

Please print out and mail completed form to:  
J. Florentine  
113 Martin Hall, Cook Campus

## Greenhouse Application Form

Name \_\_\_\_\_ Department \_\_\_\_\_

Phone #: Day \_\_\_\_\_ Evenings, Weekends \_\_\_\_\_

Do you / your students / technicians have the required DEP Safety Training card? \_\_\_\_\_

Have they read the rules and regulations for the greenhouse? \_\_\_\_\_

Type(s) of plant material grown \_\_\_\_\_

How are plants propagated? \_\_\_\_\_

Will pathogens, insects, recombinant organisms or hazardous materials be intentionally introduced for experimental reasons? \_\_\_\_\_ If yes, please specify. \_\_\_\_\_

*(Note: inventory records are required for engineered plants)*

Will containment be needed? \_\_\_\_\_

Are endophytes present in plants? \_\_\_\_\_

Will there be restrictions as to what type of pesticides or fungicides can be used? \_\_\_\_\_

How often will plants be moved in and out of greenhouse? \_\_\_\_\_

How long will plants be kept before disposal? \_\_\_\_\_

Specify any specialized equipment to be used (CO<sub>2</sub> enrichment, hydroponics, monitors etc.) \_\_\_\_\_

Will photoperiod work be done? \_\_\_\_\_ Requirements \_\_\_\_\_

What supplies will you need from the headhouse inventory? \_\_\_\_\_

**Temperature Requirements** (there should be at least a 3 degree difference between minimum/maximum setting)

Daytime Temperature \_\_\_\_\_ (Minimum) \_\_\_\_\_ (Maximum)

Nighttime Temperature \_\_\_\_\_ (Minimum) \_\_\_\_\_ (Maximum)

Lighting Schedule: Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Intensity \_\_\_\_\_

DIF temperature (if applicable) \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

**Note:** to avoid an inspection and spraying fee of \$250.00 do not bring plants into the greenhouse without inspection by greenhouse management. After receiving approval for greenhouse space, you must notify greenhouse management two days in advance of bringing plants into greenhouse.