**Walk-In Rooms / Reach-In Chambers**  Conviron / Thermo Fisher Units

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1. Client 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: % | | | | | | | | | | | | | | | |
| **Brief description of grant:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grant ID:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CI’s ORCID ID:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Collaborators on this project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Industry relevance:**  Brief description on how your research relates to industry (how does your research output impact on industry?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UoA Customers Only – Project Code:** | | | | | | | | | | | | | | | | | | Bus.Unit | | | | | | | | | | | | | Account | | | | | | | | | | Fund | | | | | | | | Dept .Id. | | | | | | | | | Campus | | | | | | | Project Code | | | | | | | | | | | | | | | | | |
| UNIAD | | | | | | | | | | | | | 3011 | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |
| **3. Project description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brief description of experiment (experimental objective and need): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. 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) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other requirements / additional information** (e.g. seed treatment, vernalisation, growth regulations, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that pest and disease control will be carried out as required (no omissions). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Walk-In Room / Reach-In Chamber (what kind of room do you need?)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Duration:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Start date:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **End date:** | | | | | | | | | | | | | | | | | |  | |
| **Type of room / chamber** (please see page 3 for details): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | BDW80 – BDW120 – PGC20 – Shelf in MTPS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Room / Chamber number** (if known): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PC2?** | | | | | | | | | Yes / No | | |
| **6. Environmental Conditions – Please specify required settings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature, lighting, humidity and CO2 profiles can be pre-programmed (up to 48 time lines / settings per day can be selected). Please specify below or discuss with Richard Norrish (08 - 8313 0822).  **Note:** The actual unit performance may differ from the programmed settings. For information on how to view growth room performance and the impact of light vs temperature settings, please visit our [website](http://www.plantphenomics.org.au/services/growthroom/). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temperature Settings** (specifications on page 3):   * Max. Day Time Temperature: * Min. Night Time Temperature: * Day Length in Hours: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lighting** (specifications on page 3):   * Max. Light Day: * Day Length in Hours: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Humidity** max. 80% (lights on) or 90%(lights off): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CO2** (max.3,000 ppm): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Plant Maintenance and Facility Access** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you wish to do your own watering?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO (Additional costs apply for watering by Plant Accelerator staff) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will your plants be arranged in a particular order?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | Yes: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Are the Plants/Seeds Genetically Modified?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No (go to item 7.) | | | | | | | | | | | | | | | | | Yes (please fill in details below) | | | | | | | | | | |
| **Please tick as appropriate:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | **A.** | | Our NLRD includes The Plant Accelerator (Cert.3062/2010) as a facility and I have attached a copy for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OGTR Id: | | | | | | |  |
| 🞎 | **B.** | | The Accelerator (Cert.3062/2010) 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 added to our existing NLRD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OGTR Id: | | | | | | |  |
| 🞎 | **C.** | | The Accelerator (Cert.3062/2010) 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 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 5. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **9. Do you require Plant Accelerator Staff to provide 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): | | |  |

**Please return the facility booking sheet by email to** [helli.meinecke@adelaide.edu.au](mailto:helli.meinecke@adelaide.edu.au)

**UNIT SPECIFICATIONS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF ROOM** | | **Type** | **Growth  area in m2** | **Lighting  μmol/ m2/s** | **Temperature  lights OFF** | **Temperature  lights ON** |
| **PC2 BDW80** | | walk-in room | 7.5 | 220 (min) 1,100 (max) | +4oC to +40oC | +10oC to +40oC |
| **PC2 BDW120** | | walk-in room | 11.3 | 220 (min) 1,100 (max) | +4oC to +44oC | +10oC to +44oC |
| **PC2 MTPS216** | | **Long day** room | max 19.9 | min 55 max 275 | +10oC to +40oC | +10oC to +35oC |
| **PC2** MTPS **Shelf** | | **Long day** room | shelf (1.0) | as above | as above | as above |
| **PC2 MTPS216** | | **Short day** room | max 19.9 | min 55 max 275 | +10oC to +40oC | +10oC to +35oC |
| **PC2** MTPS **Shelf** | | **Short day** room | shelf (1.0) | as above | as above | as above |
| **PC2 PGC20** | | reach-in chamber | 1.8 | 220 (min) 1,000 (max) | +4oC to +40oC | +10oC to +40oC |
| **Non-PC2** **BDW120** | | walk-in room | 11.3 | 220 (min) 1,100 (max) | +4oC to +44oC | +10oC to +44oC |
| **Non-PC2 PGC20** | | reach-in chamber | 1.9 | 220 (min) 1,000 (max) | +4oC to +40oC | +10oC to +40oC |
| **HUMIDITY:** | All units have additive humidity up to 80% (lights on) or 90% (lights off). | | | | | |
| **CO2:** | Some units have additive CO2 up to 3,000 ppm. | | | | | |
| **Cooling:** | All units have refrigerated cooling. | | | | | |
| **Power:** | The walk-in rooms have 240 volt outlets. These are not programmable via the Central Management System; however, external timers may be used to turn equipment on/off as required. | | | | | |

