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# HEMCO Corporation ISO 9001: 2008

## Plan-A-UniFlow SE AireStream 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

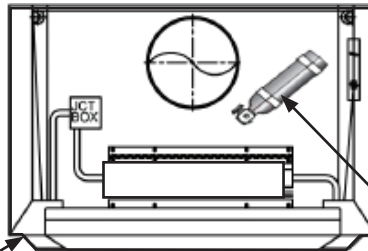
PLAN-A-HOOD SE AIRESTREAM FUME HOOD

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:**



TOP VIEW

**OTHER FUME HOOD**

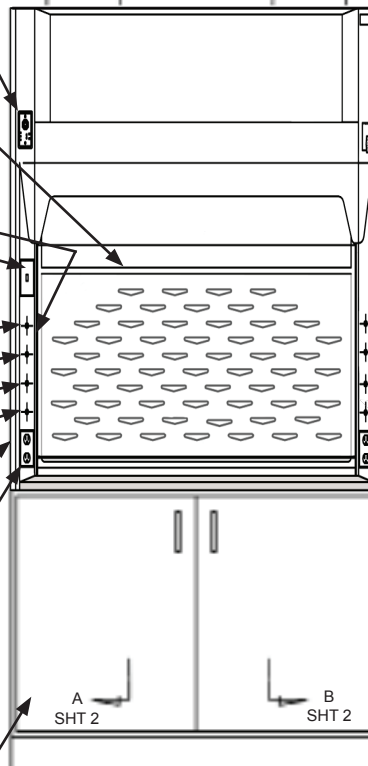
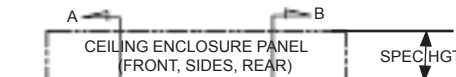
AIR BYPASS	
AUXILIARY AIR	
RADIOISOTOPE	
PERCHLORIC ACID	
DUAL ENTRY	
ADA	

**AIRFLOW MONITOR** CAT. NO

ANALOG	
DIGITAL	
OTHER	

**FIRE EXTINGUISHER** CAT. NO

20 SQ. FT DRY CHEMICAL	
30 SQ. FT DRY CHEMICAL	
OTHER	



**SASH** CAT. NO

VERTICAL MOVING STD	STD
HORIZONTAL MOVING	
COMBINATION HORIZ / VERT	

**SASH STOP** CAT. NO  
 SPECIFY HEIGHT

**BLOWER SWITCH** CAT. NO

TOGGLE SWITCH 125V,15A	
TOGGLE SWITCH 125V, 20A	
TOGGLE SWITCH. 250V, 20A	
TOGGLE SWITCH W/PILOT	
MOTOR STARTER SWITCH	

**SERVICE FIXTURES** CAT. NO

SERVICE REQUIRED	
SERVICE REQUIRED	
SERVICE REQUIRED	
OTHER	

SPECIFY AIR,GAS,VAC,C/W OR OTHER

**SERVICE FIXTURES** CAT. NO

SERVICE REQUIRED	
SERVICE REQUIRED	
SERVICE REQUIRED	
SERVICE REQUIRED	

SPECIFY AIR,GAS,VAC,C/W OR OTHER

**ACCESS PANEL**

INSIDE LOCATION	
OUTSIDE LOCATION	

**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	

**ELECT. SERVICE LT** CAT. NO

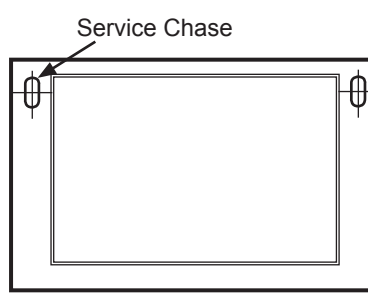
DUPLEX RECEPT.125V,15A	
DUPLEX RECEPT.125V, 20A	
SIMPLEX RECEPT. 250V	
DUPLEX GFI 125V, 15A	
DUPLEX GFI 125V, 20A	

**CABINETS** CAT. NO

SINK CABINET	
BASE CABINET	
ACID CABINET	
FLAMMABLE CABINET	
ADA	

**WORKSURFACE** CAT. NO

EPOXY RESIN	
PHENOLIC RESIN	
316 STAINLESS STEEL	
304 STAINLESS STEEL	



PLAN VIEW OF WORK SURFACE

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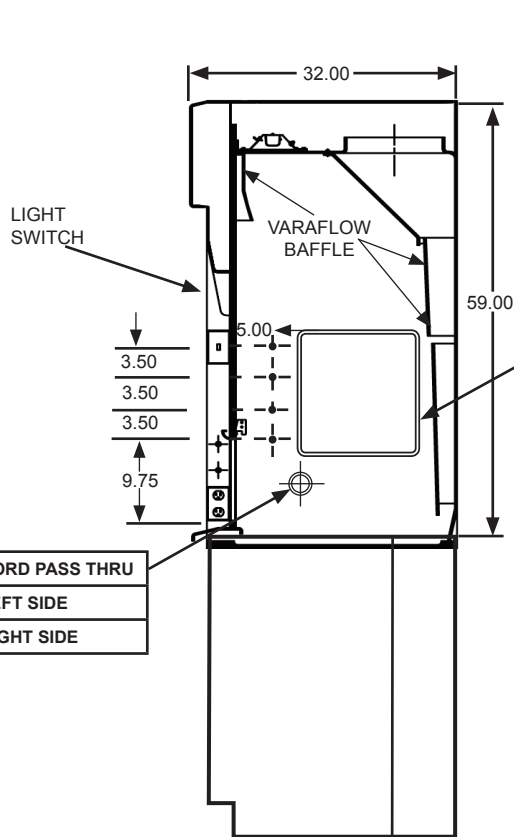
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PLAN-A-HOOD SE AIRESTREAM FUME HOOD

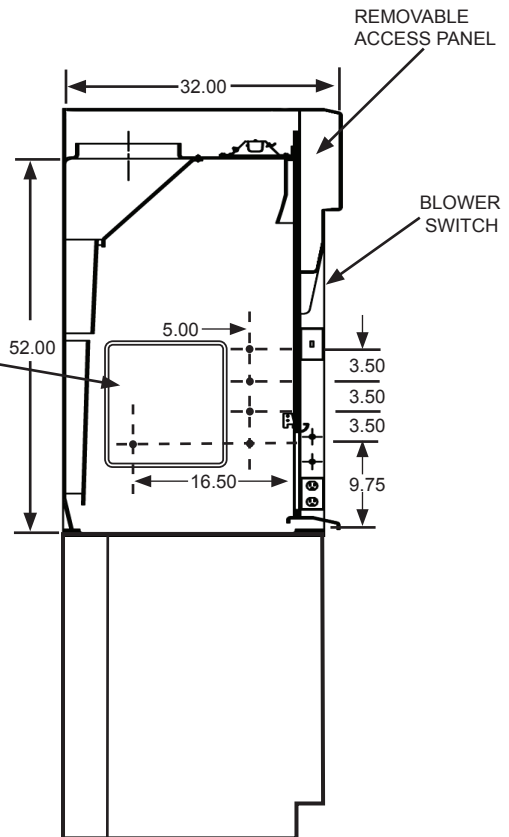
SHEET 2 OF 2

CUSTOMER \_\_\_\_\_  
 BY \_\_\_\_\_ DATE \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_

CUSTOMER APPROVAL  APPROVED AS SHOWN  
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 CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



SECTION A-A (LEFT SIDE)



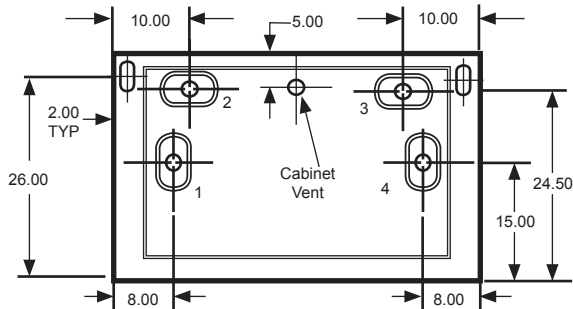
SECTION B-B (RIGHT SIDE)

<input checked="" type="checkbox"/>	CORD PASS THRU
<input type="checkbox"/>	LEFT SIDE
<input type="checkbox"/>	RIGHT SIDE

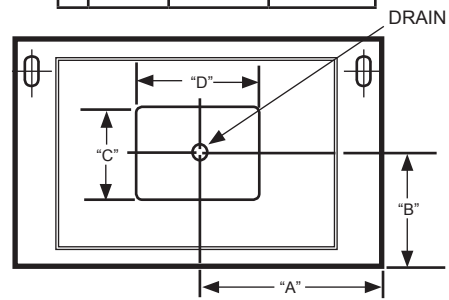
<input checked="" type="checkbox"/>	ACCESS PANEL
<input type="checkbox"/>	INSIDE WALL
<input type="checkbox"/>	OUTSIDE WALL

<input checked="" type="checkbox"/>	CUP SINKS	CAT. NO
<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 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