UNIVERSITY OF SASKATCHEWAN

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: _____

NIR (Near-Infared Light during Photoperiod) **On [ ]** **Off [ ]**

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 AVALABLE IN THE PG CHAMBERS**
***** DEHUMIDIFICATION IS AVAILABLE IN SELECTED CHAMBERS**

OTHER REQUESTS: _____

_____

_____

_____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____