## Manual Call Point Conventional Smoke escape

- Conventional technology
- LED indicates activation
- Operating instructions in the form of standardised symbols (EN 54-11)
- Attractive design housing made of robust die-cast aluminium
- Optionally available with protection class IP65, or upgradeable to IP54



## Description

The manual call point for use in smoke venting systems uses conventional technology. The red status LED optically indicates the activated condition of the device.

In comparison with plastic cases, the robust design housing made of die-cast aluminium proves to be of advantage even after years of use, thanks to its resistance to environmental impact: It is virtually unbreakable, form stable and hardly changes its colour in sunlight.

Numerous design details, such as the self-closing lock cover, protect the interior from dust or water penetration and facilitate mounting and cabling. The protection class IP43 can be increased to IP54 by means of the

optional Protection Kit HME-ZS-IP54. For use under harsh environmental conditions, the manual call point is also available with protection class IP65.

The door with the easily replaceable glass pane has an opening angle of over  $180^{\circ}$ . When the call point is activated, the door is mechanically prevented from closing.

Requirement-specific changeable door labels are available on request.

## Accessories

The accessories for the Manual Call Points Series HME are described in detail in the data sheet HME-Accessories\_DBL\_LST\_EN\_xxxx.PDF.



LST

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## Specifications

Operating voltage	Supply through the detector line voltage
Ambient temperature	-20°C to +60°C (continuous operation) -25°C to +70°C (max. 12 hours)
Protection class	IP43 (standard) IP54 (with Protection Kit HME-ZS-IP54) IP65 (on request)
Dimensions $W \times H \times D$	126 × 126 × 35 (mm)
Colour	orange, similar to RAL 2011
Lettering	Rauchabzug (front side) RAUCHABZUG (back side)
Weight	approx. 420g
Order number	240820
Order name	Manual Call Point/Orange/Conventional/Rauchabzug HME/2011/11/45/00





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