

Greenhouse Space Request

Greenhouse section(s): _____

PLEASE DO NOT PLACE PLANT MATERIAL IN THE GREENHOUSE UNTIL WE HAVE CONFIRMED YOUR SPACE

Researcher information:

Faculty name: _____ Phone: _____ Email: _____
Contact name: same phone: _____ Email: _____
FRS/Account # _____

Start date: _____ Termination date: _____
Plant Species: _____ Common name: _____

Temperature: (depending on climate conditions we will try to accommodate as best as possible)

Day: _____ Night: _____

Humidity:

Day: _____ Night: _____

Photoperiod control: Yes: _____ No: _____ Comment: _____

Black Cloth: Time open: _____ Time close: _____

Shade Cloth: ___50% Shade ___100% Shade ___0% Shade

Light intensity control: Yes: _____ No: _____

Supplemental lighting with lights required:

Yes: _____ No: _____ Comment: _____

On time: _____ Off time: _____

Type of lighting: **HID:** _____ **Incandescent:** _____

Other: _____ **Supplied by Researcher**

Watering information:

Watering by greenhouse staff?

Yes: _____ No: _____

Automated Drip Irrigation: Yes: _____ No: _____

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Irrigation Times per day: _____

Irrigation Duration: _____ 1/2gph emitter

Watering by greenhouse staff weekends and holidays only? Yes: _____

Allow plants to dry out slightly? _____

Keep plants moist at all times? _____

No watering by greenhouse staff: Yes: _____

No watering at all, drought treatment: Yes _____

Greenhouse Mist Area needed:

Yes (how long): _____ No: _____

Interval: _____ Duration: _____ (whatever is common for rooting)

Bottom heat required y/n Temp. _____

Soil mix:

Soil less mixes: _____Sunshine LC1 _____Sunshine PX3

Or: Top soil _____

Custom: _____ Ingredients supplied by Researcher

Fertilization: By greenhouse staff? Yes: _____ No: _____

If yes, we will be recommending a fertilizer schedule appropriate for the crop and soil mix used in accordance with our nutrient management program.

_____Custom Blend ingredients supplied by researcher

Pest / Pesticide information: (Do we have pesticide restrictions or pest sensitivity?)

Any special plant requirements not listed above? _____

Beneficial Insect Program: (cost charged to project)

Yes: _____ No: _____