

CAHNRS PLANT GROWTH FACILITIES SPACE REQUEST FORM

For research or teaching in Greenhouses and Growth Chambers

1. Researcher's name: _____ e-mail _____ Phone _____
2. Principal Investigator (PI): _____ e-mail _____ Phone _____
3. PI Signature Required for space allocation: _____
IRI billing will be sent bi-monthly for space used.
4. Use type: Research _____ Thesis _____ Teaching _____
5. Is a photocopy of the signature page from the Plant Growth Facilities Operations Policy form on file?
Yes _____ No _____ If not, please read policies and supply signature page. <http://pgf.wsu.edu/>
6. Type of space needed: greenhouse _____ growth chamber _____ growth room _____
7. Desired Start Date _____ End Date _____ for space needed.
8. Objective of experiment:
9. Experimental design:
10. Organisms to be used in experiment:
 - a. Plants:
 - b. Insects:
 - c. Seed:
 - d. Other:
11. Contamination potential: Does experiment involve any of the following:
(If yes for any of following please describe agent and research methods for use and supply requested documents).
 - a. GMO materials: Yes _____ No _____ Supply copy of approved BAF form.

b. Pathogens: Yes___ No___ Please List_____

c. Pesticides (insecticides, herbicides, fungicides, etc.):

Yes___ No___ Supply label and SDS for products.

d. Weeds or weed seeds: Yes___ No___ Please List_____

e. Other contaminant potentials: Yes___ No ___ Please List_____

12. For any items identified above, describe:

a. Isolation requirements:

b. Decontamination and/or inactivation requirements:

c. Training requirements:

13. Space requirements: (be specific)

a. Square feet of growing area needed: _____

b. Special needs (bench, floor, etc.): _____

14. Environmental Requirements:

a. Temperature: Day ___ Night ___

Day temperature length _____hrs

(If multi time or diurnal control methods are needed within a day or period of time please supply specific time line information)

b. Greenhouse Supplemental light: Yes ___ No ___ Photoperiod ___hrs

Growth Chamber / Room: Photoperiod ___hrs, light intensity _____umol/sm²

c. Relative Humidity (growth chambers only): _____ % No___

d. Any other specific environmental control requirements desired, describe:

15. Supplies needed: (check PGF web page for available supplies; <http://pgf.wsu.edu/>)

list # of trays

- a. pots: list # of pots, inserts: list # of insert trays:
- b. potting soil: amendments:
- c. labels: _____
- d. stakes: _____
- e. fertilizer: _____
- f. other:

16. Pest Management:

(The PGF IPM program uses preventative, mechanical, biological, and pesticides for prevention and control of pests within the PGF facilities. All efforts are used to prevent the establishment of a pest within the PGF facilities. Once a pest is established, eradication of the pest is unlikely and best management practices for control of pest will be utilized to reduce pest threshold).

- a. What is the practical tolerance for insects and/or pathogen pests? Please be specific.
- b. Any special precautions that need to be taken when monitoring for pests?
Yes _____ No _____ (Please specify) _____
- c. Can pesticides be used? Yes ___ No ___
- d. Can systemic acting pesticides be used? Yes ___ No ___
- e. Any chemicals known to be phytotoxic? Yes ___ Product(s): _____
- f. Can biological agents be used?
- insects: Yes ___ No ___
- nematodes Yes ___ No ___
- pathogen(s) (fungal or bacterial) Yes ___ No ___

17. Date request is made to PGF: _____

Please return completed form to PGF staff or by post or email:

Campus Mail 6003

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