PART 6. APPLICATION RECORDS (may be used for field and greenhouse trials)

C.1. DISCHARGE CALIBRATION FOR APPLICATION NUMBER ____

INSTRUCTIONS: Complete a copy of this form (PHOTOCOPY IF NECESSARY) for additional times when a complete calibration or calibration-recheck of application equipment is required.

EQUIPMENT IDENTIFIER___________________________________________________________________________

DISCHARGE CALIBRATION DATE__________________________ PERFORMED BY_________________ (INITIALS)

APPROXIMATE TIME OF DAY THAT THE CALIBRATION WAS PERFORMED______________________________

LOCATION WHERE THE CALIBRATION WAS PERFORMED______________________________________________

INSTRUMENT USED TO MEASURE WATER (e.g. 100 ml graduated cylinder)______________________________

BRIEFLY DESCRIBE PROCEDURE USED TO CHECK DISCHARGE CALIBRATION ____________________________

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Instructions for recording Discharge Calibrations (6.C.2): Record time that applicator discharges and units measured. Collect output from each nozzle or hopper. Record this value in “RUN” row below the appropriate outlet. Calculate the total and average discharge for all the nozzles/outlets. Entry prompts have been provided for three discharge calibration runs. For each run, calculate the total output of all nozzles/outlets, the mean output per nozzle or outlet, and the total boom discharge rate in ml or grams per second. Also confirm whether the output of each nozzle or outlet during a run is within 5% of the mean output. If a recheck or confirmation of a target output is being performed, determine whether the results are within 5% of the full calibration or target. Enter all calculations on 6.C.1, below.

CALIBRATION CALCULATIONS:

ABOVE DATA ENTERED BY: ____________________________________________________ DATE: __________
### PART 6. APPLICATION RECORDS (may be used for field and greenhouse trials)

**EQUIPMENT USED FOR APPLICATION NUMBER(S) __________**

**C2. INSTRUCTIONS:** Complete a copy of this form (PHOTOCOPY IF NECESSARY) for additional times when a complete calibration or calibration-recheck of application equipment is required. Units measured (eg. mL, grams): __________

<table>
<thead>
<tr>
<th>RUN</th>
<th>TIME (sec)</th>
<th>PSI</th>
<th>Nozzle/hopper outlet number on boom (as indicated in 6B)</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pressure in the boom during the calibration</td>
<td>sum of nozzle or outlet outputs</td>
<td>Mean per nozzle or outlet</td>
<td>Discharge rate*</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>1</td>
<td>2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total (required)</td>
<td>Average (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Indicate whether discharge rate is calculated for: *(Check one)* **Total Boom Volume** **Mean Nozzle Volume**

Was this a recheck of discharge calibration or a 3-run target check? *(Check one)* YES _____ NO _____

If yes, were results within 5% of original calibration or target output? YES _____ NO _____

If this is a 3-discharge calibration run or a 3-run target check, is each boom discharge rate (C) within 5% of the mean? YES _____ NO _____ NA _____

Are individual nozzle outputs within 5% of the mean during each run? YES _____ NO _____ NA _____

**An output consisting of an average of three runs or a target output may be used when calculating the sprayer output and amount of test substance to use. If this is a 1-discharge recheck, then the results of the original calibration must be used. If the output result of the recheck is more than 5% different than the original calibration result, then two more runs are needed to produce a new, full calibration. The original calibration data, or a true copy, must be in this field data book.**

ABOVE DATA ENTERED BY: ____________________________ DATE: __________

**PART 6 PAGE ___** Trial Year 2019

**COMPLETE IF APPROPRIATE: “THIS IS A TRUE COPY OF THE ORIGINAL”**

THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. __________ INITIALS __________ DATE _________