

HATFIELD MARINE SCIENCE CENTER

TEMPORARY RESEARCH SPACE REQUEST FORM

(Request for scheduling - submit to Cinamon Moffett at cinamon.moffett@oregonstate.edu)

Name: _____ Today's Date: _____
Institution: _____ Course/Research Group: _____
Address: _____
Phone: _____ Email: _____
Emergency Contact & Phone: _____
Associated Investigator/Faculty Advisor/Instructor: _____

FACILITIES REQUESTED:

- | | |
|-----------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Outdoor tank space | <input type="checkbox"/> Dry lab space |
| <input type="checkbox"/> Covered outdoor tank space | <input type="checkbox"/> Wet lab space |
| <input type="checkbox"/> Indoor tank space | <input type="checkbox"/> Cold room |
| <input type="checkbox"/> Other | <input type="checkbox"/> Freezer space |

If other: description of facilities requested:

- | |
|---------------------------------------------|
| <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> Graduate Student |
| <input type="checkbox"/> Postdoc/Researcher |
| <input type="checkbox"/> Faculty/Instructor |
| <input type="checkbox"/> Visitor/Guest |

Period of Use: (List start date and end date. Provide alternative periods of use, if possible.) _____

Purpose: **Attach Proposal Summary** (Briefly describe the purpose of the proposed space use (1page Maximum). Include: any chemicals or equipment that will be used, if tank space requested- tank dimensions, name of research species, collection site, food type, water needs: gallons per min, flow through or confinement, and any alteration of the effluent such as temp, pH....)

Special Requirements: (for example: laboratory bench space, equipment needs i.e. heat pumps, blackout curtains, DMX lighting system, Wi-Fi access..., hazardous chemical use, afterhours access)

of Users: _____

HMSC Office Use Only

- | | | |
|--------------------------------------------|------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Director's Office | <input type="checkbox"/> Jim Lewis, Facilities | <input type="checkbox"/> David Applegate, Saltwater System |
|--------------------------------------------|------------------------------------------------|------------------------------------------------------------|