

REQUEST FOR SPACE IN PLANT GROWTH FACILITY- Linnaeus Bld 134

DATE SUBMITTED		DATE REQUIRED	
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<i>Office use only</i>	Chamber No:
Space issued (m ²): / /	Date issued:
Induction completed <input type="checkbox"/>	Biological Safety records sighted <input type="checkbox"/>
OGTR Exempt / NLRD received: <input type="checkbox"/>	Training records sighted: <input type="checkbox"/>
AQIS Import / In vivo permit received: <input type="checkbox"/>	Training records sighted: <input type="checkbox"/>

* A separate Request form is required for each chamber and every change of user.

User name		Position	
Ph (w)		Ph (Ah/m)	
Email			
2nd contact		Position	
Ph (w)		Ph (Ah/m)	
Email			
Group		Supervisor	Ph (w)
Lab leader		Ph (w)	

I have read and will comply with the "User Responsibilities" guidelines on the Plant Services website

Project Title / Grant Title : _____

National Collaboration *Please circle : yes / no*

International Collaboration *Please circle : yes / no*

Industry collaboration *Please circle : yes / no*

Charge Code

Fund	Department	Project

Preferred Chamber <i>(does not guarantee availability)</i>	
Approximate space required (m²):	

ESTIMATED COMPLETION DATE	
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DETAILS OF EXPERIMENT

PLANT SPECIES TO BE GROWN: (include Genus, species and common names)	
Number and size of containers	
Expected size and height of plants	
Please provide a brief overview of your experiment	
Watering requirements	Automatic irrigation <input type="checkbox"/> None <input type="checkbox"/>

<i>If other, supply details</i>	
Will anything you work on require special practices for containment or decontamination (excluding AQIS and PC2)?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide details</i>

** If not enough space provide further detail on last page*

GROWTH CHAMBER RUNNING CONDITIONS

Under no circumstances are users to alter controller set points. This will result in your access being immediately removed.

Breakdown response required	Immediate <input type="checkbox"/>	Next day <input type="checkbox"/>	Next working day <input type="checkbox"/>
Contact researcher at critical times during the experiment for:	Not required <input type="checkbox"/>	Temperature <input type="checkbox"/>	Light <input type="checkbox"/> Humidity <input type="checkbox"/>

TEMPERATURE (° C)	Day		Night	
RELATIVE HUMIDITY (% RH)	Day		Night	

Day length (Hrs)		To start at (0000hrs)		Step/ramp time	
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Average light intensity to be maintained ($\mu\text{mol s}^{-1} \text{m}^{-2}$)	
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PLEASE NOTE: when lamp replacements are required, the lamps in your chamber will have to be turned off for a short period – please let staff know if this will pose problems with your experiment.

I will notify staff when chamber is temporarily empty or between experiments so lights and alarms can be turned off.

(Consider placing a request with PGF manager to clean chamber in between experiments)

CONTAINMENT DETAILS

OGTR

PC2 Conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IBC Dealing # (<i>attach copy</i>)	
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Will the work involve GM micro-organisms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, discuss requirements with Plant Growth Facility or Plant Services staff prior to commencing and provide details below

Approved disinfectant		Concentration		Duration	
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Researcher to undertake decontamination of research specific items and supply disinfectants

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AQIS

QUARANTINE Conditions - CLASS 5.2 Growth chamber	Yes <input type="checkbox"/>	No <input type="checkbox"/>
AQIS Import Permit number		
AQIS In-vivo approval number	n/a <input type="checkbox"/>	

*Supply copies of Import Permit and/or In-vivo approval

Approved disinfectant		Concentration		Duration	
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*** All items that have been in contact with or potentially contaminated with goods subject to quarantine must be disinfected or decontaminated by an AQIS approved method prior to being removed from these premises, record keeping and traceability must be maintained.**

Researcher to undertake decontamination and supply disinfectants, approved disinfectants can be found in the Plant Growth Facility Manual Folder or the AQIS website

*** It is a requirement of certification that users maintain a very high level of hygiene, good housekeeping and accurate records at all times.**

Please read before signing

***No plant material is to be brought into this Plant Growth Facility from anywhere else in RSB this includes the CEF or the RSB glasshouses.**

*All plant material must be inspected regularly for pests and diseases, at least twice weekly.

* A separate Request for Space form is required for each chamber and every change of user

*All sections must be completed; incomplete forms will not be processed

*Space cannot be sub-let to other Lab leaders or colleagues

*If you have PC2 or AQIS material ensure you have read and understand all the relevant documents

* Requests for soil, pots, changes to current arrangements must be lodged via the online workbooks.

*Any changes, queries or additional requests should be directed to Plant Growth Facility manager or Plant Services Staff via the online workbooks, HORTICULTURE, with at least 24 hours notice .

* Work requests lodged after 2pm Friday may not be acted upon until the following Monday

I have read and will comply with the "User Responsibilities" guidelines

There is a flat fee of \$100/week for NCRIS growth cabinets assigned to a specific person and project for a set number of weeks, running a specific environmental program. This is to encourage efficiency and because the demand is high for more precise environmental control for phenotyping. Please consider the use of the drying cupboards in the facility to dry plants and harvest seeds to save time and space in the growth chambers.

Additional information from page 1

I _____ (print name), will on a twice weekly basis inspect my plants and discuss their requirements with Plant Growth Facility manager or Plant Services staff.

_____ (signature)