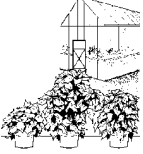


Greenhouse Space Request Form



Date of Request _____ Expected time frame _____ to _____

Estimated number of benches or square feet
 required _____

Principal Investigator _____ Department Affiliation _____

UC Status: Faculty Student Staff Post Doc

Other _____

Funding Type: Recharge Private Other _____

Funding Source: 1-(____ - ____)-____ - ____ - ____ - ____ Prg.
Proj. Flex Acct. Fund Org.

Please attach a synopsis of the purpose/goal of your research.

Contact Information

Office Room No. _____ Daytime Phone _____

Evening Phone _____ E-mail _____

Greenhouse Environmental Specifications

Watering instructions: _____

No fertilizers granular fertilizer
 fertilizer water

Pest Control Instructions: _____

Safe pesticides OK Predatory
 bugs OK

Optimal Temperature Range: Min _____ ° F Max _____ ° F

Max. flux allowable: ± _____ °F

Optimal Humidity Range: Min _____ %Rh Max _____ %Rh

Max. flux allowable: ± _____ %Rh

Soil conditions: Sterile Native/Introduced

Other _____

Contamination Susceptibilities: Cross-pollination Mycorrhizae spores

Fungal/Bacterial Heavy metals Other _____

Lights: Hours per day: _____ Times: _____

 PI Signature Date

 JGRG Committee Chair Signature Date