## PLANT AGRICULTURE GROWTH FACILITIES Request Form for Growth Facility Space Use

NOTE: One form is required for each Growth Facility space request

You must complete and submit this form to a Growth Facilities Technician **in advance** of your experiment start date. The account to charge must be obtained from the supervising faculty member and entered below:

and entered below	:	That go must be v			l
Line 2 - if 2 accounts					
	Fund #	Unit #	Trust Fund #		
If you require assistance in completing this section consult with Plant Ag. Office Staff or your department Office Staff.					
Does vour projec	t involve work with	PNTs or Micro	oorganisms & Pat	thogens? (a	theck <b>one</b> of the
following)			organionio a ra		ricon <b>cric</b> or the
☐ Yes PNTs or (complete this form & Appendix 1) PNTS ☐ No (complete this form ONLY)					
Microorganisms (complete this form & Appendix 2) –  or Pathogens Microorganisms & Pathogens					
or Pathogen	s Wilci our gariisms	x Patriogeris			
Location Require	ement: (check one of t	he following locati	ions)		
☐ Crop Science:	Crop Science:		/ey:	Bovey: C	outside Space
Greenhouse Growth Room Greenhouse					
☐ Crop Science: Growth Chambers: ☐Sml ☐Med ☐Lg					
Bovey: Growth		<b>g</b> ]S n	nl Med L		
Experiment Deta					
Plant species involv	red in this experiment:				
What is the nature/	purpose of the experime	ent to be conducte	ed?:		
Start date:		Estimated date	for material removal	.	
Start date.	(YYYY / MM / DD)	Estimated date	ioi matema removai		 'YY / MM / DD)
Environmental R		1			
Temperature:	Heating: Day	°C	Night	°C	
	Cooling: Day	°C	Night	°C	
Lighting: Time on: am pm Time off: am pm					
Post Managemen	Total Day/Night Length  it: (Note: Biological con		as a proventative me	acura unlace	directed
	ting is the responsibility		as a preventative me	easure uriless	unecteu
	eck <b>one</b> of the following				
☐ As Needed	After Con		□ Do NOT Spray	Про NO	T use Biocontrols
(by Greenhouse Staff) Greenhouse User					71 dsc Biocontions
<b>Additional Spec</b>	ial Requirements/C	omments:(E.g.	irrigation, photoper	iodic control,	humidity etc.):
Contact Informa	tion:				
User(s) Name(s):	tion.	Prin	Principal Investigator/Faculty Name:		
Work Tel#:	Home Tel#:	Wor	k Tel#:	Home Te	·l#:
Bldg:	Rm#:	Bldg	j:	Rm#:	
Donartment:		Don	Donartment		
Department:			Department:		
Course Name/#:			Course Name/#:		
(if applicable)			(if applicable)		
User(s) Signature(s	٠٫٠	Fact	Faculty Signature		
Date:			Date:		
	ulty Supervisor have rea				
	ment for the Plant Grow		lave attended a Grov	vtn Facilities (	rientation
Session presented by a Growth Facilities Staff Member.  Office Use Only: Growth Fac. Allocation					

Growth Room

**Growth Cabinet** 

Zone allocated: Greenhouse