**Space Request – Weld Hill Growth Facilities**

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| --- | --- | --- | --- |
| Name: |  | Today’s Date: |  |
| Email: |  | Position: |  |
| Dept.: |  | Faculty Advisor: |  |
| **Start date**: |  | **Exit date:** |  |
| **Please provide a brief description of your project:** |
|  |
| **Amount of Space Requested (e.g., sq. ft., 1 bench, 1 large chamber):**  |
| Greenhouse |  |
| Growth Chamber |  |
| Outdoor growing space |  |
| Will additional space be required? |  |
| If yes, how much space and when? |  |
| **Preferred Environmental Conditions:** |
| In the greenhouses, the minimum temperature range is about 3 to 5 °C. Heating and cooling cycles are initiated when the temperature is about +/- 3 °C. Sometimes, especially in the summer, the equipment (heating or cooling) may be running at its maximum but may not be able to achieve the desired set points.  |
| **Enter a discrete number for growth chamber conditions and a range for greenhouse conditions. If you would like help to determine the appropriate conditions, leave the table blank.**  |
| **Condition** | **Day** | **Night** | **Units** |
| Start time |  |  |  |
| Temperature |  |  | °C |
| Relative humidity |  |  | % |
| (Supplemental) light levels |  |  | µmols |
| CO2 levels (if applicable) |  |  | ppm |
| Please list any desired special programming |  |
| Do you want a copy of the greenhouse or growth chamber climatic data? |  |
| **Organisms:** |
| What organism(s) will you be using? |  |
| Have you worked with these plants previously? |  |
| What is the source of the plants? (\*Wild plant material requires an additional form) |  |
| What will happen to your plants when you have finished with them? |  |
| If you will be applying or using any BL-1 organisms (such as noxious plants, transgenics, or pathogens), please provide details below. |
|  |
| Do you have an approved COMS registration for BL-1 work? |  |
| Please note: This facility is currently BL-1P approved. An appropriate and approved COMS will be required before any space request is granted involving BL-1 work and current EHS Biosafety training is required. |
| **Plant Care:** |
| Would you like the Plant Growth Facility Staff to provide NO CARE, DAILY CARE, or WEEKEND/HOLIDAY ONLY CARE?  |  |
| Please specify details (e.g., water as needed, fertilize weekly): |
|  |
| Please list your preferred fertilizer regiment (or you may request assistance to determine an appropriate regiment): |
|  |
| **Pest Control:** |
| What is your tolerance level to pests (e.g., “kill them all”)? |  |
| Do you have a preference for methods (e.g., biological control, pesticides)? |  |
| Please provide details for your preferences or needs for pest control:(e.g., certain beneficial insects may interfere with controlled pollination studies) |
|  |
| **Potting Media and Containers:** |
| The following potting media components and containers are on hand **in limited quantities** in the potting room. Specialty materials are not provided by the Plant Growth Facility and will need to be ordered by the researcher. **Potting Media:** Sungro 852 Mix or similar, ProMix HP, sand, perlite, vermiculite**Containers:** 2” square, 3.5” square pots, 4.5” square tall pots, Classic Series Rounds mixed gallon sizes |
| What potting media do you require? |  |
| What type and quantity of containers are needed? |  |
| **Additional Comments:** |
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