



Plant Growth Facility

Request for Greenhouse Space

User Information:

Name: _____

Principle Investigator: _____

User Email: _____

Work Phone _____ Home Phone _____

Brief Description of Project:

List all Personnel who will be working on this project in the Greenhouse Facility

Name	Status
_____	_____
_____	_____
_____	_____

Type of plants to be grown

Genus: _____	Species: _____	Invasive? _____
_____	_____	_____
_____	_____	_____

Indicate any transgenic organisms or agents to be used

Space Required:

Preferred Zone _____ Number of Benches _____

Start Date (YYYY-MM-DD) _____ Projected End Date (YYYY-MM-DD) _____

Supplies:

Pots (amount) _____ Size of Pots _____

Flats (amount) _____ Cell Pack (amount) _____

Soil Mix Type _____

Special Items

--

Crop Requirements:

Watering By User As Required Keep Moist Keep Dry
Frequency for automatic watering (indicate watering times HH:MM)

Fertilizing Yes No Frequency _____
Formula _____

Pesticides Do Not Spray As Needed (with Consent)
Biological Controls

Temperature (°C) Day _____ Night _____

Thermal Period _____

Lighting Natural Only

Supplemental Lighting Photoperiod (hrs/day) ON _____ OFF _____

Relative Humidity (%) Schedule: Natural Supplemental

Amount: Day _____ Night _____

Please Note: Humidity upper limits is controlled by venting and heating. Lower limits are not controlled and are a factor of watering and crop water losses.

I acknowledge that I have read and understood the policies and procedures governing use of the Nipissing University Plant Growth Facilities.

Requester's Signature _____

Note: You are required to file a new form if there are any changes in status.

Growth Facilities Supervisor Use Only

Space Assigned: _____

Supervisor Signature: _____ Date: _____

Notes: