

University of Idaho Greenhouse Space Request Form

Date: _____

FACULTY/PI Name : _____	Email: _____	Phone: _____
Principal Greenhouse User Name: _____	Email: _____	Phone: _____
Dept: _____	Budget #: _____	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)

Environmental Requirements:

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

b. Photoperiod: _____

Can pesticides be used? Yes ___ No ___

Does experiment involve transgenic or invasive material? ___Yes ___No (If transgenic supply copy of MUA form)

Will any project treatments occur in the greenhouse compartment? Yes ___ No ___ If yes please provide details:

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

User Signature _____

***Before entering a compartment any UI employee/student must complete the EPA pesticide safety/greenhouse orientation and agree to abide by the greenhouse use policies.**

*Unsupervised guests are not allowed in compartments.

*Users are required to clean compartments or chambers quarterly during project and upon project completion

*Users are responsible for all irrigation and plant maintenance requirements

*Users are not allowed to apply pesticides without prior approval from greenhouse staff

*All chemicals used or stored at greenhouse must be documented in User Hazcom binder