

HEMCO Corporation ISO 9001-2008

Appendix B	Plan - A - Hood <i>Uniflow FM Floor Mounted Fume Hoods</i>	FM 7.2-19
Approved By: _____		Date: _____

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

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

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

<input checked="" type="checkbox"/> CUSTOMER NOTES

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

<input checked="" type="checkbox"/> UPPER SASH	CAT. NO.
VERTICAL MOVING	
HORIZONTAL MOVING	
COMBINATION H&V	
INDICATE POSITION OF SASH STOP	

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

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

<input checked="" type="checkbox"/> SPECIFY EXTERIOR DEPTH
30.00"
36.00"
48.00"
OTHER

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

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

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

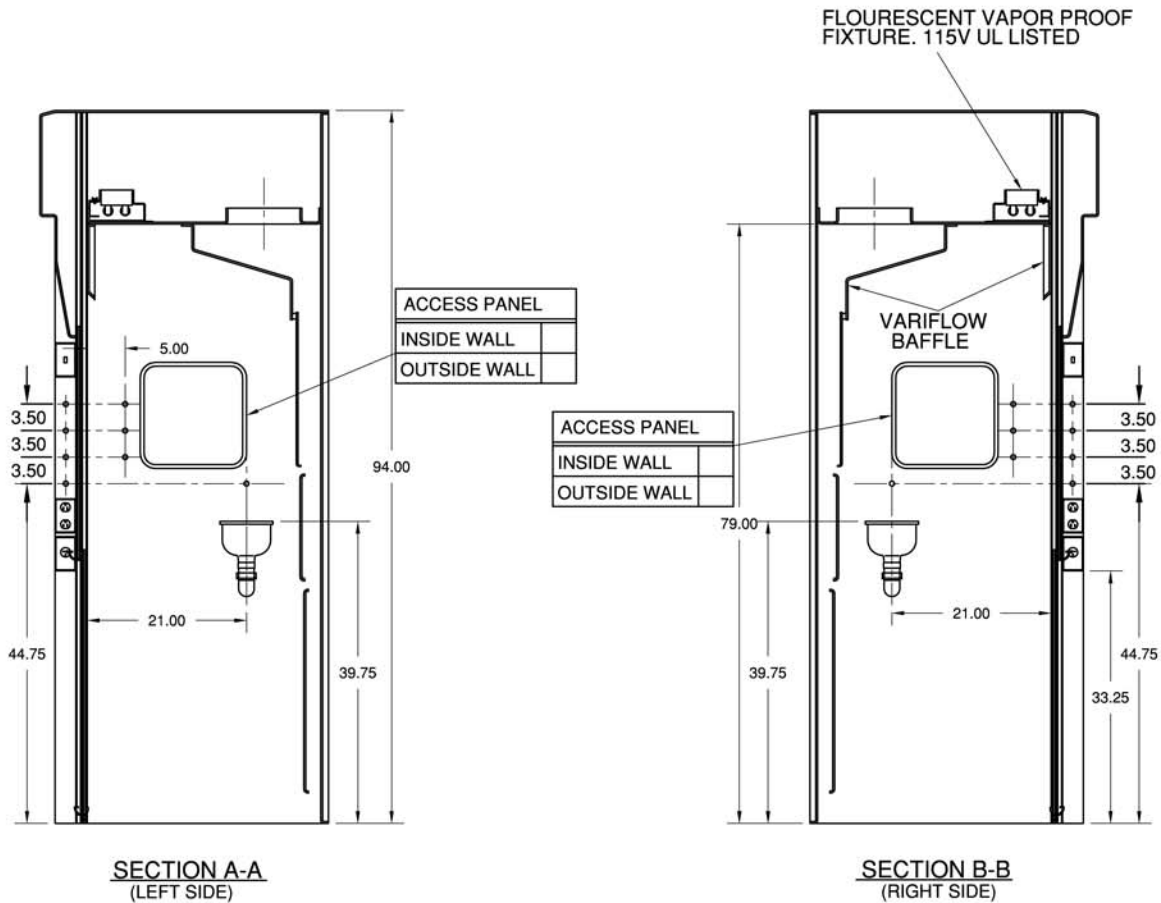
<input checked="" type="checkbox"/> WALL MOUNTED CUPSINK
INDICATE TYPE AND LOCATION

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



✓	WORKSURFACE	CAT. NO.
	EPOXY RESIN	
	COMPOSITE RESIN	
	PHENOLIC RESIN	
	316 STAINLESS STEEL	
	OTHER	

