

Growth Chamber Space Request Form

Facilities Mgmt use only: Chamber/chamber(s): _____ Project or ID number: _____

PLEASE DO NOT PLACE RESEARCH MATERIAL IN GROWTH CHAMBERS UNTIL WE HAVE CONFIRMED YOUR CHAMBER AND PROJECT NUMBER

Researcher information:

Faculty name: _____ Phone: _____ Mobile: _____ E-mail: _____

Contact name: _____ Phone: _____ Mobile: _____ E-mail: _____

FRS/Account # _____

Start date: _____

Termination date: _____

Temperature: (depending on chamber specifications we will try to accommodate as best as possible)

Day: _____ Night: _____

Humidity:

Day: _____ Night: _____

Lighting requirements:

On time: _____ Off time: _____

Type of lighting desired: HID: _____ Incandescent: _____ Fluorescent: _____

Light Level desired: HID (1-5) _____ Incandescent (1-3): _____

Fluorescent (1-3): _____

Light Intensity desired (if known): _____ $\mu\text{m m}^{-2} \text{s}^{-1}$

Lighting Fixtures Supplied by Researcher: _____

(UV lamps, special phosphor, etc.)

Note: There are a limited number of chambers available with HID lighting. Most readily available are usually chambers with a combination of Incandescent and Fluorescent lighting.

Chamber size/type preference: Reach-in: _____ Walk-in: _____

Room: _____ Macrocosm: _____

Plant/Insect Species or Brief Description of Research:

Pest/Pesticide information: (Do we have pesticide restrictions or pest sensitivity?)

Any special requests or requirements not listed above?
