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# HEMCO Corporation ISO 9001: 2008

## Plan-A-UniFLOW Radioisotope Fume Hoods

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

PLAN-A-HOOD RADIOISOTOPE FUME HOOD

CAT.NO.#

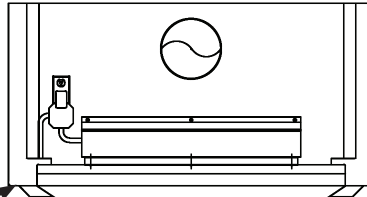
SHEET 1 OF 2

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 \_\_\_\_\_

<b>CATALOG NO #</b>
FUME HOOD WIDTH:
FUME HOOD DEPTH:
FUME HOOD HEIGHT:
PROCESSES TO BE PERFORMED:

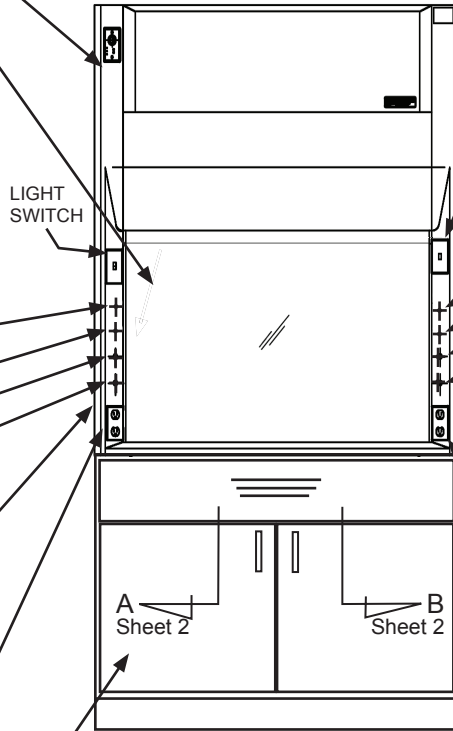
<input checked="" type="checkbox"/> <b>CUSTOMER NOTES</b>



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

<input checked="" type="checkbox"/> <b>BLOWER SWITCH</b> 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"/> <b>SASH</b> CAT. NO	
VERTICAL MOVING STD	STD
HORIZONTAL MOVING	
COMBINATION H&V	
<b>SASH STOP</b> CAT. NO	
SPECIFY LOCATION	



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

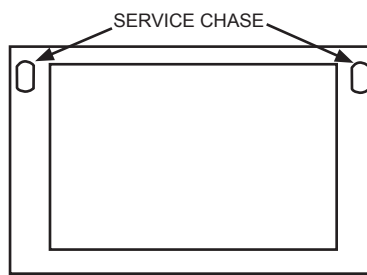
<input checked="" type="checkbox"/> <b>SERVICE FIXTURES</b> CAT. NO
REMOTE CONTROLLED
REMOTE CONTROLLED
REMOTE CONTROLLED
OTHER
SPECIFY AIR,GAS,VAC,C/W OR OTHER

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

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

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

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

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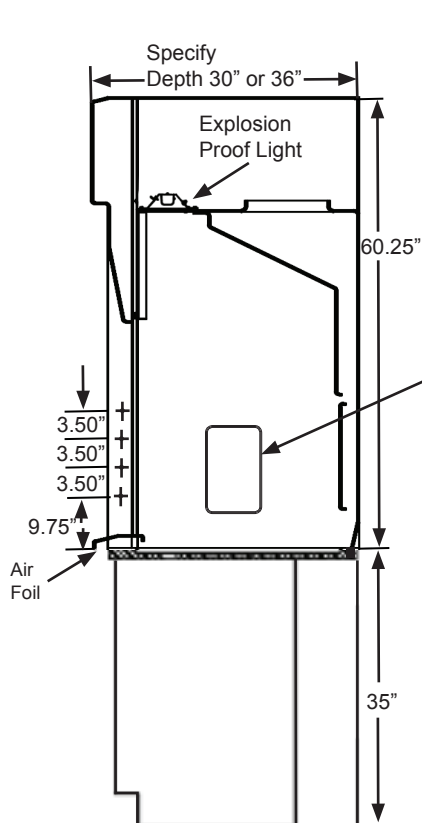
PLAN-A-HOOD RADIOISOTOPE FUME HOOD

CAT.NO.#

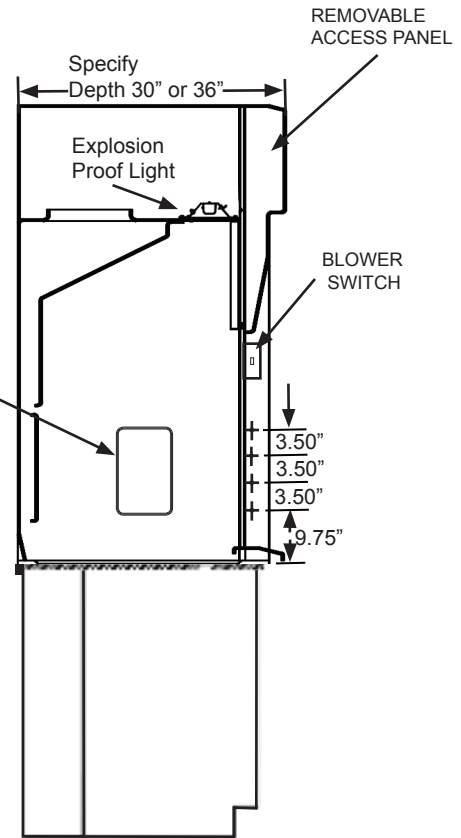
SHEET 2 OF 2

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)

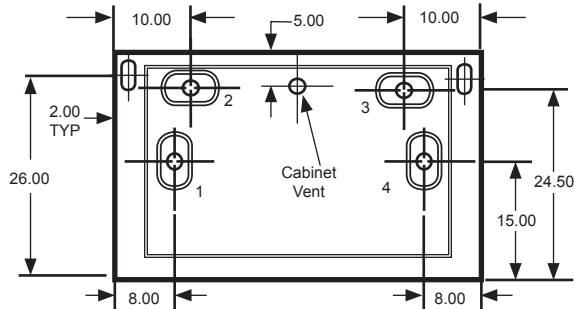


SECTION B-B  
(RIGHT SIDE)

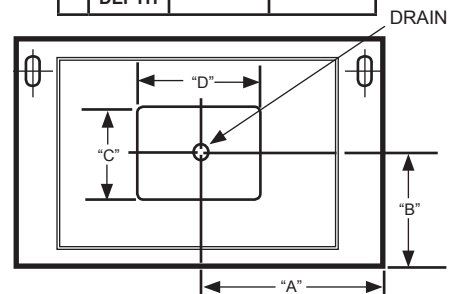
<input checked="" type="checkbox"/>	ACCESS PANEL
<input type="checkbox"/>	INSIDE WALL
<input type="checkbox"/>	OUTSIDE WALL

<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