

GROWTH CHAMBER ENVIRONMENTAL REQUEST

Chamber # _____

Date _____

Person whose plants are in chamber _____

Please notify in case of emergency _____ phone # _____

Lab phone number _____ e-mail _____

How long will you be using this growth chamber _____

Transgenic material? _____ Yes _____ No

Bacteria, Fungus or Virus inoculations: _____ Yes _____ No

Desired photoperiod _____ to _____ = hrs. light _____

Number of light banks on HID _____

Number of light banks on Incandescent _____

Number of light banks on Florescent _____

Desired temperature: Day _____ Night _____

Desired humidity _____

Min/max temperature limits: Low _____ High _____

Exit Date: _____

Desired greenhouse staff care (if any):