**Greenhouse Hire**  **Do not use** this form **if imaging is required**

For questions about greenhouse hire at The Plant Accelerator® please contact

* [Evi Guidolin](mailto:eva.guidolin@adelaide.edu.au) on 08-8313 1137 regarding pricing and availability
* [Paul Jenkins](mailto:paul.jenkins@adelaide.edu.au) on 08-8313 0822 regarding environmental controls
* [Robin Hosking](mailto:robin.hosking@adelaide.edu.au) on 08-8313 0809 regarding horticultural needs (pots, soil, consumables)

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| **1. Customer Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name** (Lab Leader, Supervisor): | | | | | | | | | | | | | | | | | | |  | | | | | | | **Given Name:** | | | | | | | | | | |  | | | | | |
| **Title:** |  | | | | | | | **Email address:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** |  | | | | | | | | | | | **Mobile or Home:** | | | | | | | | | | | |  | | | | | | | | **Facsimile:** | | | | | | | | |  | |
| **Organisation:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **A.B.N.** | | | | | |  | | | | | | | |
| **Department:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical Address:**  Street / Suburb / State / Post Code / Country | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal Address:**  PO Box / Suburb / State / Post Code / Country | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Alternative Contact Person:*** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Email address:*** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Phone:*** | |  | | | | | | | | | | | | | ***Mobile:*** | | | | |  | | | | | | | | | | ***Facsimile:*** | | | | | | | | |  | | | |
| **2. Source of Funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source of funding for this project:** | | | | | | | | | | | | | | | | | | (e.g. ARC, GRDC) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please specify percentage of funding source:** | | | | | | | | | | | | | | | | | | | | | | Research: % | | | | | | | | | | | | Commercial: % | | | | | | | | |
| **Description of grant:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Collaborators on this project:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UoA Customers Only – Project Code:** | | | | | | | | | Bus.Unit | | | | | | | Account | | | | | Fund | | | | Dept .Id. | | Campus | | | | | | Project Code | | | | | | | | | |
| UNIAD | | | | | | | 3011 | | | | |  | | | |  | | 00 | | | | | |  | | | | | | | | | |
| **3. Project description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brief description of experiment (experimental objective and need): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Greenhouse Hire and Access (what kind of GH do you need / who needs access?)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Duration:** | | | |  | | | | | | | | | **Start date:** | | | | | | | |  | | | | | | | | | | **End date:** | | | | | | | | | | |  |
| **Preferred air-conditioning:** | | | | | | | | | | evaporative / refrigerated / either | | | | | | | | | | | | | | | | | | **GH size:** | | | | | | | | **S** (~24m2 ) / **M** (~48m2) / **L** (~72m2) | | | | | | |
| **GH type:** | | | Standard / Quarantine / Rice | | | | | | | | | | | | | | | | | | | | GH Room number (if known): | | | | | | | | | | | | | | | | |  | | |
| **Keys required:** | | | | | | Yes / No | | | | | **Other people who will need access to the greenhouse are:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name** | | | | | **Given Name** | | | | | | | | | **Email** | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | |
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| **Other requirements / additional information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **5. Plant Maintenance (what are you growing / what are your needs regarding soil and pots?)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who will grow the plants?** | | | | | | | | | | | | | | Customer / Plant Accelerator Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Plants / crop:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Variety:** | | | | |  | | | | | | | | | |
| **Crop duration:** | | | | | | |  | | | | | | | | | | | | | | | | | **Flowering time:** | | | | | | | | | | |  | | | | | | | |
| **Seed purity:** | | | | | | tested | | | | | not tested | | | | | | | | | good | | | poor (seed cleaning required) | | | | | | | | | | | | | | | | | | | |
| **Number of plants to be grown:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **No. of plants/pot:** | | | | | | | | |  | | | |
| **Number of seeds provided:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Age of seeds:** | | | | | | |  | | | | |
| **Condition in which seeds were stored:** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **% viability of your seeds?** | | | | | | | | | | | |  | | | | | | | | | If value cannot be provided, the reason for this must be given and an estimate of the expected viability must be provided. | | | | | | | | | | | | | | | | | | | | | |
| **Pots**: | | 90x180mm (olive) | | | | | | | | 100mm  squat square | | | | | | | 125mm | | | | | 150mm | | | | | 200mm | | | | | 250mm | | | | | 300mm | | | | Seedling trays | |
| **Soil** (please select) | | | Cocopeat soil (PRC) | | | | | | | | | | | | | | | | UC Mix | | | | Waikerie river sand | | | | | | | | | | | | | Peat/perlite mix  for Arabidopsis | | | | | | |
| **Other soil** (please specify) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fertiliser:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fertilising schedule:** | | | | | | | | | | | | | | | (time of application and frequency) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Watering (please specify):** | | | | | | | | | | | | | | | * **MON-FRI:** We will water the plants ourselves * **MON-FRI:** Plant Accelerator staff to water our plants\* * **SUNDAYS:** We will water the plants ourselves * **SUNDAYS:** Plant Accelerator staff to water our plants\*   ***\*****Additional costs apply for watering by Plant Accelerator staff* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Watering amount:** | | | | | | | | | | | | | | | * **To Field Capacity** * **Other (please specify):** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will your plants be arranged in a particular order?** | | | | | | | | | | | | | | | | | | | | | | | | | | YES or NO | | | | | | | | | | | | | | | | |
| **Other requirements / additional information:**  (e.g. seed treatment, vernalisation, nutrient specifications, growth regulations) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that pest and disease control will be carried out as required (no omissions). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Environmental settings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Notes regarding environmental settings:**   1. **Temperature:** If customers do not provide temperature information, the room default settings will apply: 15C night / 22C day. Precise temperature control will depend on room type. The system automatically sets a 24-hour SIN-shape temperature curve. 2. **Shades:** In general, shades are open during April and October, and closed from November to March. Please contact Paul Jenkins if you require different settings for your greenhouse shades. 3. **Roof vents:** To allow for optimal airflow in evaporative cooled greenhouses, the roof vents are automatically programmed by the BMS with vents closing during rain. Please contact Paul Jenkins if you require different settings. 4. **Sulphur pots:** All greenhouses are fitted with sulphur pots, which operate between midnight and 4am. Please contact Jenkins if you require different settings. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temperature day time** maximum: | | | | | | | | | | | | | | | | | | C° *(occurs at 2 pm each day)* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temperature night time** minimum: | | | | | | | | | | | | | | | | | | C° *(occurs at 2 am each day)* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional lighting:** | | | | | | | | | **NO** or **YES** *(if yes, please specify am and pm**hours for additional lighting)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AM:** | From: | | | am | | | | | | | | | To: | | | | | am | | | | | | | **PM:** | | | | From: | | | | | pm | | | | | | To: | | pm |
| **Humidity:** | | | | Is additive (above ambient) humidity required?  **NO** or **YES** *(if yes, please specify % RH)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **7. Are the Plants/Seeds Genetically Modified?** | | | No *(go to item 8.)* | Yes *(please fill in details below)* | | |
| **Please tick as appropriate:** | | | | | | |
| 🞎 | **A.** | Our NLRD includes The Plant Accelerator (Cert.3062/2010 and 3790/2014) as a facility and I have attached a copy for your records. | | | OGTR Id: |  |
| 🞎 | **B.** | The Accelerator (Cert.3062/2010 and 3790/2014) was not originally listed as an approved facility in our NLRD. I have attached a copy of  a) our NLRD, **and**  b) a letter stating that we have sought and gained approval from our Institutional Biosafety Committee (IBC) to have Cert.3062/2010 and 3790/2014 added to our existing NLRD. | | | OGTR Id: |  |
| 🞎 | **C.** | The Accelerator (Cert.3062/2010 and 3790/2014) was not originally listed in our NLRD. I have attached a copy of  a) the approval of our NLRD with the OGTR identifier on it, and  b) a letter stating that we have sought and gained approval from our Institutional Biosafety Committee (IBC) to have Cert.3062/2010 and 3790/2014 added to our existing NLRD. | | | OGTR Id: |  |
| I have attached copies of OGTR training of all users requiring access to the greenhouse as listed in item 4. | | | | | | |

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| **8. Imported Seeds/Quarantine Material?** | | | | No *(go to item 9.)* | | | Yes *(please fill in details below)* | |
| **Import permit number:** | |  | | | | **Expiry Date:** |  | |
| **I have attached a hardcopy of the import permit:** | | | | | Yes / No | | | |
| **QAP accredited persons responsible for this project are:** | | | | | | | | |
| **Family Name** | **Given Name** | | **Email** | | | | **Phone** | |
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| **I have attached copies of AQIS training of all users requiring access to the Quarantine area.** | | | | | | | | |
| **Quarantine entry number:** | |  | | | | **SARDI consignment no.:** | |  |
| **Note:** A logbook must be kept for all quarantine material (template available from Plant Accelerator Office) | | | | | | | | |

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| **9. Other Services** | | | |
| Harvesting / threshing: | |  | |
| Post seeds to my address: | |  | |
| Seed weighing: |  | | |
| Seed counting: |  | | |
| Seed drying: |  | | |
| Seed storage at Plant Accelerator until: | | |  |
| Other services (please specify): | | |  |