



FUME CUPBOARD ESTIMATION FORM

Room No. _____ Room Name _____

Room Type _____ Location _____

Requirements

Please tick appropriate boxes. Please append any additional relevant information.

1. FUME CUPBOARD GENERAL USAGE _____

Intended Solvents _____

Intended Acids _____

Specific Hazardous Chemicals _____

Heat Sources _____

2. FUME CUPBOARD TIME AVAILABILITY

24 Hours Other _____

3. FUME CUPBOARD CONSTRUCTION

UPVC GRP Polypropylene Other _____

4. EXTERNAL WIDTH OF FUME CUPBOARD

1200mm 1500mm 1800mm 2000mm

2400mm 3000mm Other _____

5. WORKING BASE CONSTRUCTION

Mabio Epoxy Resin Tile Stainless Steel

Other _____

6. WASTE SERVICE

Sink (Approx) Size Toxic Waste (Specify)

Pot Sink Polypropylene 150mm

7. WATER SERVICE

Cold Water Type of Fitting _____ Hot Water Type of Fitting _____

Deionised Water Type of Fitting _____ Other _____ Type of Fitting _____

8. GAS SERVICE

LPG Type of Fitting _____ Vacuum Type of Fitting _____

Compressed Air Type of Fitting _____ Other _____ Type of Fitting _____

9. ELECTRICAL POWER OUTLETS (G.P.O.'s)

Single 10 A No. off _____ Single 15 A No. off _____

Double 10 A No. off _____ Double 15 A No. off _____

RCD Protection Required



10. FUME SCRUBBER TYPE IF REQUIRED

- Overhead Remote Plant Room Roof
 Outside on Ground

11. TYPE OF FUME CUPBOARD CONTROL

- Electric Control Integrated B.A.S Autosash / Sensor

12. FUME CUPBOARD BENCH

Construction

- Steel Frame Stainless Steel Frame Other _____

Under Cupboard Storage if Required

- Acid Storage Volume _____ L
 Solvent Storage Volume _____ L
 Integral Storage Space Volume _____ L
 Flammable Liquid Storage Volume _____ L

13. BUILDING DETAILS

- No of Floors Flat Roof Pitched Roof
 Other

14. INSTALLATION DETAILS

- Floor to ceiling height _____ mm
 Floor level that fume cupboard will be installed
 Width of laboratory access door _____ mm

15. DUCTWORK

- Approximate length in metres _____
 90° bends - Quantity _____
 45° bends - Quantity _____

16. AIRCONDITIONING

- Is air-conditioning installed into laboratory

17. COMPLETE

- Full compliance to AS2243.8-1992 required Yes No

18. OTHER REQUIREMENTS

Company Name: _____ **Dept:** _____
Contact Name: _____ **Position:** _____
Address: _____ **Suburb:** _____ **State:** _____ **P/C:** _____
Telephone: _____ **Fax:** _____
E-Mail Address: _____ **Date:** _____