

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/>)

- a. pots: _____ inserts: _____ 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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updated: 7/11/2023