hrs Feb 23, 2010 08:00:00 AM Feb 23, 2010 09:00:00 AM  
 travel



# FIELD SERVICE REPORT

**PerkinElmer Inc.**

 710 Bridgeport Ave  
 Shelton, CT  
 06484  
 US

 Telephone: 1 800 7624000 Fax: 1 203 9444914  
 V.A.T. Code:

Service Order No. <b>000311088445</b>	Activity Code REP	Desired Start Date 7/31/2009	Model <b>CLARUS500GASCHROM</b>	Serial No. <b>650N9042003</b>
Engineer Name NASH,DAVID(VM3292)		Work Center US70001	Contract No. 15183980 - 20	Expiration Date 5/31/2010

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
---	----------------------

Contact Name <b>KOSECKI, ALAN</b>	Phone No. 480-312-5724	Fax No.	Customer PO No.
--------------------------------------	---------------------------	---------	-----------------

**Work Description**

Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	7/31/2009		travel	travel
8	7/31/2009		labor	Replace BAC 2 column.

**Materials**

Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
1	N9316577	PE ELITE BAC2 0.32MM ID 1.2UM 30M	US12 / F300		

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>8.</b>	<b>1.</b>	<input type="checkbox"/> Maintenance/IPV protocol left with customer

PerkinElmer Engineer Signature	Date		Qty	Unit Amt	Total Amt
David Nash	9/13/2009	Total Materials			
Customer Signature	Date	Total Travel Hours			
		Total Labor Hours			
		Total Amount			
		V.A.T. _____ %			
Customer acknowledgement of receipt of the above repair / replacement.		<b>Total</b>			

 Special Terms and Conditions:  
 This is not an invoice.



# FIELD SERVICE REPORT

**PerkinElmer Inc.**

710 Bridgeport Ave  
Shelton, CT  
06484  
US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
V.A.T. Code:

Service Order No. <b>000311078045</b>	Activity Code REP	Desired Start Date 7/29/2009	Model <b>TURBOMATRIXHS</b>	Serial No. <b>HS110L0904214</b>
Engineer Name NASH,DAVID(VM3292)		Work Center US70001	Contract No. 15183981 - 20	Expiration Date 5/31/2010

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
---	----------------------

Contact Name <b>KOSECKI, ALAN</b>	Phone No. 480-312-5724	Fax No.	Customer PO No.
--------------------------------------	---------------------------	---------	-----------------

Work Description				
Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	7/29/2009		travel	travel
11	7/29/2009		labor	Evaluate system on multiple days. Replace ppc with manual pneumatics.

Materials					
Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
	N6200147	KIT-TURBOMATIRX HEADSPACE MANL PNEU CONV	US12 / F300		

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>11.</b>	<b>1.</b>	<input type="checkbox"/> Maintenance/IPV protocol left with customer

PerkinElmer Engineer Signature	Date		Qty	Unit Amt	Total Amt
David Nash	9/13/2009	Total Materials			
		Total Travel Hours			
Customer Signature	Date	Total Labor Hours			
		Total Amount			
		V.A.T. _____ %			
Customer acknowledgement of receipt of the above repair / replacement.		<b>Total</b>			

Special Terms and Conditions:  
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# FIELD SERVICE REPORT

**PerkinElmer Inc.**

710 Bridgeport Ave  
Shelton, CT  
06484  
US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
V.A.T. Code:

Service Order No. <b>000311066440</b>	Activity Code REP	Desired Start Date 6/26/2009	Model <b>TURBOMATRIXHS</b>	Serial No. <b>HS110L0904214</b>
Engineer Name NASH,DAVID(VM3292)	Work Center US70001	Contract No. 15183981 - 20	Expiration Date 5/31/2010	

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
---	----------------------

Contact Name <b>KOSECKI, ALAN</b>	Phone No. 480-312-5724	Fax No.	Customer PO No.
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**Work Description**

Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	6/26/2009		travel	travel
5	6/26/2009		labor	Crane error. Re route harness and adjust pressure

**Materials**

Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
-----	----------	----------------------	-----	-------------	--------------

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>5.</b>	<b>1.</b>	<input type="checkbox"/> Maintenance/IPV protocol left with customer

PerkinElmer Engineer Signature	Date		Qty	Unit Amt	Total Amt
David Nash	9/13/2009	Total Materials			
Customer Signature	Date	Total Travel Hours			
		Total Labor Hours			
		Total Amount			
		V.A.T. _____ %			
Customer acknowledgement of receipt of the above repair / replacement.		<b>Total</b>			

Special Terms and Conditions:  
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# FIELD SERVICE REPORT

## PerkinElmer Inc.

710 Bridgeport Ave  
Shelton, CT  
06484  
US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
V.A.T. Code:

Service Order No. <b>000311057869</b>	Activity Code REP	Desired Start Date 6/9/2009	Model <b>CLARUS500GASCHROM</b>	Serial No. <b>650N9042003</b>
Engineer Name NASH,DAVID(VM3292)		Work Center US70001	Contract No. 15183980 - 20	Expiration Date 5/31/2010

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
---	----------------------

Contact Name <b>KOSECKI, ALAN</b>	Phone No. 480-312-5724	Fax No.	Customer PO No.
--------------------------------------	---------------------------	---------	-----------------

### Work Description

Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	6/9/2009		travel	travel
8	6/9/2009		labor	Replace collector on fid b. bake out and check back ground. Looks good

### Materials

Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
1	N6100357	COLLECTOR ASSY ASXL FID	US12 / F300		

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>8.</b>	<b>1.</b>	<input type="checkbox"/> Maintenance/IPV protocol left with customer

PerkinElmer Engineer Signature David Nash	Date 9/13/2009		Qty	Unit Amt	Total Amt
Customer Signature	Date		Total Materials		
Customer acknowledgement of receipt of the above repair / replacement.			Total Travel Hours		
			Total Labor Hours		
			Total Amount		
			V.A.T. _____ %		
			<b>Total</b>		

Special Terms and Conditions:  
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# FIELD SERVICE REPORT

## PerkinElmer Inc.

710 Bridgeport Ave  
Shelton, CT  
06484  
US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
V.A.T. Code:

Service Order No. <b>000340313290</b>	Activity Code INS	Desired Start Date 5/11/2009	Model <b>CLARUS500GASCHROM</b>	Serial No. <b>650N9042003</b>
Engineer Name NASH,DAVID(VM3292)		Work Center US70001	Contract No. -	Expiration Date

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
---	----------------------

Contact Name <b>GARRETT, STEVE</b>	Phone No. 480-312-5280	Fax No.	Customer PO No. <b>P00284342</b>
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### Work Description

Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
1	5/21/2009		travel	travel
6	5/21/2009		intall	Installation
4	6/1/2009		install	complete install

### Materials

Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount
-----	----------	----------------------	-----	-------------	--------------

Job Completed <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Labor Hours <b>10.</b>	Travel Hours <b>1.</b>	Maintenance Done <input type="checkbox"/> Maintenance/IPV protocol left with customer
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PerkinElmer Engineer Signature David Nash	Date 9/13/2009	Qty	Unit Amt	Total Amt
Customer Signature	Date	Total Materials		
Customer acknowledgement of receipt of the above repair / replacement.		Total Travel Hours		
		Total Labor Hours		
		Total Amount		
		V.A.T. _____ %		
		<b>Total</b>		

Special Terms and Conditions:  
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# FIELD SERVICE REPORT

## PerkinElmer Inc.

710 Bridgeport Ave  
Shelton, CT  
06484  
US

Telephone: 1 800 7624000 Fax: 1 203 9444914  
V.A.T. Code:

Service Order No. <b>000340313295</b>	Activity Code INS	Desired Start Date 5/11/2009	Model <b>TURBOMATRIXHS</b>	Serial No. <b>HS110L0904214</b>
Engineer Name NASH,DAVID(VM3292)		Work Center US70001	Contract No. -	Expiration Date

Customer Name/Address CITY OF SCOTTSDALE  7601 E MCKELLIPS SCOTTSDALE AZ 85257	Bill To Name/Address
---	----------------------

Contact Name <b>GARRETT, STEVE</b>	Phone No. 480-312-5280	Fax No.	Customer PO No. <b>P00284342</b>
---------------------------------------	---------------------------	---------	-------------------------------------

Work Description				
Act. Hrs.	Act. Date	Start / Finish	Short Description	Detailed Description
4	5/20/2009		Install	Installation
5	6/1/2009		install	Complete install

Materials					
Qty	Part No.	Material Description	Kit	Unit Amount	Total Amount

Job Completed	Labor Hours	Travel Hours	Maintenance Done
<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>9.</b>	.	<input type="checkbox"/> Maintenance/IPV protocol left with customer

PerkinElmer Engineer Signature David Nash	Date 9/13/2009	Qty	Unit Amt	Total Amt
Customer Signature	Date	Total Materials		
		Total Travel Hours		
Customer acknowledgement of receipt of the above repair / replacement.		Total Labor Hours		
		Total Amount		
		V.A.T. _____ %		
		<b>Total</b>		

Special Terms and Conditions:  
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# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311612054	REP	31-May-2012	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35316016/20	30-Jun-2012	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE , AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

## Time Confirmation

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation
x	SRB-RE	5	May 30, 2012	09:00:00 AM	May 30, 2012	02:00:00 PM	GMT-07:00	labor
x	SRB-TV	1	May 30, 2012	08:00:00 AM	May 30, 2012	09:00:00 AM	GMT-07:00	travel



## Fault Coding

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Ca
x	GC	Initialization / Con	GC-HS	Alignmen	oven error	SVC-AC	Aligned~AC03	realigr



## Material Confirmation

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price
x	US12	F300						



Call Complete	Labor Hours	Travel Hours	Maintenance Performed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer
Service Engineer Signature	Date	Quantity	Unit Price
david w nash	May 31, 2012	Total Parts	
Customer Signature	Date	Labor Hours	0
		Travel Hours	0
		Total	



## Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311612054	REP	31-May-2012	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35316016/20	30-Jun-2012
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE , AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 5hrs May 30, 2012 09:00:00 AM May 30, 2012 02:00:00 PM

labor

SRB-TV 1hrs May 30, 2012 08:00:00 AM May 30, 2012 09:00:00 AM

travel



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311677321	PM	18-Sep-2012	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/20	30-Jun-2013	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

## Time Confirmation

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation
x	SRB-RE Repair - Billable Labor	4	Sep 13, 2012	09:00:00 AM	Sep 13, 2012	01:00:00 PM	GMT-07:00	PM



## Fault Coding

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Ca
x	Gas Chromatograp	PM~GC10	GC Main Unit~GC	Column~G	PM	Job Completion C	Job Completed~J	PM



## Material Confirmation

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price
x	US12	F300						



Call Complete	Labor Hours	Travel Hours	Maintenance Performed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer		
Service Engineer Signature	Date		Quantity	Unit Price	
david w nash	Sep 17, 2012		Total Parts		
Customer Signature	Date		Labor Hours	0	0
	Sep 17, 2012		Travel Hours	0	0
			Total		
			V.A.T at current r		



## Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311677321	PM	18-Sep-2012	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/20	30-Jun-2013	
Customer Name/Address	Bill To Name/Address			
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US	CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE , AZ, 85251 US			
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 4hrs Sep 13, 2012 09:00:00 AM Sep 13, 2012 01:00:00 PM

PM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311677337	PM	19-Sep-2012	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/30	30-Jun-2013	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation
x	SRB-RE Repair - Billable Labor	4	Sep 13, 2012	09:00:00 AM	Sep 13, 2012	01:00:00 PM	GMT-07:00	PM
x	SRB-TV Travel - Billable	1	Sep 13, 2012	08:00:00 AM	Sep 13, 2012	09:00:00 AM	GMT-07:00	travel



### Fault Coding

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Ca
x	Gas Chromatograp	PM~GC10	GC HS / ATD~GC-	Alignmen	PM	Job Completion C	Job Completed~J	PM



### Material Confirmation

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price
x	US12	F300						



Call Complete	Labor Hours	Travel Hours	Maintenance Performed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer
Service Engineer Signature	Date	Quantity	Unit Price
david w nash	Sep 17, 2012	Total Parts	
Customer Signature	Date	Labor Hours	0
		Travel Hours	0
		Total	



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311677337	PM	19-Sep-2012	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/30	30-Jun-2013	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 4hrs Sep 13, 2012 09:00:00 AM Sep 13, 2012 01:00:00 PM  
 PM

SRB-TV 1hrs Sep 13, 2012 08:00:00 AM Sep 13, 2012 09:00:00 AM  
 travel



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311685345	REP	28-Sep-2012	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/30	30-Jun-2013	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE , AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

## Time Confirmation

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation
x	SRB-RE Repair - Billable Labor	2	Oct 1, 2012	09:30:00 AM	Oct 1, 2012	11:30:00 AM	GMT-07:00	labor
x	SRB-TV Travel - Billable	1.5	Oct 1, 2012	08:45:00 AM	Oct 1, 2012	12:15:00 PM	GMT-07:00	



## Fault Coding

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Ca
x	Gas Chromatograp	Other Scheduled E	GC HS / ATD~GC-	Arm Asse	crane harness	Job Completion C	Job Completed~J	crane



## Material Confirmation

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price
x	US12	F300						



Call Complete	Labor Hours	Travel Hours	Maintenance Performed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2	1.5	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer
Service Engineer Signature	Date	Quantity	Unit Price
david w nash	Sep 27, 2012	Total Parts	
Customer Signature	Date	Labor Hours	0
		Travel Hours	0
		Total	



## Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311685345	REP	28-Sep-2012	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/30	30-Jun-2013	
Customer Name/Address	Bill To Name/Address			
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US	CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE , AZ, 85258 US			
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 2hrs Oct 1, 2012 09:30:00 AM Oct 1, 2012 11:30:00 AM  
labor



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311728961	REP	12-Dec-2012	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/30	30-Jun-2013	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE , AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

## Time Confirmation

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation
x	SRB-RE Repair - Billable Labor	1	Dec 12, 2012	09:00:00 AM	Dec 12, 2012	10:00:00 AM	GMT-07:00	repalce seals
x	SRB-TV Travel - Billable	1	Dec 12, 2012	08:00:00 AM	Dec 12, 2012	09:00:00 AM	GMT-07:00	travel



## Fault Coding

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Ca
x	Gas Chromatograp	Analytical Perform	GC HS / ATD~GC-	Leak~HS1	seals need replace	Job Completion C	Job Completed~J	replac



## Material Confirmation

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price
x	US12	F300						



Call Complete	Labor Hours	Travel Hours	Maintenance Performed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer
Service Engineer Signature	Date	Quantity	Unit Price
david w nash	Dec 12, 2012	Total Parts	
Customer Signature	Date	Labor Hours	0
		Travel Hours	0
		Total	



## Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

Telephone : (800) 762-4000

Fax : (203) 944-4

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311728961	REP	12-Dec-2012	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35340389/30	30-Jun-2013
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE , AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 1hrs Dec 12, 2012 09:00:00 AM Dec 12, 2012 10:00:00 AM

repalce seals

SRB-TV 1hrs Dec 12, 2012 08:00:00 AM Dec 12, 2012 09:00:00 AM

travel



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311741246	PM	28-Feb-2013	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/30	30-Jun-2013	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE, AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
<input checked="" type="checkbox"/> SRB-RE Repair - Billable Labor	3	Mar 26, 2013	08:00:00 AM	Mar 26, 2013	11:00:00 AM	GMT-07:00	PM



Clear

### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
<input checked="" type="checkbox"/> Gas Chromatograph	PM~GC10	GC HS / ATD~GC-	Alignmen	pm	Job Completion C	Job Completed~J	pm



Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
<input checked="" type="checkbox"/> US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david w nash	Mar 22, 2013		Total Parts		0	
Customer Signature	Date		Labor Hours	0	0	0
	Mar 22, 2013		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total		0	
Additional Information PM performed.			V.A.T at current r		0	
			<b>Total</b>		0	

Short description : PM for Model TURBOMATRIXHS in 02/2013

Jan 2, 2013 10:00:00 PM



## Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311741246	PM	28-Feb-2013	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/30	30-Jun-2013	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			
Confirmation Text				
SRB-RE 3hrs Mar 26, 2013 08:00:00 AM Mar 26, 2013 11:00:00 AM PM				



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311741245	PM	28-Feb-2013	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/20	30-Jun-2013	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE, AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x	SRB-RE Repair - Billable Labor	3	Mar 26, 2013	08:00:00 AM	Mar 26, 2013	11:00:00 AM	GMT-07:00	PM
x	SRB-TV Travel - Billable	1	Mar 26, 2013	07:00:00 AM	Mar 26, 2013	08:00:00 AM	GMT-07:00	travel



### Fault Coding

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x	Gas Chromatograp	PM~GC10	GC Main Unit~GC	Cable /	pm	Job Completion C	Job Completed~J	pm



Clear

### Material Confirmation

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x	US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david w nash	Mar 22, 2013		Total Parts		0	
			Labor Hours	0	0	0
Customer Signature	Date		Travel Hours	0	0	0
	Mar 22, 2013		Total		0	
Customer Acknowledgment of receipt of the above repair/replacement.			V.A.T at current r:		0	
			<b>Total</b>		0	

Additional Information  
PM performed.



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311741245	PM	28-Feb-2013	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35340389/20	30-Jun-2013	
Customer Name/Address	Bill To Name/Address			
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US	CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD, SCOTTSDALE , AZ, 85251 US			
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			
Confirmation Text				
SRB-RE	3hrs	Mar 26, 2013	08:00:00 AM	Mar 26, 2013 11:00:00 AM
	PM			
SRB-TV	1hrs	Mar 26, 2013	07:00:00 AM	Mar 26, 2013 08:00:00 AM
	travel			



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311884378	PM	01-Nov-2013	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35363697/30	30-Jun-2014	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x SRB-RE Repair - Billable Labor	4	Sep 13, 2013	09:00:00 AM	Sep 13, 2013	01:00:00 PM	GMT-07:00	PM
x SRB-TV Travel - Billable	1	Sep 13, 2013	01:00:00 PM	Sep 13, 2013	02:00:00 PM	GMT-07:00	labor



### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x Gas Chromatograp	PM~GC10	GC HS / ATD~GC-	Alignmen	pm	Job Completion C	Job Completed~J	PM



Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer
Service Engineer Signature	Date		
david w nash	Sep 13, 2013		
Customer Signature	Date		
	Sep 13, 2013		
Customer Acknowledgment of receipt of the above repair/replacement.			
Additional Information			
.PM Performed			

Short description : PM for Model TURBOMATRIXHS in 11/2013

Aug 21, 2013 09:00:00 PM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311884378	PM	01-Nov-2013	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35363697/30	30-Jun-2014
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 4hrs Sep 13, 2013 09:00:00 AM Sep 13, 2013 01:00:00 PM  
 PM

SRB-TV 1hrs Sep 13, 2013 01:00:00 PM Sep 13, 2013 02:00:00 PM  
 labor



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311884377	PM	01-Nov-2013	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35363697/20	30-Jun-2014	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE, AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE, AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x SRB-RE Repair - Billable Labor	3	Sep 13, 2013	09:00:00 AM	Sep 13, 2013	12:00:00 PM	GMT-07:00	PM



Clear

### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x Gas Chromatograp	PM~GC10	GC Main Unit~GC	Cable /	PM	Job Completion C	Job Completed~J	PM



Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david w nash	Sep 13, 2013		Total Parts		0	
			Labor Hours	0	0	0
Customer Signature	Date		Travel Hours	0	0	0
	Sep 13, 2013		Total		0	
Customer Acknowledgment of receipt of the above repair/replacement.			V.A.T at current r		0	
			<b>Total</b>		0	
Additional Information PM Performed.						

Short description : PM for Model CLARUS500GASCHROM in 11/201

Aug 21, 2013 09:00:00 PM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

002

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311884377	PM	01-Nov-2013	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35363697/20	30-Jun-2014
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 3hrs Sep 13, 2013 09:00:00 AM Sep 13, 2013 12:00:00 PM  
 PM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

003

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311980496	PM	01-Apr-2014	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35363697/20	30-Jun-2014
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x SRV-PM Labor for Planned Servi	4	Mar 12, 2014	09:00:00 AM	Mar 12, 2014	01:00:00 PM	GMT-07:00	PM



Clear

### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x Gas Chromatograp	PM~GC10	GC Main Unit~GC	Cable /	PM	Job Completion C	Job Completed~Jt	



Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david w nash	Mar 20, 2014		Total Parts		0	
Customer Signature	Date		Labor Hours	0	0	0
	Mar 20, 2014		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total		0	
			V.A.T at current r		0	
			<b>Total</b>		0	
Additional Information PM.						

Short description : PM for Model CLARUS500GASCHROM in 04/201

Jan 30, 2014 10:00:00 PM



**Field Service Report**

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

003

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311980496	PM	01-Apr-2014	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35363697/20	30-Jun-2014
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

**Confirmation Text**

SRV-PM 4hrs Mar 12, 2014 09:00:00 AM Mar 12, 2014 01:00:00 PM  
 PM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

003

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311980497	PM	01-Apr-2014	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35363697/30	30-Jun-2014	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x SRV-PM Labor for Planned Servi	4	Mar 12, 2014	09:00:00 AM	Mar 12, 2014	01:00:00 PM	GMT-07:00	PM
x SRB-TV Travel - Billable	1	Mar 12, 2014	08:00:00 AM	Mar 12, 2014	09:00:00 AM	GMT-07:00	travel



### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x Gas Chromatograp	PM~GC10	GC HS / ATD~GC-	Alignmen	pm	Job Completion C	Job Completed~J	pm



Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer
Service Engineer Signature	Date		
david w nash	Mar 20, 2014		
Customer Signature	Date		
	Mar 20, 2014		
Customer Acknowledgment of receipt of the above repair/replacement.			
Additional Information			
.PM			

Short description : PM for Model TURBOMATRIXHS in 04/2014

Jan 30, 2014 10:00:00 PM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

003

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
311980497	PM	01-Apr-2014	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35363697/30	30-Jun-2014
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRV-PM 4hrs Mar 12, 2014 09:00:00 AM Mar 12, 2014 01:00:00 PM  
 PM

SRB-TV 1hrs Mar 12, 2014 08:00:00 AM Mar 12, 2014 09:00:00 AM  
 travel



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
320788622	UPG	24-Jun-2014	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001			
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE , AZ, 85258 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
KOSECKI, ALAN	480-312-5284		0308860	

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x SRN-RE Repair - Nonbillable Lab	0	Jun 20, 2014	09:00:00 AM	Jun 20, 2014	09:00:00 AM	GMT-07:00	setup win 7 cpu



Clear

### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x Gas Chromatograp	Other Scheduled E	GC Main Unit~GC	Cable /	setup win7 cpu	Job Completion C	Job Completed~Jr	setup win 7



Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david w nash	Jun 24, 2014		Total Parts		0	
Customer Signature	Date		Labor Hours	0	0	0
	Jun 24, 2014		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total		0	
			V.A.T at current r		0	
			<b>Total</b>		0	

Additional Information  
.Setup win 7 cpu/tc software and hs software/install ipm patch  
3 hours  
0830 am to 1130 am

Short description : RM-UGRD TO WINDOWS 7

Jun 24, 2014 11:44:37 AM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
320788622	UPG	24-Jun-2014	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001		
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 9191 EAST SAN SALVADOR DRIVE, SCOTTSDALE , AZ, 85258 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
KOSECKI, ALAN	480-312-5284		0308860	

### Confirmation Text

SRN-RE 0hrs Jun 20, 2014 09:00:00 AM Jun 20, 2014 09:00:00 AM

setup win 7 cpu



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
312103292	PM	01-Sep-2014	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35381910/20	30-Jun-2015	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x SRB-RE Repair - Billable Labor	2	Sep 17, 2014	08:00:00 AM	Sep 17, 2014	10:00:00 AM	GMT-07:00	pm



Clear

### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x Gas Chromatograp	PM~GC10	GC Main Unit~GC	Cable /	pm	Job Completion C	Job Completed~Jt	pm



Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2	0	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
david w nash	Aug 8, 2014		Total Parts		0	
Customer Signature	Date		Labor Hours	0	0	0
	Aug 8, 2014		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total		0	
			V.A.T at current r		0	
			<b>Total</b>		0	
Additional Information .PM						

Short description : PM for Model CLARUS500GASCHROM in 09/201

Aug 6, 2014 09:00:00 PM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
312103292	PM	01-Sep-2014	CLARUS500GASCHROM	650N9042003
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35381910/20	30-Jun-2015
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 2hrs Sep 17, 2014 08:00:00 AM Sep 17, 2014 10:00:00 AM  
 pm



# Field Service Report

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON  
06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
312103293	PM	01-Sep-2014	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35381910/30	30-Jun-2015
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x SRB-RE Repair - Billable Labor	3	Sep 17, 2014	08:00:00 AM	Sep 17, 2014	11:00:00 AM	GMT-07:00	pm
x SRB-TV Travel - Billable	1	Sep 17, 2014	07:00:00 AM	Sep 17, 2014	08:00:00 AM	GMT-07:00	travel



### Fault Coding

Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x Gas Chromatograp	PM~GC10	GC HS / ATD~GC-	Alignmen	pm	Job Completion C	Job Completed~J	pm



Clear

### Material Confirmation

Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date			Quantity	Unit Price	Total
david w nash	Aug 8, 2014		Total Parts			0
Customer Signature	Date		Labor Hours	0	0	0
	Aug 8, 2014		Travel Hours	0	0	0
Customer Acknowledgment of receipt of the above repair/replacement.			Total			0
			V.A.T at current r			0
Additional Information			<b>Total</b>			0
PM.						

Short description : PM for Model TURBOMATRIXHS in 09/2014

Aug 6, 2014 09:00:00 PM



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

001

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
312103293	PM	01-Sep-2014	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35381910/30	30-Jun-2015
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 3hrs Sep 17, 2014 08:00:00 AM Sep 17, 2014 11:00:00 AM  
 pm

SRB-TV 1hrs Sep 17, 2014 07:00:00 AM Sep 17, 2014 08:00:00 AM  
 travel



# Field Service Report

PerkinElmer Health Sciences, Inc. 008  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
312180996	PM	06-Apr-2015	CLARUS500GASCHROM	650N9042003
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35381910/20	30-Jun-2015	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x	SRB-RE Repair - Billable Labor	3	Apr 29, 2015	08:00:00 AM	Apr 29, 2015	11:00:00 AM	GMT-07:00	pm
x	SRB-TV Travel - Billable	1	Apr 29, 2015	11:00:00 AM	Apr 29, 2015	12:00:00 PM	GMT-07:00	pm



### Fault Coding

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x	Gas Chromatograph	PM~GC10	GC Main Unit~GC	Cable /	pm	Job Completion C	Job Completed~J	pm



Clear

### Material Confirmation

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x	US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer			
Service Engineer Signature	Date		Quantity	Unit Price	Total	
	Apr 14, 2015		Total Parts		0	
			Labor Hours	0	0	0
Customer Signature	Date		Travel Hours	0	0	0
	Apr 14, 2015		Total		0	
Customer Acknowledgment of receipt of the above repair/replacement.			V.A.T at current rate		0	
			<b>Total</b>		0	

Additional Information



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

008

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
312180996	PM	06-Apr-2015	CLARUS500GASCHROM	650N9042003

Engineer Name	Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)	US70001	35381910/20	30-Jun-2015

Customer Name/Address	Bill To Name/Address
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US	CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US

Contact Name	Phone No.	Email Address	Customer PO No.
VALDEZ, JEN	480-312-5276		

### Confirmation Text

SRB-RE 3hrs Apr 29, 2015 08:00:00 AM Apr 29, 2015 11:00:00 AM  
 pm

SRB-TV 1hrs Apr 29, 2015 11:00:00 AM Apr 29, 2015 12:00:00 PM  
 pm



# Field Service Report

PerkinElmer Health Sciences, Inc. 006  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US  
 Telephone : (800) 762-4000 Fax : (203) 944-4914  
 V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
312180997	PM	27-Feb-2015	TURBOMATRIXHS	HS110L0904214
Engineer Name	Work Center	Contract No.	Expiration Date	
NASH,DAVID(VM3292)	US70001	35381910/30	30-Jun-2015	
Customer Name/Address		Bill To Name/Address		
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US		CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US		
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Time Confirmation

	Activity Type	Actual Work	Actual Start Date	Actual Start Time	Actual Finish Date	Actual Finish Time	Time Zone	Confirmation Text
x	SRB-RE Repair - Billable Labor	3	Apr 29, 2015	08:00:00 AM	Apr 29, 2015	11:00:00 AM	GMT-07:00	pm
x	SRB-TV Travel - Billable	1	Apr 29, 2015	11:00:00 AM	Apr 29, 2015	12:00:00 PM	GMT-07:00	travel



### Fault Coding

	Symptom Group	Symptom Code	Problem Group	Problem Code	Problem Text	Cause Group	Cause Code	Cause Text
x	Gas Chromatograp	PM~GC10	GC HS / ATD~GC-	Alignmen	pm	Job Completion C	Job Completed~J	pm



Clear

### Material Confirmation

	Plant	Storage Location	Material	Material Description	Requirement Quantity	Requirement Quantity Unit	Unit Price	Total Price	Serial/ Batch No.
x	US12	F300							



Clear

Call Complete	Labor Hours	Travel Hours	Maintenance Performed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3	1	<input type="checkbox"/> Maintenance/IPV PTC Left with Customer
Service Engineer Signature	Date	Quantity	Unit Price
	Apr 14, 2015	Total Parts	0
Customer Signature	Date	Labor Hours	0
	Apr 14, 2015	Travel Hours	0
Customer Acknowledgment of receipt of the above repair/replacement.		Total	0
		V.A.T at current rate	0
		<b>Total</b>	0

Additional Information



# Field Service Report

PerkinElmer Health Sciences, Inc.  
 710 Bridgeport Avenue  
 SHELTON  
 06484-4794 CT US

006

Telephone : (800) 762-4000

Fax : (203) 944-4914

V.A.T Code

Service Order No.	Activity Code	Desired Start Date	Model	Serial No.
312180997	PM	27-Feb-2015	TURBOMATRIXHS	HS110L0904214
Engineer Name		Work Center	Contract No.	Expiration Date
NASH,DAVID(VM3292)		US70001	35381910/30	30-Jun-2015
Customer Name/Address			Bill To Name/Address	
CITY OF SCOTTSDALE 7601 E MCKELLIPS, SCOTTSDALE , AZ, 85257 US			CITY OF SCOTTSDALE,ACCOUNTS PAYABLE, 7447 E INDIAN SCHOOL RD STE 210, SCOTTSDALE , AZ, 85251 US	
Contact Name	Phone No.	Email Address	Customer PO No.	
VALDEZ, JEN	480-312-5276			

### Confirmation Text

SRB-RE 3hrs Apr 29, 2015 08:00:00 AM Apr 29, 2015 11:00:00 AM  
 pm  
 SRB-TV 1hrs Apr 29, 2015 11:00:00 AM Apr 29, 2015 12:00:00 PM  
 travel