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HEMCO Corporation ISO 9001: 2008

Plan-A-UniFlow SE AireStream Fume Hoods

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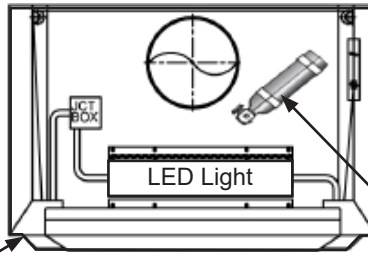
PLAN-A-HOOD SE AIRESTREAM FUME HOOD

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 _____

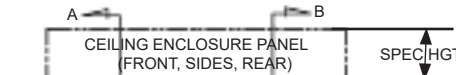
CATALOG NO #
FUME HOOD WIDTH:
FUME HOOD DEPTH:
FUME HOOD HEIGHT:
PROCESSES TO BE PERFORMED:



OTHER FUME HOOD	
<input checked="" type="checkbox"/> AIR BYPASS	STD
<input type="checkbox"/> AUXILIARY AIR	
<input type="checkbox"/> RADIOISOTOPE	
<input type="checkbox"/> PERCHLORIC ACID	
<input type="checkbox"/> DUAL ENTRY	
<input type="checkbox"/> ADA	

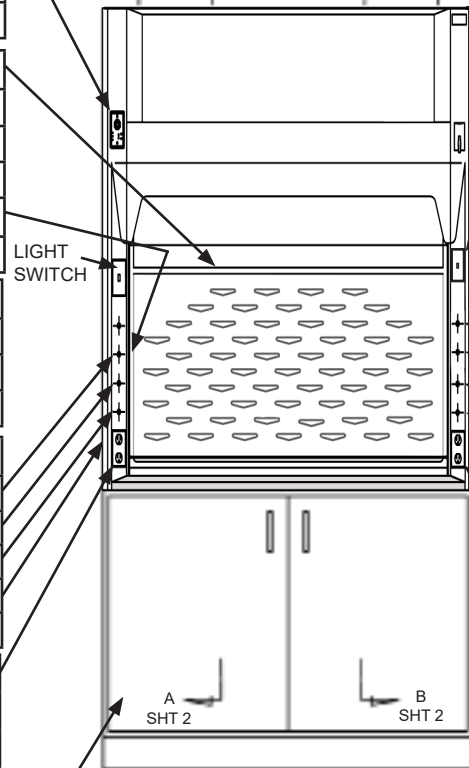
AIRFLOW MONITOR	CAT. NO
<input checked="" type="checkbox"/> ANALOG	
<input type="checkbox"/> DIGITAL	
<input type="checkbox"/> OTHER	

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



SASH	CAT. NO
<input checked="" type="checkbox"/> VERTICAL MOVING STD	STD
<input type="checkbox"/> HORIZONTAL MOVING	
<input type="checkbox"/> COMBINATION HORIZ / VERT	
<input type="checkbox"/> SASH STOP 1/2 open	STD
<input type="checkbox"/> SPECIFY HEIGHT	

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



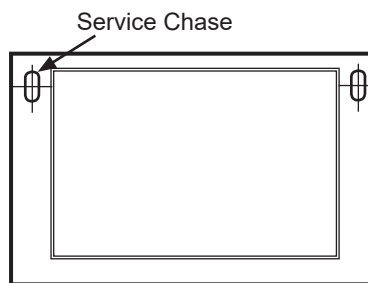
LIGHT FIXTURES	CAT. NO
<input checked="" type="checkbox"/> LED FIXTURE	
<input type="checkbox"/> EXPLOSION PROOF	
<input type="checkbox"/> CE FIXTURE	

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

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

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

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



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

WORKSURFACE	CAT. NO
<input checked="" type="checkbox"/> EPOXY RESIN	
<input type="checkbox"/> PHENOLIC RESIN	
<input type="checkbox"/> 316 STAINLESS STEEL	
<input type="checkbox"/> 304 STAINLESS STEEL	

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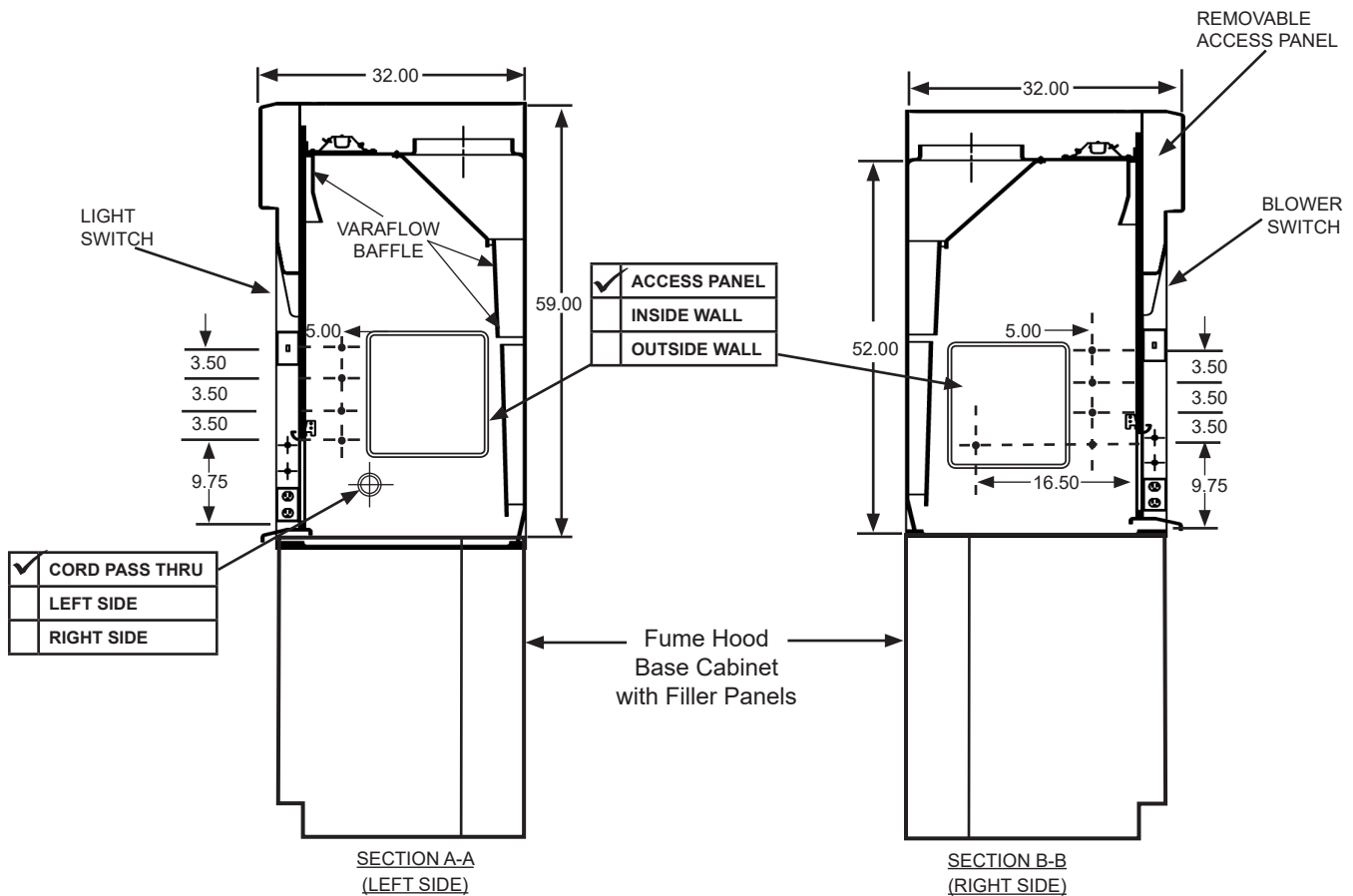
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PLAN-A-HOOD SE AIRESTREAM FUME HOOD

SHEET 2 OF 2

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 BY _____ DATE _____
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<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	

