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

Growth Chamber Application Form

Name	Department	
Phone #: Day Evenings, Weekends		
Do you / your students / technicians have the required DEP Safety Training card?		
	regulations for the greenhouse?	
Type(s) of plant material groups	wn	
Chamber rental dates (maxim	um 6 months)	
How are plants propagated?		
Will pathogens, insects, reco	mbinant organisms or hazardous materials be intentiona	ally introduced
for experimental reasons? _	If yes, please specify	
	e: inventory records are required for engineered plants)	
Will containment be needed	?	
Are endophytes present in p	ants?	
Will there be restrictions as	o what type of pesticides or fungicides can be used?	
How often will plants be mo	ved in and out of growth chamber?	
	before disposal?	
Specify any specialized equi	pment being used (CO ₂ enrichment, hydroponics, monit	tors etc.)
Will photoperiod work be d	one? Requirements	
What supplies will you need	from the headhouse inventory?	
	there should be at least a 3 degree difference between minimum/ma	aximum setting)
	-	uxiniuni seung)
Daytime temperature	Humidity%	
Nighttime Temperature	Humidity %	

 Nighttime Temperature _____ Humidity _____%

 Lighting Schedule: Start Time _____ End Time _____ Intensity _____ Intensity _____

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