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HEMCO Corporation ISO 9001: 2008

Plan-A-UniFLOW Radioisotope 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

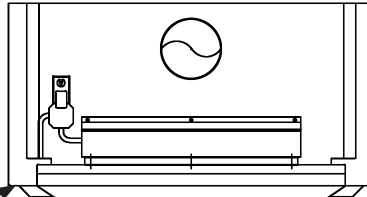
PLAN-A-HOOD RADIOISOTOPE FUME HOOD CAT.NO.# SHEET 1 OF 2

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:

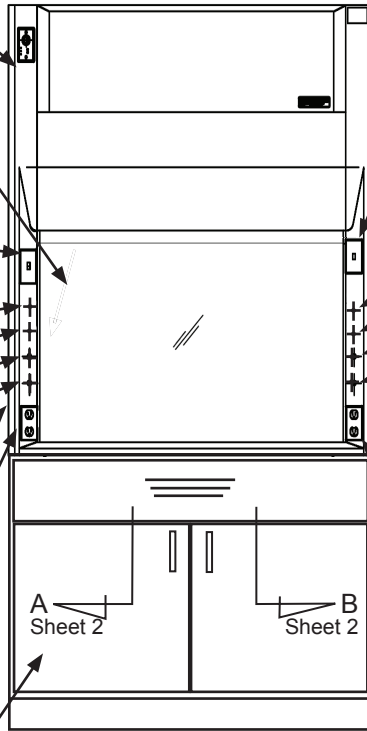
<input checked="" type="checkbox"/> CUSTOMER NOTES



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

<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"/> SASH CAT. NO
VERTICAL MOVING STD STD
HORIZONTAL MOVING
COMBINATION H&V
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

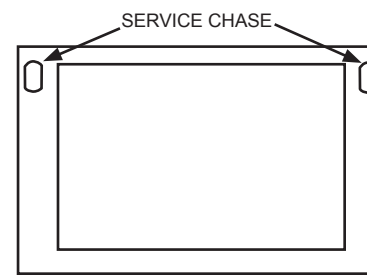
<input checked="" type="checkbox"/> SERVICE FIXTURES CAT. NO
REMOTE CONTROLLED
REMOTE CONTROLLED
REMOTE CONTROLLED
OTHER
SPECIFY AIR,GAS,VAC,C/W OR OTHER

<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. 250 V
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. 250 V
DUPLEX GFI 125V, 15A
DUPLEX GFI 125V, 20A



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

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

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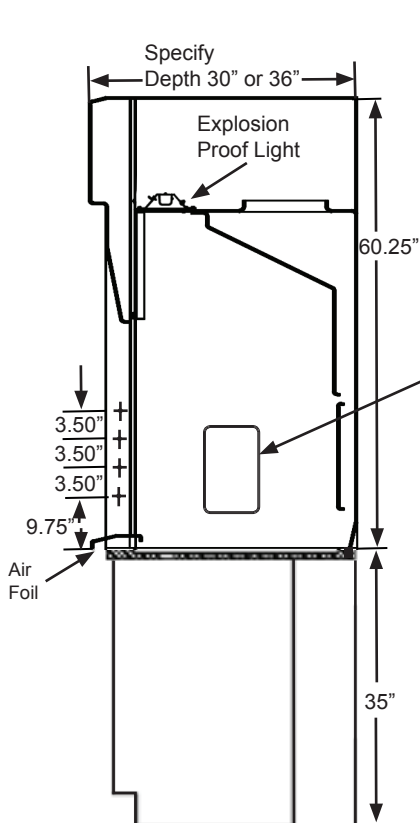
PLAN-A-HOOD RADIOISOTOPE FUME HOOD

CAT.NO.#

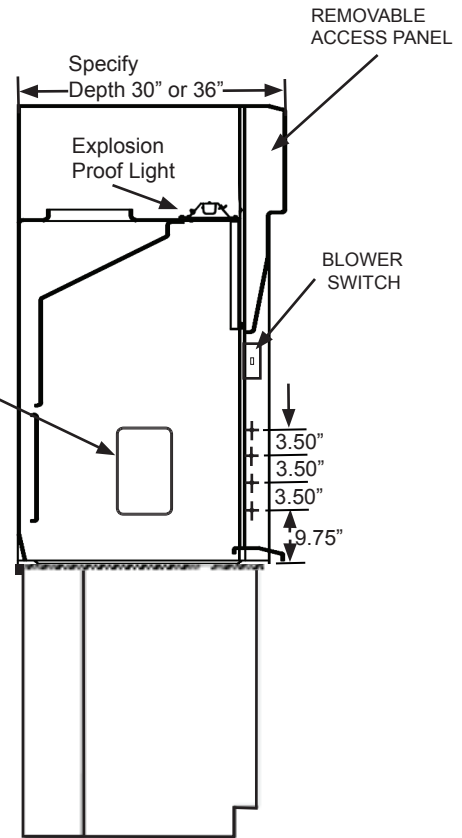
SHEET 2 OF 2

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 _____



SECTION A-A
(LEFT SIDE)

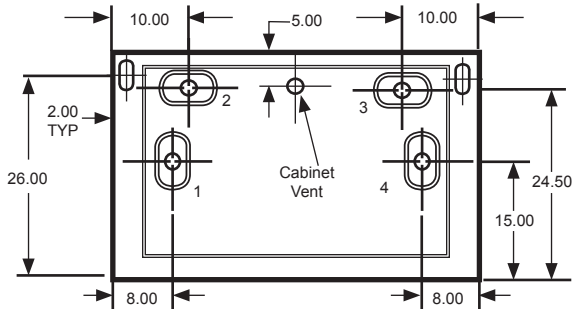


SECTION B-B
(RIGHT SIDE)

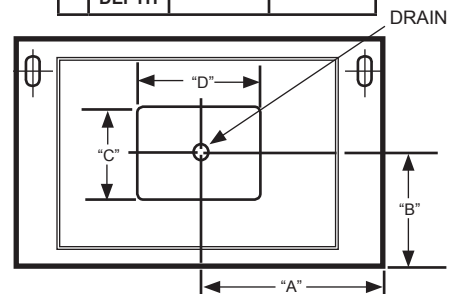
<input checked="" type="checkbox"/>	ACCESS PANEL
<input type="checkbox"/>	INSIDE WALL
<input type="checkbox"/>	OUTSIDE WALL

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

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



PLAN VIEW OF WORK SURFACE
CUPSINK LOCATION



PLAN VIEW OF WORK SURFACE
SINK SIZE & LOCATION