



UNIVERSITY OF SASKATCHEWAN

University of Saskatchewan Insect Research Facility (USIRF)

Reservation Form

Faculty Member Name or External Contact:	Work Phone:
Email:	Cell Phone:
Alternative Contact:	Alternative Contact Work Phone:
Alternative Contact Email:	Alternative Contact Cell Phone:
USASK CFOAPAL:	Nature of Project:
** If for Teaching Purposes, list course number and student name:	

Select your department:

Plant Science: College of Agriculture: USask (non-AG): Off-campus:

Chamber Type:

G1000 Reach-in chamber(s):

Walk-in chamber(s):

Quantity: _____

Quantity: _____

Chamber Information and Conditions:

Research Intent and Project Description:
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Indicate regulatory status of insect(s)/pathogen(s):	
Non-regulated: <input type="checkbox"/> CFIA-regulated: <input type="checkbox"/> CFIA-regulated (USIRF-approved use): <input type="checkbox"/>	
Pathogen(s): Scientific/Common name.	
Insect(s): Scientific/Common name.	
Crop(s): Scientific/Common name.	
Start and end date:	
Photoperiod (°C): Day/night hours required.	
Light Intensity (%):	
Humidity Control (%):	
Height needed for plants/cages ("):	
Additional Comments:	

Date: _____

Signature: _____

Printed Name: _____

Office Use Only:

CFIA Approval Status:	Chamber Quantities and duration provided with rental availability:	Chamber Names:
Additional Notes:		

Date: _____

USIRF Staff Signature: _____

USIRF Staff Printed Name: _____