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

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________________________________