GREENHOUSE ENVIRONMENTAL CONTROL REQUEST
AND CULTURAL INFORMATION

Date __________

User Name:___________________________________  GH #_____________________

Contact Person:_______________________________  Phone #___________________

Type of Plant Material:___________________________________________________

How Long Will it be Grown:_______________________________________________

Amount of Space Needed  1/8   1/4   1/2   3/4   Full House

Growth conditions:  
Desired Temperature:  day_______ night_______

Photo Period:___________ HIDs ON__________am Off__________pm

Greenhouse Staff Watering and Fertilizing___________________________________

Transgenic Material:  Yes________ No________

Virus or Bacteria inoculations:  Yes________ No________

Special Care:  Please be Specific___________________________________________

What is the purpose of the plant material? Please be specific (for example: do you need foliage, roots, flowers and fruit? Will material be used for rearing insects?)

May pesticides be used on your plants?  Yes________ No________

Exit date:_____________