

HEMCO Corporation ISO 9001-2008

Appendix B	Plan - A - Hood <i>Uniflow CE Fume Hoods</i>	FM 7.2-18
Approved By: _____	_____	Date: _____

HEMCO Corporation Ph: 816-796-2900 Fx: 816-796-3333 info@HEMCOCORP.COM

PLAN- A-HOOD CE FUME HOOD CATALOG # SHEET 1 OF 2

<p>CUSTOMER _____</p> <p>BY _____ DATE _____</p> <p>PHONE _____</p> <p>FAX _____</p> <p>EMAIL _____</p>	<p>CUSTOMER APPROVAL <input type="checkbox"/> APPROVED AS SHOWN</p> <p><input type="checkbox"/> APPROVED AS NOTED (PLEASE MARK CORRECTIONS IN RED)</p> <p><input type="checkbox"/> NOT APPROVED (PLEASE INDICATE REASON)</p> <p>_____ CUSTOMER SIGNATURE</p> <p>_____ DATE</p>
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<input checked="" type="checkbox"/>	CUSTOMER NOTES

<input checked="" type="checkbox"/>	Lighting
	Vapor Proof - Incandescent
	Explosion Proof Light (Option)

<input checked="" type="checkbox"/>	FIRE EXTINGUISHER CAT. NO.
	2.7 LB DRY CHEMICAL
	5.4 LB DRY CHEMICAL
	OTHER

<input checked="" type="checkbox"/>	BLOWER SWITCH CAT. NO.
	ROCKER SWITCH 125V, 20A
	ROCKER SWITCH 250V, 15A
	OTHER

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

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

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

<input checked="" type="checkbox"/>	WORKSURFACE CAT. NO.
	EPOXY RESIN (FLAT)
	COMPOSITE RESIN (DISHED)
	PHENOLIC RESIN
	316 STAINLESS STEEL
	OTHER

<input checked="" type="checkbox"/>	AIR FLOW MONITOR CAT. NO.
	FLUSH MOUNTING
	SURFACE MOUNTING
	OTHER

<input checked="" type="checkbox"/>	SASH CAT. NO.
	VERTICAL MOVING <i>STD</i>
	HORIZONTAL MOVING
	COMBINATION H&V

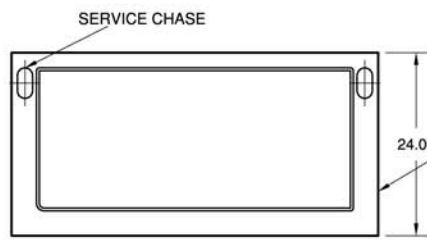
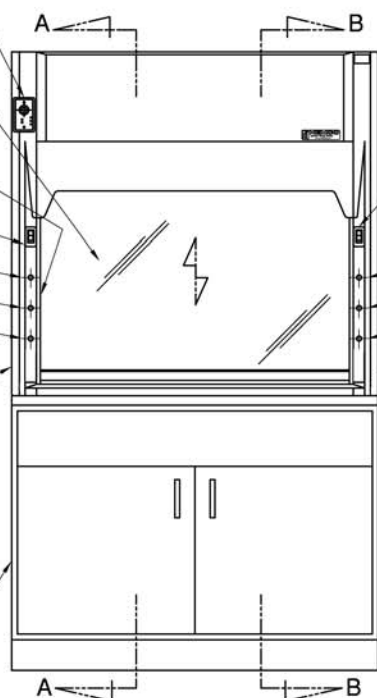
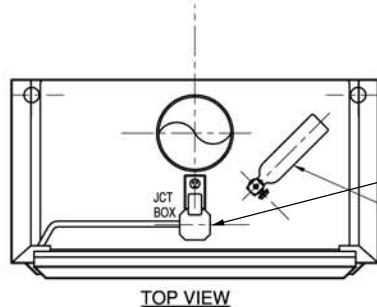
<input checked="" type="checkbox"/>	SASH STOP CAT. NO.
	SPECIFY LOCATION

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

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

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

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



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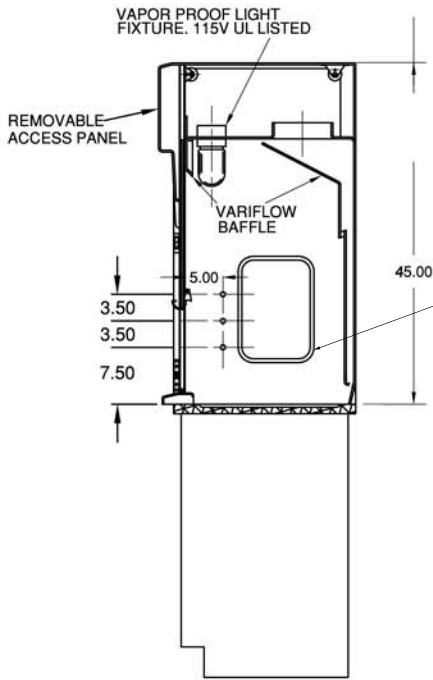
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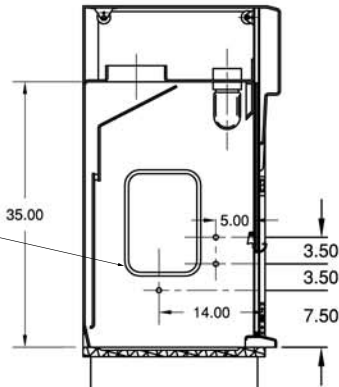
PLAN- A-HOOD CE FUME HOOD CATALOG # SHEET 2 OF 2

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 _____



SECTION A-A
(LEFT SIDE)

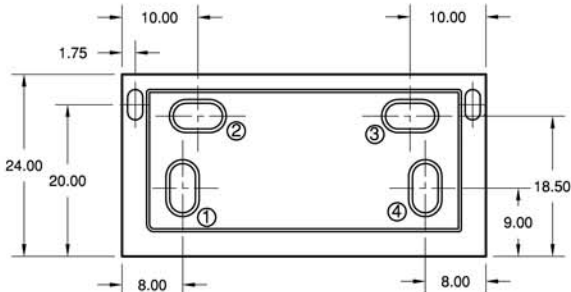


SECTION B-B
(RIGHT SIDE)

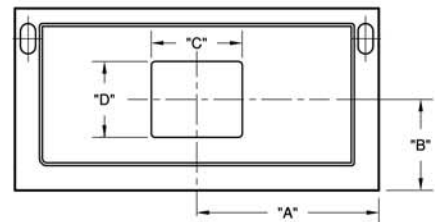
ACCESS PANEL
INSIDE WALL
OUTSIDE WALL

<input checked="" type="checkbox"/> CUPSINKS
3" X 6" POLYPRO CUPSINK
3" X 9" POLYPRO CUPSINK
9" DIA ROUND CUPSINK
SPECIFY LOCATION 1 2 3 4

SIZE & LOC
"A"
"B"
"C"
"D"



PLAN VIEW OF WORK SURFACE
CUPSINK LOCATION



PLAN VIEW OF WORK SURFACE
SINK SIZE & LOCATION