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 _____________________________________________________

<table>
<thead>
<tr>
<th>Bench Space</th>
<th>Start Date</th>
<th>Finish Date</th>
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<tbody>
<tr>
<td>____20ft²</td>
<td>____40ft²</td>
<td>____60ft²</td>
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<td>(approx. 1/2 bench)</td>
<td>(full bench)</td>
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*Note: Space is reserved for a minimum of 1 month in units of 20 sq. ft. (Benches are 5’ wide)

Optimal Temperature
Day ___°C    Night____°C

Supplemental Lighting (Check one)
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________________________________