Please return form to

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: _____

Environmental Requirements:

a. Temperature (and range): _____ Day _____Night_____

b. Photoperiod: _____

Can pesticides be used? Yes____ No_____

Transgenic, invasive, or APHIS regulated material/pathogens

Will any project treatments occur in the greenhouse compartment? Yes____ No_____

Other Comments/Special needs

User Signature _____

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

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