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# HEMCO Corporation ISO 9001: 2008

## Plan-A-UniFlow SE AireStream Fume Hoods

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

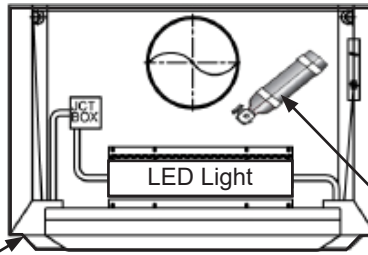
PLAN-A-HOOD SE AIRESTREAM FUME HOOD

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 \_\_\_\_\_

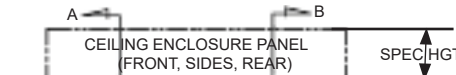
**CATALOG NO #**  
**FUME HOOD WIDTH:**  
**FUME HOOD DEPTH:**  
**FUME HOOD HEIGHT:**  
**PROCESSES TO BE PERFORMED:**



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	

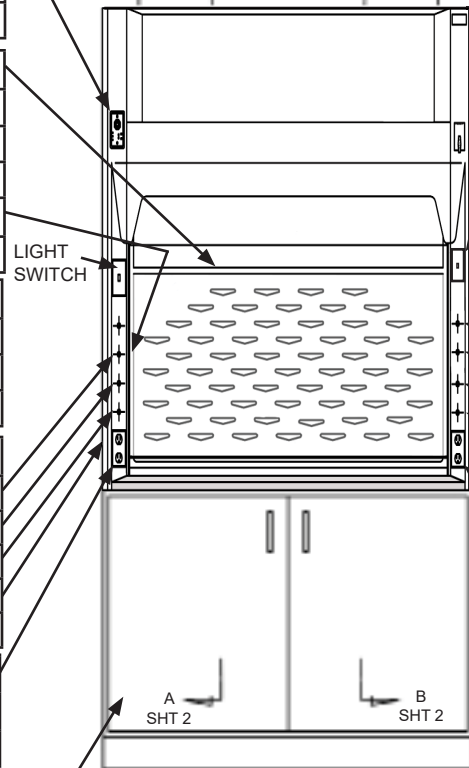
AIRFLOW MONITOR	CAT. NO
<input checked="" type="checkbox"/> ANALOG	
<input type="checkbox"/> DIGITAL	
<input type="checkbox"/> OTHER	

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	

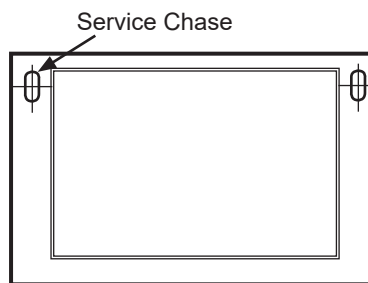
SERVICE FIXTURES	CAT. NO
<input checked="" type="checkbox"/> SERVICE REQUIRED	
<input type="checkbox"/> SERVICE REQUIRED	
<input type="checkbox"/> SERVICE REQUIRED	
<input type="checkbox"/> SERVICE REQUIRED	
SPECIFY AIR,GAS,VAC,C/W OR OTHER	

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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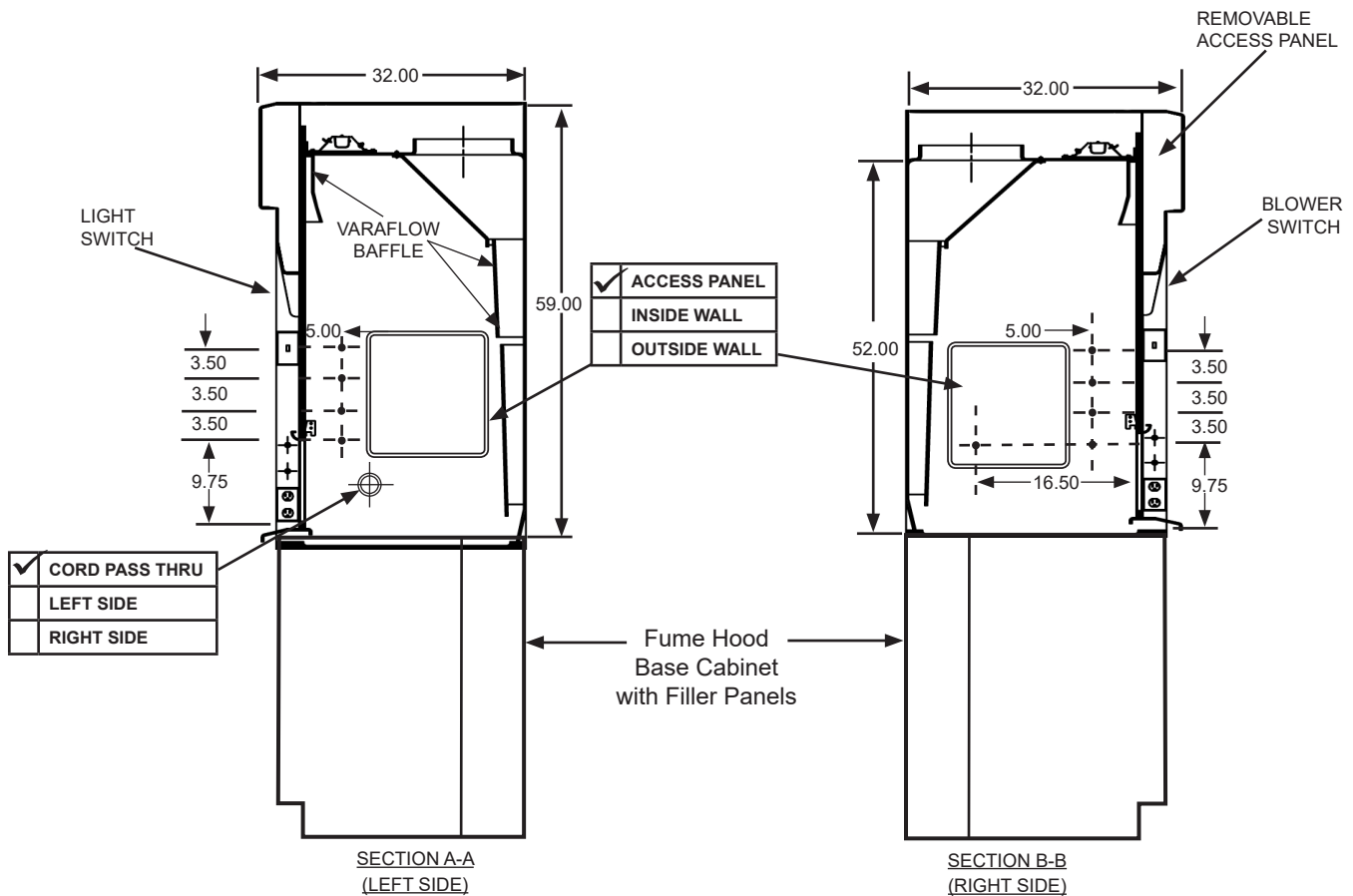
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PLAN-A-HOOD SE AIRESTREAM FUME HOOD

SHEET 2 OF 2

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

CUSTOMER APPROVAL  APPROVED AS SHOWN  
 APPROVED AS NOTED (PLEASE MARK CORRECTIONS IN RED)  
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 CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



<input checked="" type="checkbox"/>	<b>CUP SINKS</b>	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"/>	<b>SINK SIZE / LOC</b>	CAT. NO
	"A"	
	"B"	
	"C"	
	"D"	
	DEPTH	

