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HEMCO Corporation ISO 9001: 2008

Plan-A-Hood UniFlow CE 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 CE AIRESTREAM FUME HOOD

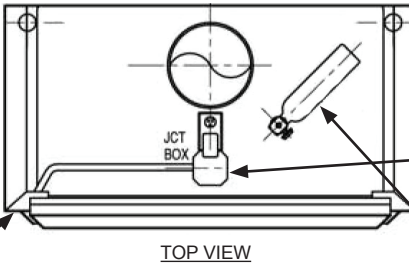
SHEET 1 OF 2

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:



<input checked="" type="checkbox"/> CUSTOMER NOTES
<input checked="" type="checkbox"/> LIGHTING
VAPOR PROOF - INCANDESCENT
EXPLOSION PROOF LIGHT

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

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

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

<input checked="" type="checkbox"/> BLOWER SWITCH CAT. NO
ROCKER SWITCH 125V,15A
ROCKER SWITCH 125V, 20A
OTHER

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

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

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

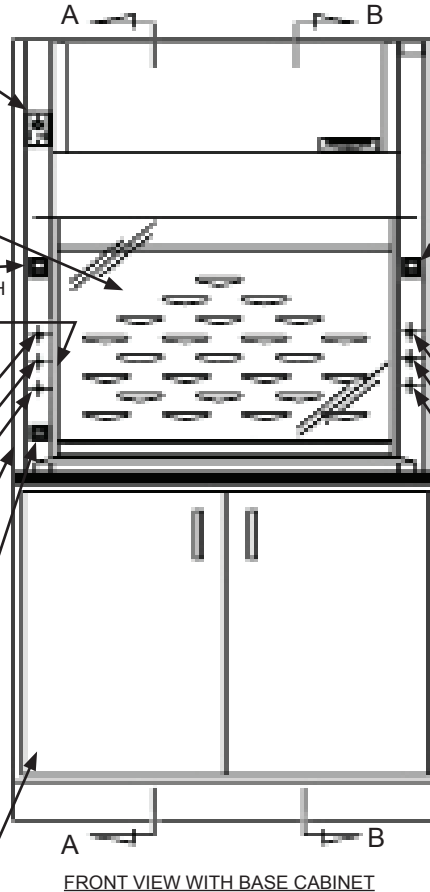
<input checked="" type="checkbox"/> ACCESS PANEL
INSIDE LOCATION
OUTSIDE LOCATION

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

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

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

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



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



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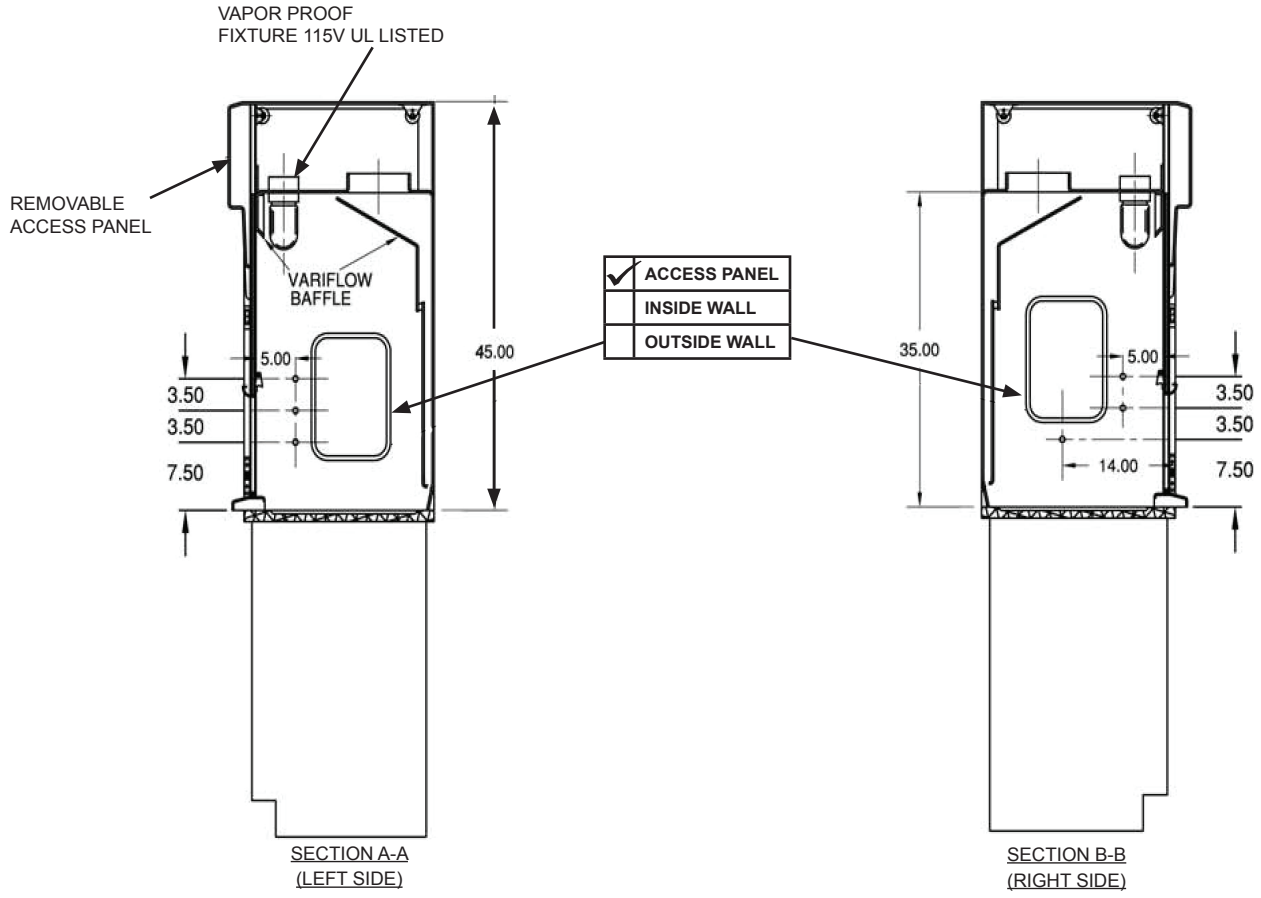
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PLAN-A-HOOD CE AIRESTREAM FUME HOOD

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 _____



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

<input checked="" type="checkbox"/>	SINK SIZE / LOC
"A"	
"B"	
"C"	
"D"	

