

ARC PLANT GROWTH FACILITIES SPACE REQUEST FORM

For research or teaching in Greenhouses and Growth Chambers

1. Researcher's name: _____ e-mail _____ Phone _____
2. Principal Investigator: _____ e-mail _____ Phone _____
3. Collaborating PI's: _____
4. Department(s) _____
5. Budget # _____ Project # _____
6. Use type: Research ___ Thesis ___ Teaching ___
7. Type of space needed: greenhouse ___ growth chamber ___ growth room ___
8. Desired Starting Date: _____ Anticipated Ending Date: _____
9. Brief description of project(s):

10. Organisms involved in project(s): (plants, insects, other)

11. Contamination potential:

Does experiment involve GMO materials? Yes ___ No ___ If yes supply copy of approved BAF form.

Contamination potential from pathogens, herbicides, weeds, etc.

Explain:

Decontamination and Inactivation requirements:

12. Isolation Requirements:

Explain:

13. Space requirements: (specific)
- Square feet of growing area needed: _____
 - Special needs (bench, floor, etc.): _____
14. Environmental Requirements:
- Choose one: Greenhouse _____ Growth Chamber / Room: _____
- Temperature: Day _____ Night _____
Day temperature length _____ hrs
 - Greenhouse Supplemental light: Yes ___ No ___ Photoperiod _____ hrs
Growth Chamber / Room: Photoperiod _____ hrs, light intensity _____ $\mu\text{mol}/\text{sm}^2$
 - Relative Humidity (growth chambers only): _____% No _____
15. Supplies: (check PGF web page for available supplies)
- pots, inserts, trays: _____
 - potting soil: _____
 - labels: _____
 - stakes: _____
 - fertilizer: _____
16. Pest Management:
- What is the practical tolerance for insects and/or pathogens? Please be specific.
 - Any special precautions, which need to be taken when monitoring for pests?
Yes _____ No _____ (Please specify) _____
 - Can pesticides be used? _____
 - Can systemics be used? _____
 - Any chemicals known to be phytotoxic? _____
 - Can biologicals be used? _____
17. Date request is made to facility manager: _____
18. Have you read the PGF Management and Operations Policy? Yes ___ No ___

Return completed form to PGF Manager, Dan Dreesmann. Campus zip 6003 , Phone 335-5824