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HEMCO Corporation ISO 9001: 2008

Plan-A-UniFlow Auxiliary Air Fume Hoods

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window opens, select your e-mail service, add a message, press send

HEMCO Corporation PH:816-796-2900 Fax:816-796-3333 info@HEMCOCORP.COM

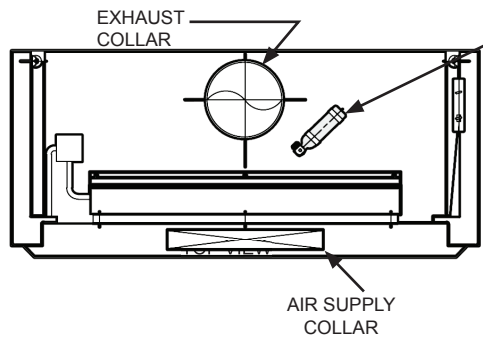
PLAN-A-HOOD AUXILIARY AIR FUME HOOD

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:



FIRE EXTINGUISHER CAT. NO
 20 SQ. FT DRY CHEMICAL
 30 SQ. FT DRY CHEMICAL
 OTHER

BLOWER SWITCH CAT. NO
 TOGGLE SWITCH 125V,15A
 TOGGLE SWITCH 125V, 20A
 TOGGLE SWITCH. 250V, 20A
 TOGGLE SWITCH W/PILOT
 MOTOR STARTER SWITCH

SASH CAT. NO
 VERTICAL MOVING STD
 HORIZONTAL MOVING
SASH STOP CAT. NO
 SPECIFY HEIGHT

SERVICE FIXTURES CAT. NO
 REMOTE CONTROLLED
 REMOTE CONTROLLED
 REMOTE CONTROLLED
 OTHER
 SPECIFY AIR,GAS,VAC,C/W OR OTHER

ACCESS PANEL
 INSIDE LOCATION
 OUTSIDE LOCATION

ELECT. SERVICE LT CAT. NO
 DUPLEX RECEPT.125V,15A
 DUPLEX RECEPT.125V, 20A
 SIMPLEX RECEPT. 250V
 DUPLEX GFI 125V, 15A
 DUPLEX GFI 125V, 20A

WORKSURFACE CAT. NO
 EPOXY RESIN
 COMPOSITE RESIN
 PHENOLIC RESIN
 STAINLESS STEEL
 OTHER

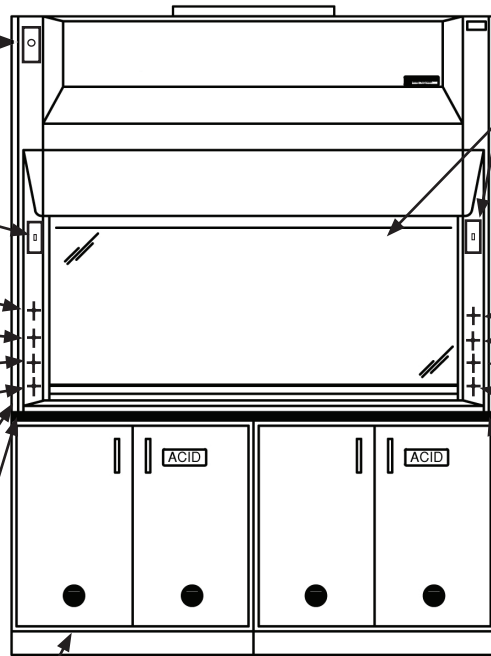
AIRFLOW MONITOR CAT. NO
 ANALOG
 DIGITAL
 OTHER

SERVICE FIXTURES CAT. NO
 REMOTE CONTROLLED
 REMOTE CONTROLLED
 REMOTE CONTROLLED
 OTHER
 SPECIFY AIR,GAS,VAC,C/W OR OTHER

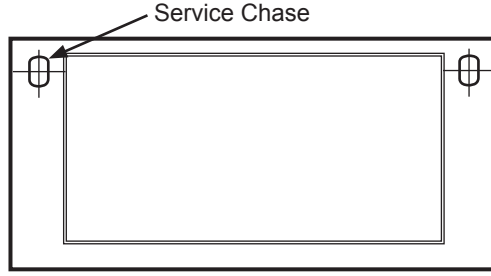
ACCESS PANEL
 INSIDE LOCATION
 OUTSIDE LOCATION

ELECT. SERVICE LT CAT. NO
 DUPLEX RECEPT.125V,15A
 DUPLEX RECEPT.125V, 20A
 SIMPLEX RECEPT. 250V
 DUPLEX GFI 125V, 15A
 DUPLEX GFI 125V, 20A

CABINETS CAT. NO
 SINK CABINET
 BASE CABINET
 ACID CABINET
 FLAMMABLE CABINET
 BASE CABINET
 ADA



FRONT VIEW WITH BASE CABINET



PLAN VIEW OF WORK SURFACE

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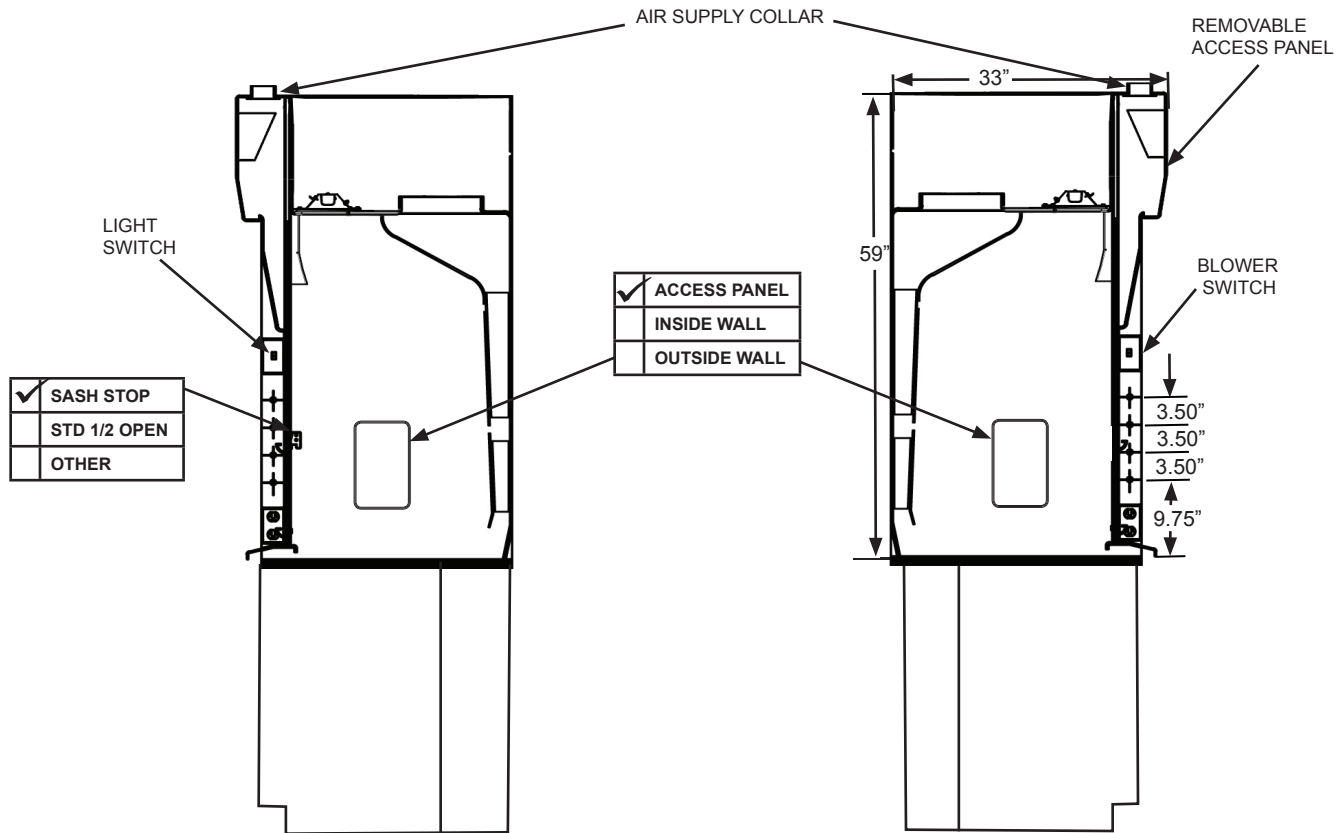
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PLAN-A-HOOD AUXILIARY AIR FUME HOOD

SHEET 2 OF 2

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

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



<input checked="" type="checkbox"/>	SASH STOP
<input type="checkbox"/>	STD 1/2 OPEN
<input type="checkbox"/>	OTHER

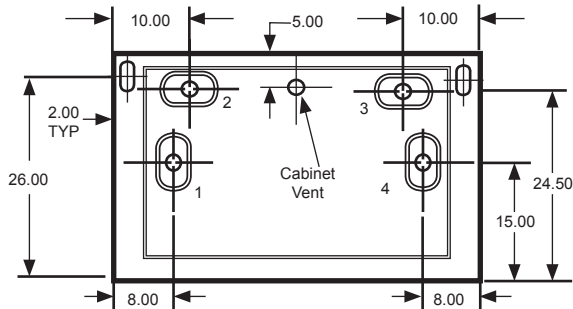
<input checked="" type="checkbox"/>	ACCESS PANEL
<input type="checkbox"/>	INSIDE WALL
<input type="checkbox"/>	OUTSIDE WALL

SECTION A-A
(LEFT SIDE)

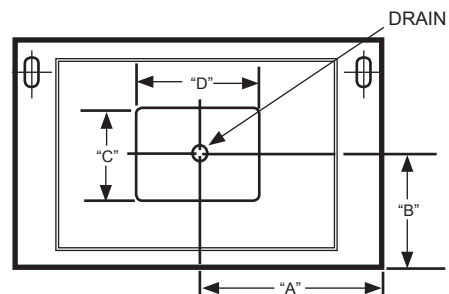
SECTION B-B
(RIGHT SIDE)

<input checked="" type="checkbox"/>	CUP SINKS	CAT. NO
<input type="checkbox"/>	3" X 6" POLYPRO CUPSINK	
<input type="checkbox"/>	3" X 9" POLYPRO CUPSINK	
<input type="checkbox"/>	9" DIA ROUND CUPSINK	
<input type="checkbox"/>	SPECIFY LOCATION 1 2 3 4	
<input type="checkbox"/>	VENT KIT	

<input checked="" type="checkbox"/>	SINK SIZE / LOC	CAT. NO
<input type="checkbox"/>	"A"	
<input type="checkbox"/>	"B"	
<input type="checkbox"/>	"C"	
<input type="checkbox"/>	"D"	
<input type="checkbox"/>	DEPTH	



PLAN VIEW OF WORK SURFACE
CUPSINK LOCATION



PLAN VIEW OF WORK SURFACE
SINK SIZE & LOCATION