

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 9. WEATHER AND IRRIGATION RECORDS

A. DAILY FIELD TRIAL WEATHER RECORDS

*INSTRUCTIONS: Document field trial weather records by manually collecting information or by providing computer generated records. Weather records are required from the date of planting or transplanting of annual crops into the test plot(s), or for a minimum of one month prior to the first application onto perennial crops, until last residue sample collection. If the protocol requires that transplants are treated with the test substance prior to transplanting, then weather records are required from the date of seeding. If transplants are used for an IR-4 trial but no test substance applications are made prior to the transplanting, then temperature/humidity records are NOT required for the period prior to transplanting. Weather records that are collected manually must be recorded directly on this (or equivalent) forms daily. Document computer generated weather data by placing the original or true copy of the data printout directly behind this page. Whether manually recorded or computer-generated, please indicate the approximate time of day that weather data were collected. Be sure to date and initial all entries. **Greenhouse Trials:** Document daily min/max temperatures and daily min/max humidity.*

MONTH _____

Date/Initials	Air Temp. Min/Max	Rainfall	Irrigation	Date/Initials	Air Temp. Min/Max	Rainfall	Irrigation
1 /				17/			
2/				18/			
3/				19/			
4/				20/			
5/				21/			
6/				22/			
7/				23/			
8/				24/			
9/				25/			
10/				26/			
11/				27/			
12/				28/			
13/				29/			
14/				30/			
15/				31/			
16/							

TEMPERATURE UNITS: °F___ °C___ (Check one) MOISTURE UNITS: CM___ Inches___ (Check one)

APPROXIMATE TIME OF DAY THAT WEATHER DATA WERE COLLECTED _____

LOCATION AND AFFILIATION OF WEATHER STATION _____

Provide the location (nearest town) and affiliation (on-site, NOAA, state, etc.) of the weather station(s) from which meteorological data are obtained.

ESTIMATED DISTANCE FROM METEOROLOGICAL STATION TO FIELD TRIAL SITE _____

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 9 PAGE ____

Trial Year 2024

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 _____

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PART 9. WEATHER AND IRRIGATION RECORDS

B. ADDITIONAL METEOROLOGICAL INFORMATION

WERE THE TEST PLOTS IRRIGATED? (*Check one*) YES _____ NO _____

TYPE OF IRRIGATION (e.g., drip, flood, overhead sprinkler) _____

IRRIGATION WATER SOURCE (e.g., canal, well) _____

IF THE TEST PLOTS WERE IRRIGATED, DESCRIBE HOW THE DAILY AMOUNTS WERE DETERMINED:

IF IRRIGATION DATA ARE PLACED IN THIS FIELD DATA BOOK IN A SECTION OTHER THAN PART 9*,

INDICATE HERE THE PART AND PAGE NUMBERS WHERE THE DATA ARE FOUND: PART _____ PAGES _____

**Excluding the "first irrigation after application" entries in Part 6.*

WAS WEATHER NORMAL? (*Check one*) YES _____ NO _____

Make an assessment as to whether precipitation and temperatures are within the normal range that is experienced in the location of the field trial.

WERE THERE ANY SEVERE WEATHER EVENTS DURING THE TRIAL? (*Check one*) YES _____ NO _____

Severe weather events include damaging hail, hard frosts, tropical storms, excessive rain and unusually prolonged or high winds, even if such events are not considered unusual in the location of the trial.

INSTRUCTIONS: IF THE WEATHER HAS BEEN ASSESSED AS NOT NORMAL OR IF ANY SEVERE WEATHER EVENTS OCCURRED, then assess the impact on the crop in the test plots for this trial. Note whether temperatures were unusually high or low, and whether precipitation was unusually heavy or light, during the growing season of the crop, and include the dates of unusual or severe weather events. Do not list below the differences from the monthly mean rainfall and temperature unless these differences are indicative of truly abnormal weather.

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 9 PAGE ____

Trial Year 2024

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PART 10. PROTOCOL & PROTOCOL CHANGES

The protocol shall be inserted into this IR-4 Field Data Book after this cover page. Sequentially insert all relevant protocol amendments and deviations that have been received from the Study Director. Protocol changes are sent only to those field trials to which they pertain, thus the changes that are received during the course of this trial may not comprise a complete set. Protocol changes pertinent to this trial that have been signed by the Study Director or received by the Field Research Director (FRD) after the Field Data Book has left the custody of the FRD do not need to be inserted into the Field Data Book.

This part may be kept in the back of the FDB, or moved to the front of the FDB (ahead of Part 1), or inserted between other FDB Parts.

PAGES IN THIS SECTION DO NOT NEED TO BE NUMBERED.

PAGES IN THIS SECTION DO NOT NEED LINING OUT IF NO ENTRIES ARE MADE

INSTRUCTIONS FOR COMPLETING THE PROTOCOL/SOP DEVIATION FORM:

Every effort should be made to follow the protocol and standard operating procedures. If an unforeseen or an unavoidable circumstance results in a change, the Study Director must be notified as soon as practical (via phone call or email). Also notify the Regional Field Coordinator (via phone call or cc on an email message). If possible, contact the Study Director prior to taking actions that differ from the protocol. The Study Director will provide instructions and/or appropriate protocol change authorization. Otherwise, document the deviation with completion of this or similar form for each individual deviation. If the deviation is emailed to the Study Director, then the original should be mailed to the Study Director. A true copy should be retained in the Field Data Book in Part 10. The return copy (signed by the Study Director) should be placed in Part 10 of the Field Data Book.

The brief description of the deviation should make clear what the protocol or SOP requirement is, and what was done that is different from this requirement. For example, "*The application interval was 10 days instead of the 7(\pm 1) days required by the protocol.*"

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DEVIATION FORM (*photocopy this part if necessary*)

THE DATE THAT THE DEVIATION OCCURRED _____

THE DATE THAT THE DEVIATION WAS RECOGNIZED _____

THE DATE THAT THE STUDY DIRECTOR WAS NOTIFIED _____

METHOD OF NOTIFICATION (*e.g. telephone, email*) _____
(*Include telephone notes or copy of email in Part 3 of this book*)

THE DEVIATION IS FROM (*check appropriate*) _____

PROTOCOL _____ SOP'S _____

SECTION OF THE PROTOCOL OR SOP'S THAT IS AFFECTED _____

BRIEF DESCRIPTION OF DEVIATION: _____

EXPLAIN WHY THE DEVIATION OCCURRED: _____

ABOVE DATA ENTERED BY: _____ DATE: _____

FIELD PERSONNEL: DO NOT WRITE BELOW THIS LINE

STUDY DIRECTOR'S ASSESSMENT OF IMPACT OF THIS DEVIATION ON THE STUDY:

APPROVED BY:

Study Director/Date

Sponsor/Date

PROTOCOL CHANGE NUMBER _____

cc: QA Field Research Director:

Regional Field Coordinator:

Laboratory Research Director:

Trial Year 2024

This protocol change form when copied on colored paper is an exact copy of the original.