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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

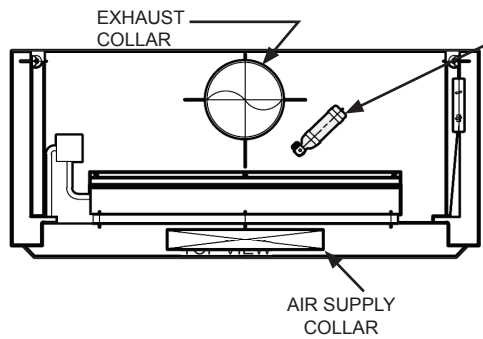
PLAN-A-HOOD AUXILIARY AIR FUME HOOD

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:



<input checked="" type="checkbox"/> FIRE EXTINGUISHER	CAT. NO
20 SQ. FT DRY CHEMICAL	
30 SQ. FT DRY CHEMICAL	
OTHER	

<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"/> AIRFLOW MONITOR	CAT. NO
ANALOG	
DIGITAL	
OTHER	

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

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

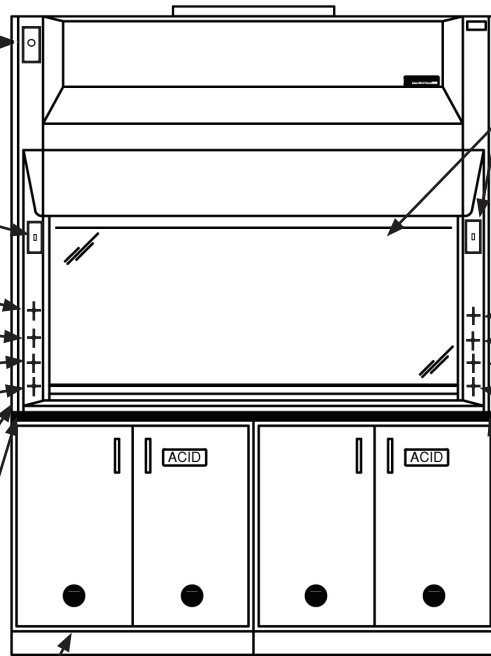
<input checked="" type="checkbox"/> ACCESS PANEL	
INSIDE LOCATION	
OUTSIDE LOCATION	

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

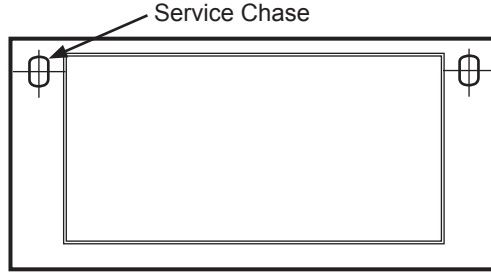
<input checked="" type="checkbox"/> ELECT. SERVICE LT	CAT. NO
DUPLEX RECEPT.125V,15A	
DUPLEX RECEPT.125V, 20A	
SIMPLEX RECEPT. 250V	
DUPLEX GFI 125V, 15A	
DUPLEX GFI 125V, 20A	

<input checked="" type="checkbox"/> 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	
FLAMMABLE CABINET	
BASE CABINET	
ADA	



FRONT VIEW WITH BASE CABINET



PLAN VIEW OF WORK SURFACE

<input checked="" type="checkbox"/> WORKSURFACE	CAT. NO
EPOXY RESIN	
COMPOSITE RESIN	
PHENOLIC RESIN	
STAINLESS STEEL	
OTHER	

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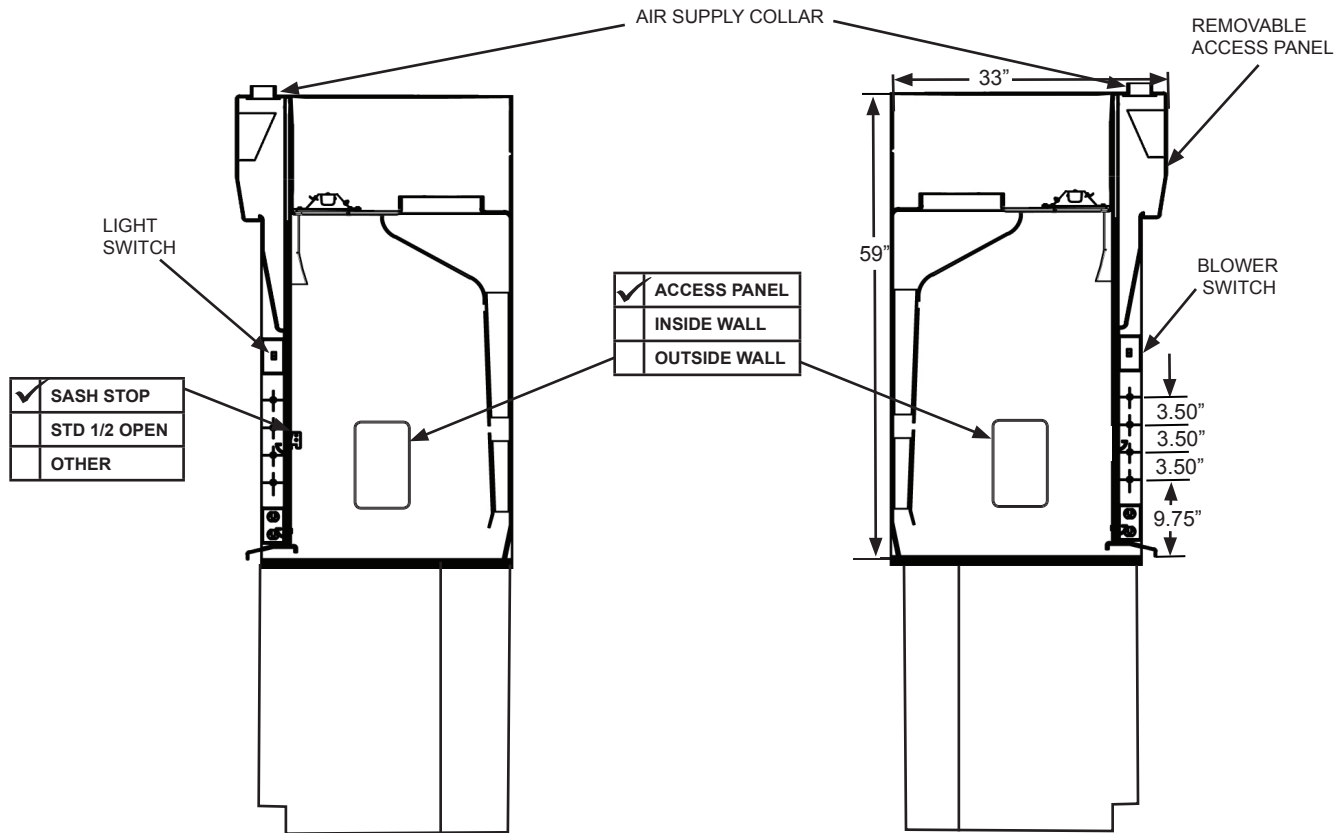
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PLAN-A-HOOD AUXILIARY AIR FUME HOOD

SHEET 2 OF 2

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

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 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

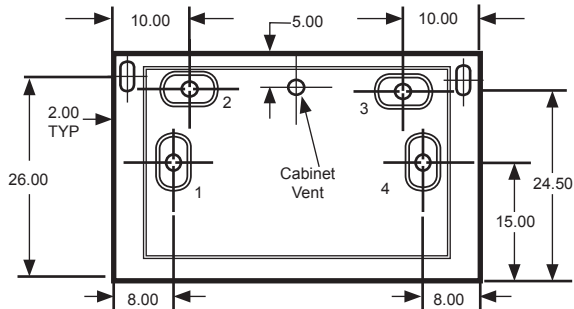
<input checked="" type="checkbox"/>	ACCESS PANEL
<input type="checkbox"/>	INSIDE WALL
<input type="checkbox"/>	OUTSIDE WALL

SECTION A-A
(LEFT SIDE)

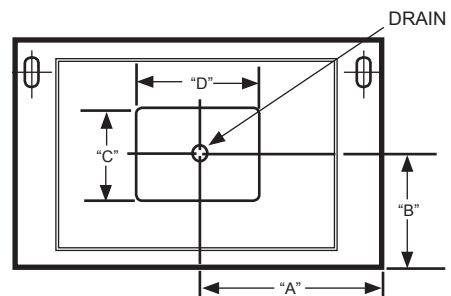
SECTION B-B
(RIGHT SIDE)

<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