



College of Agriculture and Bioresources Controlled Environment Facility
PROGRAM CHANGE FORM

CHAMBER NUMBER: _____

DATE OF IMPLEMENTATION: M _____ /D _____ /Y _____.

TEMPERATURE: DAY: _____ °C

NIGHT: _____ °C

PHOTOPERIOD DAY LENGTH: _____

NIGHT LENGTH: _____

LIGHT LEVEL REQUIRED:

GR CHAMBER (WHITE CHAMBERS) [] OFF [] 1/3 [] 2/3 [] FULL

PG CHAMBER (GREEN CHAMBERS) [] OFF [] 1/4 [] 1/2 [] 3/4 [] FULL

RELATIVE HUMIDITY: DAY: _____ %

NIGHT: _____ %

*** THE HUMIDIFICATION FEATURE IS ONLY AVAILABLE IN THE PG CHAMBERS

*** DEHUMIDIFICATION IS AVAILABLE IN SELECTED CHAMBERS

OTHER REQUESTS: _____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____