

Project# _____
Chamber _____
Bench _____

Request for Chamber Space

Crop _____
Natural Habitat _____

Brief Description of Experiment _____

Space Required _____ Chamber Type _____ Qty _____
Start Date _____ Projected End Date _____

Supplies:

Pots _____ Size _____
Flats _____ Cell Packs _____ Labels _____
Soil Mix _____
Special Items _____

Crop Requirements:

Watering By User _____ As Needed _____ Keep Moist _____ Keep Dry _____
Non-Standard (Fill out separate watering form) _____

Fertilizing No _____ Yes _____ Frequency _____ Special Formula _____

Pesticides Do Not Spray _____ As Needed (with consent) _____ Biological Controls? _____

Weeding No _____ As Needed _____

Temperature (°C) Day _____ Night _____
Thermal Period _____

CO² (PPM) _____

Lighting ($\mu\text{mol m}^{-2}\text{s}^{-1}$) Light Level _____
Photoperiod (hrs/day) _____

Relative Humidity (%) Day _____ Night _____

Will your plants be arranged in a particular order? Yes _____ No _____

GMOs? (See Staff) _____

Special Conditions Instructions _____

User Info:

Name _____ Date _____

Principal Investigator _____

Department _____

E-mail _____ Office _____

Work Phone _____ Home Phone _____

Grant Code for Space Charge _____