

PLAN- A-HOOD FM FUME HOOD

CATALOG #

SHEET 1 OF 2

CUSTOMER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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

✓ CUSTOMER NOTES	

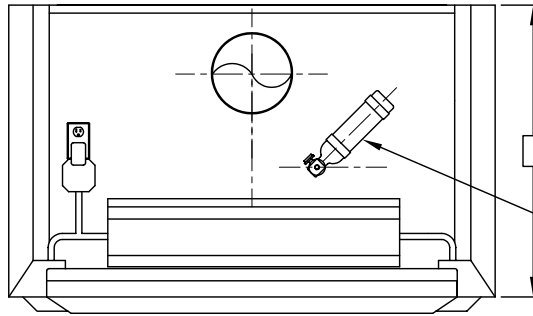
✓ AIR FLOW MONITOR	CAT. NO.
FLUSH MOUNTING	
SURFACE MOUNTING	
OTHER	

✓ UPPER SASH	CAT. NO.
VERTICAL MOVING	
HORIZONTAL MOVING	
COMBINATION H&V	
INDICATE POSITION OF SASH STOP	

✓ SERVICE FIXTURES	CAT. NO.
REMOTE CONTROLLED	
REMOTE CONTROLLED	
REMOTE CONTROLLED	
REMOTE CONTROLLED	
OTHER	
SPECIFY AIR,GAS,VAC,C/W OR OTHER	

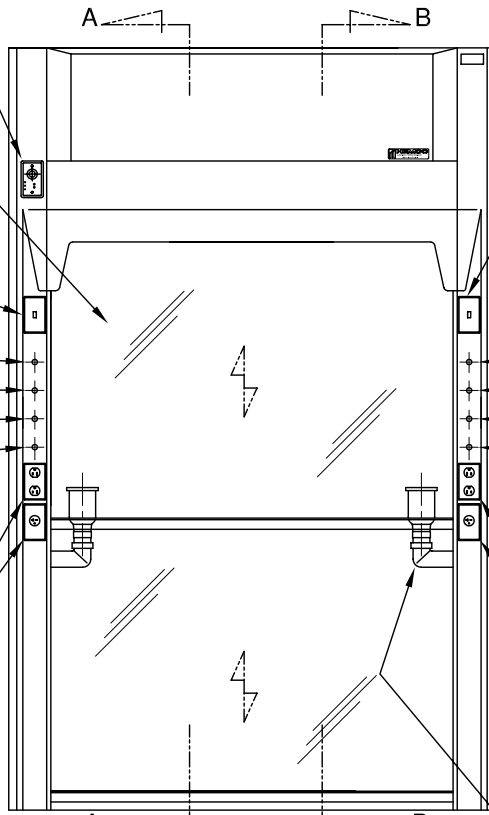
✓ ELECT. SERVICE	CAT. NO.
DUPLEX RECEPT. 125V, 15A	
DUPLEX RECEPT. 125V, 20A	
SIMPLEX RECEPT. 250V	
DUPLEX GFI 125V, 15A	
DUPLEX GFI 125V, 20A	

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



✓ SPECIFY EXTERIOR DEPTH
30.00"
36.00"
48.00"
OTHER

✓ FIRE EXTINGUISHER	CAT. NO.
2.7 LB DRY CHEMICAL	
5.4 LB DRY CHEMICAL	
OTHER	



✓ BLOWER SWITCH	CAT. NO.
TOGGLE SWITCH 125V, 15A	
TOGGLE SWITCH 125V, 15A	
TOGGLE SWITCH 250V, 20A	
TOGGLE SWITCH W/PILOT	
MOTOR STARTER SWITCH	

✓ SERVICE FIXTURES	CAT. NO.
REMOTE CONTROLLED	
REMOTE CONTROLLED	
REMOTE CONTROLLED	
REMOTE CONTROLLED	
OTHER	
SPECIFY AIR,GAS,VAC,C/W OR OTHER	

✓ ELECT. SERVICE	CAT. NO.
DUPLEX RECEPT. 125V, 15A	
DUPLEX RECEPT. 125V, 20A	
SIMPLEX RECEPT. 250V	
DUPLEX GFI 125V, 15A	
DUPLEX GFI 125V, 20A	

✓ WALL MOUNTED CUPSINK
INDICATE TYPE AND LOCATION



FRONT VIEW, FLOOR MOUNTED  
FUME HOOD

**PLAN- A-HOOD FM FUME HOOD**

**CATALOG #**

**SHEET 2 OF 2**

CUSTOMER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

SIGN AND RETURN BOTH PAGES OF THIS PLAN-A-HOOD WITH RFQ OR P.O.  
 EMAIL: INFO@HEMCOCORP.COM  
 FAX: 816-796-3333  
 CALL: 816-796-2900

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)
SIGNATURE OF CUSTOMER REPRESENTATIVE _____	DATE _____

