

**FISCHER GREENHOUSE & PLANT GROWTH FACILITY
REQUEST FOR GROWTH CHAMBER SPACE**

Name _____

Advisor's Signature _____

(Required for student projects)

Department _____ Phone _____ Email _____

Purpose Code/Title to be charged _____

Course/Project Title _____

Brief Description of Project/Crop _____

Start Date _____ *Finish Date* _____

Space Requested

Optimal Temperature

Supplemental Lighting

Day ____°C Night ____°C

Photo Period Length _____

Humidity Level _____%

University Policy requires an inventory form for any biological agents/substances that could be biohazardous, including but not limited to infectious or parasitic agents; non-infectious microorganisms such as bacteria, fungi, yeast, and algae; plants/plant products; animals/animal products. (Forms available in greenhouse office)

I have read and understand the Policies and Procedures of the Fischer Greenhouse and Plant Growth Facility, and have completed the Right-to-Know training. If I am using Biohazards, I have completed the Biosafety Awareness Training.

Signature

Date

FOR OFFICE USE ONLY

Date Received _____

Date Work Completed _____

Bench Assignment _____

Charge _____

Remarks _____

Signature _____