FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 4. TEST SUBSTANCE RECORDS

A. RECEIPT, STORAGE AND DISPOSITION OF TEST SUBSTANCE (TS)--*INSTRUCTIONS: Complete a separate form for **each different** batch/lot of test substance that has been received.*

PLEASE INSERT THE SHIPPING DOCUMENTS AND COA FOR TS AND ADJUVANT LABEL AFTER PART 4F.

NAME OF TEST SUBSTANCE ON CONTAINER LABEL *E.g. Darnitall 2 EC or GroundUp or XYZ8-0.*			
BATCH/LOT NO.		DATE OF RECEIPT	
Provide the batch/lot number of the test substance as it appears on the test material container label		TEST SUBSTANCE EXPIRATION DATE	
Do not assign an expiration date if none is provided with the test substance—contact the Study Director.			
SOURCE OF EXPIRATION DATE			
Note the source of the expiration date of the test substance (e.g., expiration date noted on test material container label, expiration date listed on documentation provided by manufacturer, expiration date obtained by IR-4 Headquarters) **Contact the Study Director if the anticipated last application date is after the expiration date of the test substance.**			
WILL THE TEST SUBSTANCE EXPIRE BEFORE THE ANTICIPATED LAST APPLICATION DATE? *If yes, contact the Study Director immediately.*		YES____ NO____	

GLP STATUS KNOWN AT TIME OF RECEIPT *(Check YES if the documentation provided by the manufacturer or information on the test material container claims that the test substance has been characterized per GLP requirements. If NO is checked, contact the Study Director.)*		YES____ NO____	
IF "NO", ENTER DATE THAT STUDY DIRECTOR WAS INFORMED			
IF "YES", SOURCE OF GLP STATUS INFORMATION			
Label, shipping form, etc. Insert Certificate of Analysis (COA) in FDB Part 4 (if a COA has been received).			
CARRIER/TRACKING NO. *E.g. UPS/ABCDE12K0601601993*			
INDIVIDUAL WHO RECEIVED TEST SUBSTANCE			
APPROXIMATE AMOUNT RECEIVED		NUMBER OF CONTAINERS	
CONTAINER DESCRIPTION (*glass bottles, water soluble packets, etc.*)			
CONDITION OF CONTAINER ON ARRIVAL *(intact, bags broken, etc.)*			

WAS THE TEST SUBSTANCE HELD TEMPORARILY* IN ANOTHER LOCATION PRIOR TO TRANSFER TO ITS LONG-TERM STORAGE LOCATION DURING THE FIELD TRIAL?		YES____ NO____	
**Temperature monitoring should begin within 2 days of receipt of the test substance by the Field Research Director or the designated person responsible for receiving it, regardless of where the test substance is held or stored.*			
IF YES, ENTER LOCATION			
DATES		ESTIMATED TEMPERATURE prior to monitoring	

ABOVE DATA ENTERED BY: _____ *DATE:* _____

Total number of pages in this section at initial pagination: ____ **(Paginate labels/SDS as belonging to Part 4)**

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THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. _____ INITIALS _____DATE_____

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 4. TEST SUBSTANCE RECORDS

B. USE LOG

*INSTRUCTIONS: Complete a separate form for **each different** container of test substance used. Insert records on form or provide equivalent information. Indicate use of the stated container of the test substance by recording the dates that test substance was removed, the amount of test substance removed on each date, the purpose of the use (**include trial ID# for all uses on IR-4 studies**), and the initials of the individual responsible for the removal. If test substance is removed for application to more than one plot (in this trial or in separate trials), list separately the amount of test substance removed for each plot.*

NAME OF TEST SUBSTANCE ON CONTAINER LABEL _____

BATCH/LOT NUMBER _____ CONTAINER ID_____

DESCRIPTION OF TEST SUBSTANCE_____

(E.g. brown liquid, white powder. Note any unusual characteristics or changes here.)

ABOVE DATA ENTERED BY: _____ DATE: _____

DATE REMOVED	AMOUNT (*UNITS)* REMOVED	PURPOSE (include trial ID#) *[E.g. apply treatments, used in other research, etc.]*	INITIALS/DATE

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IR-4 FIELD DATA BOOK

PART 4. TEST SUBSTANCE RECORDS

C. DISPOSITION OF TEST SUBSTANCE CONTAINERS

INSTRUCTIONS: Complete the appropriate part (PART 1, PART 2 or PART 3) that best explains the disposition of the test substance containers after the completion of applications for the trial or provide equivalent information. Line-out the parts that do not apply to this trial.

PLEASE NOTE: **Test substance containers may not be discarded without prior approval from the Study Director or confirmation that the study has been completed (final report signed by the Study Director) or cancelled. Field Research Directors may contact the Study Director or their Regional Field Coordinator to determine if a waiver from EPA permits proper test substance container disposal, or regarding completion of the final study report (study completion confirmation can also be determined from an IR-4 database search using the "Test Substance Container Disposal Approval" link). Alternatively, some registrants will archive the test substance container(s).**

.....

PART 1

If the container(s) were shipped and are no longer in the Field Research Director's possession, enter the information requested below. ***A chain of custody form should be included in the shipment. The Field Research Director may use a form on the letterhead of his/her facility, or the Test Substance Chain of Custody Form on the IR-4 website under Food Crop Researcher Resources/Field Data Book.***

SHIPPED CONTAINERS TO (Name and Address) _____

_____

DATE SHIPPED_____CARRIER _____BILL OF LADING NO._____

SHIPPED BY_____

.....

PART 2

If the containers will remain in the possession of the Field Research Director, indicate location where the containers are stored.

STORING CONTAINERS AT:

_____

_____

.....

PART 3

If containers were not handled by any of the above methods briefly explain how they were handled.

_____

_____

_____

_____

_____

ABOVE DATA ENTERED BY: _____ *DATE:* _____

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FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 4. TEST SUBSTANCE RECORDS

D. IDENTIFICATION AND RECEIPT OF ADJUVANTS

NOTE: The use of adjuvants with the test substance must be approved in the protocol or in a protocol amendment. Adjuvants are considered to be reagents, not test substances. Place a copy of the label after the green divider in Part 4.

NAME OF THE ADJUVANT ON CONTAINER LABEL	

TYPE OF ADJUVANT (check one or specify other)**:**	CROP OIL CONCENTRATE	
	METHYLATED SEED OIL	
	METHYLATED SPRAY OIL	
	NONIONIC SURFACTANT (NON-SILICONE)	
	SILICONE SURFACTANT	
	VEGETABLE OIL	
	OTHER:	

DATE OF RECEIPT	
RECEIVED BY	
DOES THE ADJUVANT HAVE A BATCH OR LOT NUMBER?	YES_____ NO_____
IF YES, ENTER THE BATCH/LOT NO.	
EXPIRATION DATE	
WAS THE EXPIRATION DATE ASSIGNED BY FIELD PERSONNEL?	YES_____ NO_____
AMOUNT RECEIVED	
SOP UTILIZED	

CONTAINER DESCRIPTION *(e.g. glass bottles)*	
CONDITION ON ARRIVAL *(e.g. good, bags broken, etc.)*	
ADJUVANT STORAGE LOCATION	

ARE THE FOLLOWING ITEMS GLP COMPLIANT?	YES	NO
Date of receipt of ADJUVANT at field facility is recorded (usually the purchase date)		
Identity and concentration of ADJUVANT is indicated on the adjuvant label		
Recommended storage conditions are listed on ADJUVANT label or SDS		
Expiration date of ADJUVANT has been assigned by manufacturer or field personnel		

ABOVE DATA ENTERED BY: _____ *DATE:* _____

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FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 4. TEST SUBSTANCE RECORDS

E. CHEMICAL STORAGE BUILDING TEMPERATURE LOG

INSTRUCTIONS: Use this (or an equivalent) form when chemical storage building temperatures are taken manually. For each day that temperatures are taken, directly record the date, the minimum and maximum air temperature, the degree units (°F or °C) and provide the initials of the person entering the data. When temperature records are monitored automatically, the original or certified true copy of the data must be placed in the Field Data Book.

STORAGE LOCATION: _____

Provide the location (building name, cabinet numbers, etc.) where the test substance is being stored during the trial.

UNIQUE IDENTIFIER FOR TEMPERATURE RECORDER: _____

Enter Temperature Recorder ID—may be make/model/serial# or assigned identifier.

DATE	TEMP MIN/MAX	INITIALS	DATE	TEMP. MIN/MAX	INITIALS	DATE	TEMP MIN/MAX	INITIALS

Please enter the overall minimum and maximum <u>storage</u> temperatures below, even if temperature printouts are inserted. The overall min/max temperatures should <u>not</u> include temperatures during transportation between storage and field. If there are two or more test substances (or separate shipments of test substance), then enter separate min/max temperatures below for each one, depending on the dates of receipt and application.

Test Substance 1:	
Minimum test substance storage temperature between receipt and last application in this trial:	
Maximum test substance storage temperature between receipt and last application in this trial:	
Test Substance 2:	
Minimum test substance storage temperature between receipt and last application in this trial:	
Maximum test substance storage temperature between receipt and last application in this trial:	

Unless otherwise noted above, all temperature units are in (Check one): °C_____ °F_____

Above data entered by: _____*Date* _____

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IR-4 FIELD DATA BOOK

PART 4. TEST SUBSTANCE RECORDS

F. BALANCE CALIBRATION CHECK (OPTIONAL)

If this form is not needed, it may be removed from the Field Data Book before pagination.
Indicate the removal in the Optional Pages Removed table on Page 6 of the Instructions section with initials and date.

INSTRUCTIONS: Complete this form or provide equivalent information when the test substance is a dry formulation. Check balance calibration by weighing standard weights that bracket the desired measurement. Record: date(s) that the balance calibration was checked, the standard weights, and the results. In addition, provide dates and a brief description of maintenance and repair work completed on the balance relevant to the trial. Be sure to initial all entries.

MAKE, MODEL, SERIAL NUMBER OR ASSIGNED IDENTIFIER: _____

UNITS MEASURED_____

Date	Stated Wt.	Recorded Wt.	Stated Wt.	Recorded Wt.	Initials

Stated Wt. = Stated mass of the standard weight(s) used in the calibration check
If more than one weight is used to attain the standard weight, indicate on the lines below the individual weights.
Recorded Wt. = Actual recorded mass of the standard weight(s)

RECORD DATES AND BRIEF DESCRIPTION OF ANY CALIBRATION, MAINTENANCE AND REPAIR WORK DONE ON BALANCE

_____

_____

_____

_____

_____

_____

_____

ABOVE DATA ENTERED BY: _____ *DATE:* _____

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