



KWJENGINEERING INC

INNOVATIVE SOLUTIONS FOR GAS DETECTION

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Pocket CO Service Form

Date: _____

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Pocket CO Serial #: _____

Date of Purchase: _____

Date of Last Service: _____

Service Requested:

- KWJ TechCheck (Full inspection, calibration, testing, and battery change)**
- Malfunctioning Pocket CO. Request for evaluation and repair (no repairs or charges will be made until you are contacted first)**
- Other (add comments below)**

Your Notes or Comments: _____

For KWJ Use Only:

Date Received: _____	Recv By: _____	Serviced By: _____
PCO Model: _____	Warranty: Y / N	Date Shipped: _____
Shipped By: _____	Shipping Method and Tracking #: _____	
Comments / Cal Info: _____		