

University of Idaho Greenhouse Space Request Form

Date: _____

FACULTY/PRIMARY INVEST Name : _____	Email: _____	Phone: _____
Principal Greenhouse User Name: _____	Email: _____	Phone: _____
Dept: _____ Dept. Budget Spec. _____	Budget #: _____ (email verification each quarter)	After Hrs Emergency Notification Contact/Phone: _____

Brief Project Description:

Project Start Date: _____

Project End Date: _____

Square feet needed: _____ (ex. A small table at 6th St. is app. 72 sqft)

Light Type (Growth Chamber users only). Do you have a preference (metal halide, fluorescent, incandescent, etc.)?

Environmental Requirements:

a. Temperature (and range): _____ Day _____ Night _____

b. Photoperiod: _____

Can pesticides be used? Yes ___ No ___

Does experiment involve transgenic material? ___Yes ___No (If yes supply copy of MUA form with space request)

Other Comments/Special needs (automated irrigation/misting, shading, bottom heat, help sourcing supplies, etc.):

User Signature _____

*Will user need after hour Vandal Card access to the greenhouse? _____

All active project members must take a short greenhouse safety orientation, and read/sign greenhouse policies

- *Users are obligated to clean compartments or chambers during project and at project completion
- *Users supply their own containers, labels, soil, misc. project supplies
- *Additional greenhouse services are available for a fee (inquire at GH office) or [website](#)
- *After hours Vandal access must be approved in writing by faculty/primary investigator/lead staffer