

CBS Greenhouse Application Form

Name _____ Department/Lab _____
Phone #: _____ E-mail Address: _____
DaFIS Acct/Billing ID #: _____ Acct. Contact _____
Project start and end dates? _____
Type(s) of plant material grown, quantity, and project objectives:

Amount of GH space needed (40sf bench minimum)? _____

How are plants propagated? _____

Will pathogens, insects, recombinant organisms or hazardous materials be intentionally introduced for experimental reasons? _____ If yes, specify details and applicable permits: _____

Pesticide/Fungicide Restrictions? _____

How often will plants be moved in and out of greenhouse? To and from where?

Specify any specialized equipment or settings needed (humidifiers, DIF settings, CO2, etc)?

Photoperiod requirements _____

Lighting Schedule: Start Time _____ End Time _____ Light Type _____

What supplies will be needed (pots [size], potting media, trays) ?

Temperature Requirements (Note that setting is limited by capability of infrastructure! Refer to rate schedule for details.)

Daytime temperature _____ (Minimum) _____ (Maximum)

Nighttime Temperature _____ (Minimum) _____ (Maximum)

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

I have read the Standard Operating procedures for CBS greenhouses and agree to comply.

Researcher: _____

PI: _____

Date: _____

List ALL project contacts who will enter greenhouse:

