

APPLICATION FOR PLANT GROWTH SPACE

Department of Biological Sciences
(You must complete all sections of this form)

User name: _____

Date: _____

User phone: _____

User E-mail: _____

Supervisor: _____

Account #: _____

Start date: _____

End date: _____

Type of space requested: (check one)

____ 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

____ Ant Shed Yard

Any amount of space can be requested to a maximum of 144m² for the east area, 150m² for the ant shed yard (both with truck access) and 72m² for the west area (no truck access): _____ m²

Growth Chamber: L x W x H

____ 96" x 28" x 24" (1-2 level fixed)

____ 36" x 24" x 20" (2 levels flex*)

____ 96" x 28" x 22" (3 levels fixed)

____ 36" x 23" x 22" (2 levels flex*)

____ 96" x 28" x 22" (2 level fixed)

* shelves and lights are height adjustable

Growth Chamber requirements:

New User

Shelf Height: _____

Temperature: _____

Light period: _____

Humidity: _____

Other (please specify): _____

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:* _____