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):