

FIELD ID NO: \_\_\_\_\_

### FIELD DATA BOOK REVISIONS FOR TRIAL YEAR 2022

Revisions are made in response to suggestions made by Field Cooperators, Regional Field Coordinators, Quality Assurance professionals, Study Directors, and EPA Auditors. They are intended to prompt for additional information where needed, to reduce misunderstandings of the data prompts, and to facilitate the transcription of the data into final reports.

|              |  |
|--------------|--|
| Instructions | Field ID Number is now required on all pages.<br>The insertion of a page number does not require initials/date to be entered on that page.<br>(Some revised or additional pages have been initialed/dated; this is unnecessary.)   |
| 2A           | Deleted entry space for Field Research Director's fax number.  |
| 5E           | IF USDA SOIL CONSERVATION SERVICE DATA <u>IS USED</u> BUT NOT INCLUDED IN THE FIELD DATA BOOK: DATA WERE VERIFIED BY: (print name of someone other than the transcriber)<br>"IS USED" has been added to this prompt, to indicate that verification is needed only for soil data that is not included in the Field Data Book. The use of soil test results that are inserted in the Field Data Book eliminates the need for verification. |
| 6P           | New designation for phytotoxicity rating form, to use if required in Part 15 of the protocol. This form was called 6K2 in 2021, and its use was required via protocol amendment in some trials. In 2022, it is expected that this will be required only in trials conducted in California.   |
| 8C           | Deleted "(Paginate if a copy of the completed form is received from the analytical laboratory.)". This page should always be paginated.  |



FIELD ID NO: \_\_\_\_\_  
IR-4 FIELD DATA BOOK

**PART 2. PERSONNEL INVOLVED IN TRIAL**

**A. IDENTIFICATION OF INDIVIDUALS**

*INSTRUCTIONS: Complete this form to document the Field Research Director and other personnel involved in the trial. Also include all individuals who entered data and/or worked on critical phases of this trial. General field workers, seasonal assistants who have been instructed to perform specific (non-data entry) tasks, and Quality Assurance Unit personnel should not be included. Upon completion of this section participants may use their initials to verify data. **Original signatures and initials are preferred on this page, but a true copy is acceptable.***

**FIELD RESEARCH DIRECTOR**

NAME (print): \_\_\_\_\_  
AFFILIATION: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE or PROVINCE: \_\_\_\_\_ ZIP (Postal Code): \_\_\_\_\_  
TELEPHONE: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
INITIALS: \_\_\_\_\_

**OTHER TRIAL PERSONNEL**

| <u>PRINT NAME</u> | <u>SIGNATURE</u> | <u>INITIALS</u> | <u>DATE</u> |
|-------------------|------------------|-----------------|-------------|
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |

PART 2 PAGE \_\_\_\_

Trial Year 2022

Total number of pages in this section at initial pagination: \_\_\_\_\_

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"

THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

FIELD ID NO: \_\_\_\_\_

## IR-4 FIELD DATA BOOK

### PART 5. TRIAL SITE INFORMATION:

#### E. SITE AND SOIL INFORMATION CHARACTERISTICS (formerly 5D)

*INSTRUCTIONS: Furnish soil description and classification information for the plot area. This information can be transcribed from USDA Soil Conservation Service soil maps or via soil sampling and laboratory analysis of the soil. If USDA Soil Conservation Service data is used, a copy may be stored in your facility file and transcribed data should be verified on this page, or copies may be placed behind this page. If soil analysis is used, place the original or true copy behind this page.*

|   |  |      |  |   |  |      |  |
|---|--|------|--|---|--|------|--|
| SITE IDENTIFIER   |  |      |  |   |  |      |  |
| SOIL TEXTURE/TYPE (e.g., sandy loam)                            |  |      |  |   |  |      |  |
| <i>The following may be entered as single values or ranges:</i> |  |      |  |   |  |      |  |
| SOIL TEXTURE PERCENTAGES  |  | SAND |  | SILT  |  | CLAY |  |
| ORGANIC MATTER %  |  | pH   |  | CATION EXCHANGE CAPACITY (CEC) in meq/100 g |  |      |  |

IF USDA SOIL CONSERVATION SERVICE DATA **IS USED** BUT NOT INCLUDED IN THE FIELD DATA BOOK:

DATA WERE VERIFIED BY: \_\_\_\_\_  
(Print name above of someone other than transcriber)

IS THIS A GREENHOUSE TRIAL USING NON-SOIL GROWING MEDIA? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, INCLUDE A LIST OF INGREDIENTS (supporting information may be inserted): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF SOIL ANALYSIS IS PERFORMED, COMPLETE THE FOLLOWING AND INSERT THE ORIGINAL OR CERTIFIED TRUE COPY OF THE SOIL CHARACTERIZATION REPORT DIRECTLY FOLLOWING THIS PAGE.**

SOIL SAMPLE DATE \_\_\_\_\_ PERFORMED BY \_\_\_\_\_ SOP UTILIZED \_\_\_\_\_

WAS SOIL SAMPLING REPRESENTATIVE OF SITE? (Check one) YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO IS CHECKED, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS OF LABORATORY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PART 5 PAGE \_\_\_\_

Trial Year 2022

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"  
THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

FIELD ID NO: \_\_\_\_\_

## IR-4 FIELD DATA BOOK

### PART 6. APPLICATION RECORDS

P. PHYTOTOXICITY RATINGS (use this form if required by the protocol)

|   |                                      |
|---|--------------------------------------|
| Pesticide/Crop:                                 |                                      |
| Date of Phytotoxicity Assessment:               |                                      |
| Date of most recent test substance application: |                                      |
| Trt 01 Plot Phytotoxicity Rating (check one):   | 0____ 1____ 2____ 3____ 4____        |
| Trt 02 Plot Phytotoxicity Rating (check one):   | 0____ 1____ 2____ 3____ 4____        |
| Trt 03 Plot Phytotoxicity Rating (check one):   | 0____ 1____ 2____ 3____ 4____ NA____ |
| Trt 04 Plot Phytotoxicity Rating (check one):   | 0____ 1____ 2____ 3____ 4____ NA____ |

Describe symptoms of phytotoxicity<sup>1</sup> and severity seen in plots with a rating of 1 or higher:

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<sup>1</sup>The description should indicate the severity of the damage and whether the damage is (for example): chlorosis, necrosis, stunting, growth changes, or lack of emergence. Attach an extra sheet if necessary.

- Assess phytotoxicity in the plot(s) at 7-14 days after each application of the test substance, using the damage scale indicated below. If an application interval is less than 7 days, then the assessment may be done at the next application date. The untreated plot should be assessed on each date that any treated plot is assessed.
- If the crop is to be harvested/sampled within 14 days of the last application, then make the assessment on the day of harvest.
- The rating is understood to be an assessment of the damage throughout the entire plot
- If a rating of 1 or higher is given to a plot, then a follow-up rating is needed 7-14 days after that, even if there is no additional test substance application in the interim, unless this rating is given to the crop at harvest.
- If an SOP for phytotoxicity ratings is in place, then this data may be considered GLP; otherwise, it should be noted in the Compliance Statement as non-GLP.

#### Scale

- 0 = no damage seen in the plot
- 1 = damage in ≤10% of the plot
- 2 = damage in 11-25% of the plot
- 3 = damage in 26-50% of the plot
- 4 = damage in >50% of the plot

ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

|  |  |   |            |
|--|--|---|------------|
| IR-4 PROJECT   |  | PART 8C: SAMPLE ARRIVAL CHECK SHEET           |            |
| <p><b>Note to Field or Processing Personnel:</b> Place a copy <u>of this blank form</u> inside each of the sample boxes before shipment. If a copy of the completed form is received back from the laboratory prior to completion of the Field Data Book, then insert the form in the appropriate area of Part 8.</p>  |  |   |            |
| <p><b>This form should be completed by the Laboratory Personnel, unless a similar form kept at the laboratory is used instead.</b> Complete all blanks in this form that apply to these samples. Keep this form and any accompanying shipping forms, such as Federal Express receipts and field cooperator's residue sample shipping forms, in the raw data file for this study. <b><u>Mail or e-mail a copy to the Field Research Director, the Regional Field Coordinator and the Study Director.</u></b> If multiple boxes from one trial are received, each with a copy of this form, then it is only necessary to complete one form for all of the samples.</p> |  |   |            |
| Laboratory ID# (from Protocol Part 24 or amendment):   |  |   |            |
| Chemical:  |  | Commodity:                                    |            |
| Field Trial ID# (format is 00000.YY-XX##):   |  |   |            |
| Shipper: [ ] ACDS [ ] Federal Express [ ] Other:   |  |   |            |
| Shipping Reference#:   |  |   | # Boxes:   |
| Date Received:   |  | Rec'd by (print name):                        |            |
| <b>A. CONDITION OF SAMPLES</b> (check all that apply)  |  |   |            |
| [ ] Frozen   | [ ] Dry Ice Present  | [ ] Fresh, Never Frozen                       |            |
| [ ] Thawed   | [ ] Sample Bags Intact   | [ ] Sample Bags Not Intact and Contents Mixed |            |
| <b>B. FORM OF SAMPLES AS RECEIVED</b>  |  | Matrix (e.g., roots, leaves):                 |            |
| [ ] Whole  | [ ] Halved or Quartered  | [ ] Sliced                                    | [ ] Other: |
| <b>C. RESIDUE SAMPLE CHAIN OF CUSTODY FORM</b>   |  | Received with Samples: [ ] Yes [ ] No         |            |
| <i>Please note any apparent missing samples or protocol deviations in Section E.</i>   |  |   |            |
| <b>D. SAMPLE LOG</b>   | Project Listed on the Laboratory's Master Schedule: [ ] Yes [ ] No |   |            |
| Lab Numbers Assigned:  |  | Date:   |            |
| <b>E. COMMENTS:</b>  |  |   |            |
| Signature/Date of person filling out this form:  |  |   |            |