

APPLICATION FOR PLANT GROWTH SPACE
Department of Biological Sciences
(You must complete all sections of this form)

User name:

Date:

Lab phone:

E-mail:

Supervisor:

Account #:

Start date:

End date:

Type of space requested:

Research greenhouse
Growth Chamber
Outdoor compound

Details of space requirements

Greenhouse

2 m² 5 m² 7 m² 14 m² 28 m²

Outdoor compound requested:

East West Bee Yard

Any amount of space can be requested to a maximum of 144m² for the east area, 225m² for the bee yard (both with truck access) and 72m² for the west area (no truck access):

Growth Chamber: L x W x H

27" x 24" (1-5 levels) 3' x 2' x 1.5' (2 levels)
6' x 2.5' x 4' (1 level) 8' x 2.5' x 4' (1 level)
8' x 2.5' x 2' (2 level)

Growth Chamber requirements:

New User

Shelf Height:
Temperature:
Light period:
Humidity:
Other (please specify):

Previous User

Chamber Number:

Pest control requirements:

Does your experiment involve the use of insects, fungi, other plant pathogen or transgenic plants?

Yes No

Specify:

Project Summary:

Approximately 300 word description of experiment including organism name(s), treatments administered to organism(s) while occupying chamber, important variables for experiment with regard to programmable environmental parameters and approximate duration.

Approvals: (please sign: signatures denote acceptance and understanding of the procedures as laid out in this document and in the ‘Protocol for Departmental Plant Growth Facilities’)

User:

Date:

Supervisor:

Date:

Office Use Only:

Unit #/Space Allocated:

Actual Start Date:

Actual End Date:

Signature for Plant Committee Approval: