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HEMCO Corporation ISO 9001: 2008

Plan-A-UniFLOW PolyproTrace Metals Fume Hoods

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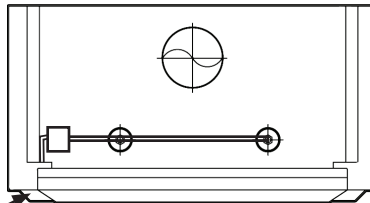
PLAN-A-HOOD POLYPRO TRACE METALS FUME

SHEET 1 OF 2

CUSTOMER _____
 BY _____ DATE _____
 PHONE _____
 FAX _____
 EMAIL _____

CUSTOMER APPROVAL APPROVED AS SHOWN
 APPROVED AS NOTED (PLEASE MARK CORRECTIONS IN RED)
 NOT APPROVED (PLEASE INDICATE REASON)
 CUSTOMER SIGNATURE _____ DATE _____

CATALOG NO #
FUME HOOD WIDTH:
FUME HOOD DEPTH:
FUME HOOD HEIGHT:
PROCESSES TO BE PERFORMED:



TOP VIEW

<input checked="" type="checkbox"/> CUSTOMER NOTES

<input checked="" type="checkbox"/> AIRFLOW MONITOR	CAT. NO
DIGITAL	
ANALOG	

<input checked="" type="checkbox"/> SASH	CAT. NO
HORIZONTAL MOVING	STD
VERTICAL MOVING	

SASH STOP	CAT. NO
SPECIFY LOCATION	

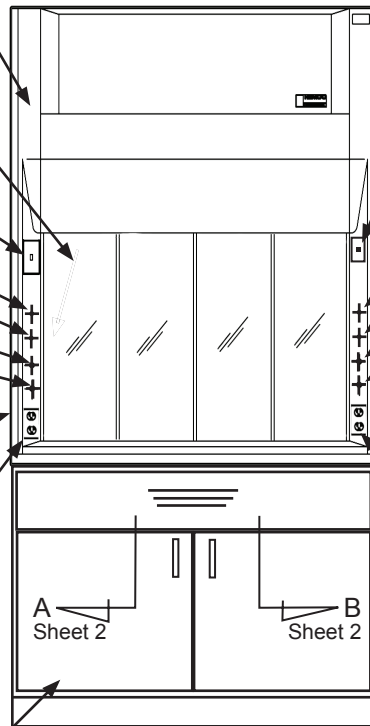
<input checked="" type="checkbox"/> SERVICE FIXTURES	CAT. NO
REMOTE CONTROLLED	
REMOTE CONTROLLED	
REMOTE CONTROLLED	
OTHER	
SPECIFY AIR,GAS,VAC,C/W OR OTHER	

<input checked="" type="checkbox"/> ACCESS PANEL	
INSIDE LOCATION	
OUTSIDE LOCATION	

<input checked="" type="checkbox"/> ELECT. SERVICE LT	CAT. NO
DUPLEX RECEPT.125V,15A	
DUPLEX RECEPT.125V, 20A	
SIMPLEX RECEPT. 250V	
DUPLEX GFI 125V, 15A	
DUPLEX GFI 125V, 20A	

<input checked="" type="checkbox"/> CABINETS	CAT. NO
SINK CABINET	
BASE CABINET	
ACID CABINET	

LIGHT SWITCH



FRONT VIEW WITH BASE CABINET

<input checked="" type="checkbox"/> BLOWER SWITCH	CAT. NO
TOGGLE SWITCH 125V,15A	
TOGGLE SWITCH 125V, 20A	
TOGGLE SWITCH. 250V, 20A	
TOGGLE SWITCH W/PILOT	
MOTOR STARTER SWITCH	

<input checked="" type="checkbox"/> SERVICE FIXTURES	CAT. NO
REMOTE CONTROLLED	
REMOTE CONTROLLED	
REMOTE CONTROLLED	
OTHER	
SPECIFY AIR,GAS,VAC,C/W OR OTHER	

<input checked="" type="checkbox"/> ACCESS PANEL	
INSIDE LOCATION	
OUTSIDE LOCATION	

<input checked="" type="checkbox"/> ELECT. SERVICE LT	CAT. NO
DUPLEX RECEPT.125V,15A	
DUPLEX RECEPT.125V, 20A	
SIMPLEX RECEPT. 250V	
DUPLEX GFI 125V, 15A	
DUPLEX GFI 125V, 20A	

Service Chase



PLAN VIEW OF POLYPRO WORK SURFACE

<input checked="" type="checkbox"/> WORKSURFACE	CAT. NO
INTEGRAL POLYPROPYLENE	STD

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PLAN-A-HOOD POLYPRO TRACE METALS FUME HOOD

SHEET 2 OF 2

CUSTOMER _____
 BY _____ DATE _____
 PHONE _____
 FAX _____
 EMAIL _____

CUSTOMER APPROVAL APPROVED AS SHOWN
 APPROVED AS NOTED (PLEASE MARK CORRECTIONS IN RED)
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