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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

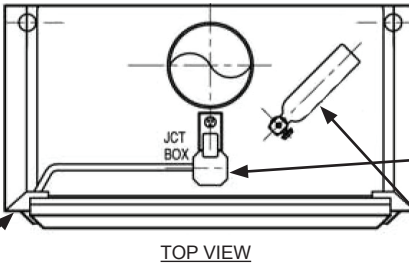
PLAN-A-HOOD CE AIRESTREAM FUME HOOD

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 \_\_\_\_\_

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



TOP VIEW

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

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

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

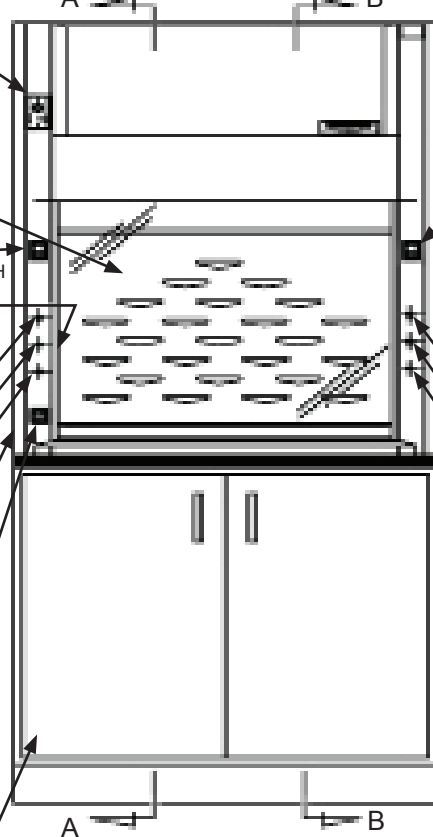
<input checked="" type="checkbox"/> <b>SASH STOP</b> CAT. NO
SPECIFY HEIGHT

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

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



FRONT VIEW WITH BASE CABINET

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

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

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



PLAN VIEW OF WORK SURFACE

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

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PLAN-A-HOOD CE AIRESTREAM FUME HOOD

SHEET 2 OF 2

CUSTOMER \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

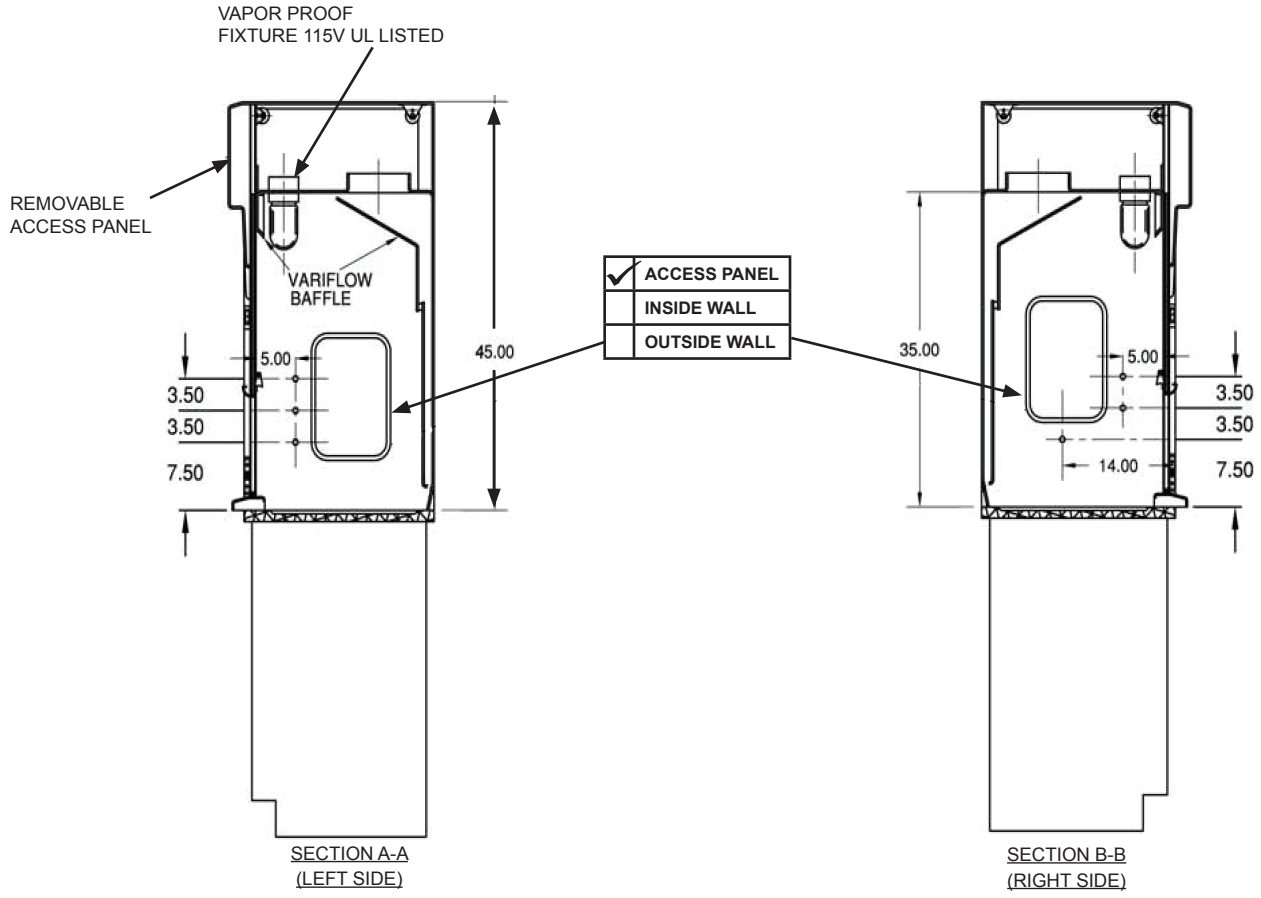
EMAIL \_\_\_\_\_

CUSTOMER APPROVAL  APPROVED AS SHOWN

APPROVED AS NOTED (PLEASE MARK CORRECTIONS IN RED)

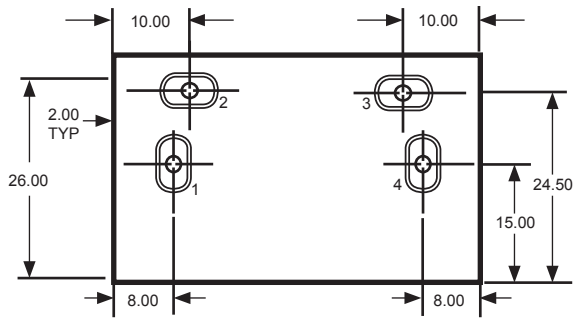
NOT APPROVED (PLEASE INDICATE REASON)

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

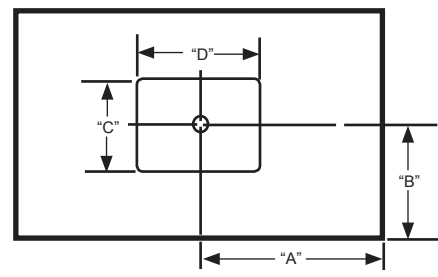


<input checked="" type="checkbox"/>	<b>CUP SINKS</b>	CAT. NO
	3" X 6" POLYPRO CUPSINK	
	3" X 9" POLYPRO CUPSINK	
SPECIFY LOCATION		
		1 2 3 4

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



PLAN VIEW OF WORK SURFACE  
CUPSINK LOCATION



PLAN VIEW OF WORK SURFACE  
SINK SIZE & LOCATION