

**FISCHER GREENHOUSE & PLANT GROWTH FACILITY
REQUEST FOR GREENHOUSE (Glass House) 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 _____

Bench Space _____ *Start Date* _____ *Finish Date* _____

____ 20ft² ____ 40ft² ____ 60ft² ____ 80ft² ____ 100ft² ____ 120ft² ____ 140ft²
(approx. 1/2 bench) (full bench)

*Note: Space is reserved for a minimum of 1 month in units of 20 sq. ft. (Benches are 5' wide)

Optimal Temperature

Supplemental Lighting (Check one)

Day ____°C Night ____°C

Yes* ____ No ____ On/Off ____

*Indicate photo period length _____

Special Needs

____ Heat Mat ____ Shade Cloth ____ Blackout Cloth ____ Irrigation ____ Seed Sowing

____ Plant Propagation ____ Other (describe) _____

GREENHOUSE STAFF WILL BE RESPONSIBLE FOR DAILY WATERING OF PLANTS, WEEKLY FERTILIZATION AND PESTICIDE APPLICATION (UNLESS INDICATED OTHERWISE)

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 _____