

**HEAD OFFICE**

CONTROLLED ENVIRONMENTS LTD
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PROJECT QUESTIONNAIRE

Please complete all information

NAME: _____

POSITION/TITLE: _____

INSTITUTE/COMPANY: _____

MAILING ADDRESS: _____

INSTALLATION ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

EMAIL: _____

WEBSITE: _____

1.0 YOUR RESEARCH

1.1 Present research involves? _____

1.2 Future research will involve? _____

1.3 What types of testing will be conducted? _____

1.4 How long will a specific environment be maintained? _____

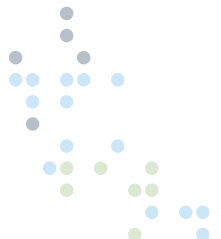
1.5 Types of plants: _____

1.6 Please describe how you move material into and out of the controlled environment and what type of container the material is in: _____

2.0 ENVIRONMENTAL CONDITIONS TO BE MAINTAINED

2.1 Minimum temperature required with lights on: _____, lights off: _____

2.2 Maximum temperature required with lights on: _____, lights off: _____



2.3 If operating below 5°C, for how long? _____

2.4 What uniformity of temperature is required for your work? Uniformity is normally defined on a horizontal plane through the conditioned area. The higher the uniformity the greater the cost.

2.5 What is the ambient conditions surrounding the room?

Temperature? _____

RH? _____

2.6 Is the ambient condition surrounding the room a conditioned space? If yes, then:

Temperature? _____

RH? _____

2.7 Minimum relative humidity required? If so, indicate what percentage: _____

2.8 Maximum relative humidity required? If so, indicate what percentage: _____

2.9 Do you require special considerations for air quality? Yes No

2.10 Do you require filtration for insects? (This implies screening air inlets and outlets) Yes No

If yes to above, what kind of insects? _____

Size of insects? _____

2.11 Do you require CO₂ control? Yes No

If yes to above, what range: _____

2.12 What maximum light intensity do you require? _____

At what distance from the lamp: _____

2.13 Do you have a preference on the source of light used? Yes No

If yes, please advise what it is: _____

Barrier or open lamp canopy? _____

2.14 How many levels of light control do you require? _____



2.15 Air flow direction? _____

2.16 Systems for automated watering required? _____

3.0 ROOM SIZE

3.1 Reach-in or walk-in design? _____

3.2 Growth area required? _____

3.3 Growth height? _____

3.4 Interior dimensions required? Please provide width, length, & height? _____

3.5 What installation space is available for the chamber/room? Provide measurements with a sketch if possible: _____

3.6 Do you require shelving in the chamber/room? If so, please indicate size of shelves and number of tiers: _____

3.7 Number of size of pots per experiment: _____

4.0 BUILDING SERVICES

Please advise if these services are available, and what their specifications are:

a) Electrical? _____

b) Cooling tower water? _____

What temperature? _____

c) Chilled water? _____

What temperature? _____

d) Demineralized water? _____

e) Drains? _____

f) Compressed air? _____

g) Building alarm? _____

h) Any site restrictions? _____



5.0 PROJECT DETAILS

5.1 When do you require the equipment? (day/month/year) _____

5.2 Is there a budget set? Yes No

What is the value? _____

5.3 Would you like installation provided by Conviron? Yes No

If yes, please which option:

Complete installation including receiving, off-loading, installation, test and training.

Supervision only.

Other _____

6.0 OTHER COMMENTS

