

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 7. SAMPLE COLLECTION AND STORAGE

A.1. GENERAL HARVESTING INFORMATION *INSTRUCTIONS: Complete a separate form for each sampling date.*

HARVEST DATE¹ _____ **SAMPLING DATE**² _____ **PHI**³ _____

¹Record the date of crop harvest (harvest defined as crop digging, crop cutting, picking, etc.)

²Enter the date the sampled crop items were placed in sample bags (i.e. sample collection)

³Preharvest interval: Enter the number of days from last application to harvest, or planting to harvest in seed treatment trials

IF THE PHI IS 0 DAYS, WAS THE SPRAY DRY BEFORE THE CROP WAS HARVESTED? YES _____ NO _____ NA _____

(Check NA if PHI > 0 days or if the test substance was not sprayed, e.g. a granular application or a seed treatment.)

DESCRIPTION OF HARVESTED CROP STAGE:

(E.g. commercially mature lettuce heads, blueberries mature in size (mostly blue in color), mature plums for drying)

Number of (check one) Plants _____ Trees _____ Bushes _____ Areas _____ of the Plot from Which Each Sample was Collected	
Number and Location of Rows from Which Each Sample Was Collected <i>Examples: "6 middle rows" "All 3 rows" "1" (for single-row plot)</i>	
Number of (check one) Fruit _____ Heads _____ Roots _____ Plants _____ Other _____ (describe) Actually Collected per Sample <i>Enter NA if the sample size requirement is determined only by weight</i>	
Number of (check one) Plants _____ Trees _____ Bushes _____ at Each End, or (check) Length of Row Ends _____, That Were <u>Not</u> Sampled	
Was Less Than 50% of the Harvestable Crop Sampled? (May be determined by visual estimation)	YES _____ NO _____ <i>If no is checked, contact the Study Director</i>
Was Each Sample Collected in a Separate Run Through the Entire Plot?	YES _____ NO _____ <i>If no is checked, contact the Study Director</i>
HARVESTING EQUIPMENT (Include make and model numbers. Do not include gloves, sample bags, coolers, or scales.)	
ORDER OF SAMPLE COLLECTION	

BRIEFLY DESCRIBE PROCEDURES UTILIZED TO HARVEST CROP. Provide enough details in addition to data entered above to ensure that protocol requirements have been met and to inform a data reviewer exactly how this crop was harvested. Examples: "Hand-picked berries from one side of the row, then the other. Collected fruit from high and low, exposed and shielded areas." "Barley was cut 3-4 inches above the ground with a scythe and left on the ground to dry for hay samples. Each entire plot was cut." ATTACH A SEPARATE SHEET IF NECESSARY.

Was the crop in all of the trial plots healthy? YES _____ NO _____

IF NO, PLEASE EXPLAIN: _____

ABOVE DATA ENTERED BY: _____ **DATE:** _____

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A.2. GENERAL SAMPLING INFORMATION--*Complete a separate form for each sampling date.*

Were harvested crop items collected directly into residue sample bags? YES____ NO____

IF NO, PLEASE EXPLAIN _____

DESCRIPTION OF SAMPLED CROP STAGE (if different from harvested crop, such as dried plums, mint oil)

DESCRIBE SAMPLE COLLECTION IF IT OCCURRED AFTER THE HARVEST DATE. ALSO, DESCRIBE ANY MODIFICATIONS TO THE HARVESTED CROP SUCH AS TRIMMING, CLEANING, CUTTING, DRYING AND/OR COMPOSITING SAMPLES. You may attach a separate sheet that clearly describes these procedures. Include a description of equipment, duration of procedure(s), temperatures, estimated moisture content, etc., as appropriate.

IF CUTTING OR PITTING IS DONE AT THE FIELD SITE, INDICATE HERE THE LENGTH OF TIME FROM COMPLETION OF THE MODIFICATIONS FOR EACH SAMPLE TO PLACEMENT IN A COOLER (attach a separate sheet if there are >4 samples):

Sample ID	Time that Modifications were Completed	Time that Sample was Placed in a Cooler	Elapsed Time (minutes)

CHECK ALL PROCEDURES USED TO PREVENT CONTAMINATION OF RESIDUE SAMPLES

- ____ UNCONTAMINATED GLOVES WORN AND CHANGED BETWEEN SAMPLES
____ TREATMENTS WERE SAMPLED BY DIFFERENT PEOPLE
____ PHYSICALLY SEPARATED TREATED AND UNTREATED SAMPLES
____ CLEANED SAMPLING EQUIPMENT BETWEEN COLLECTIONS OF EACH TREATMENT
____ OTHER, EXPLAIN: _____

DESCRIBE HOLDING AND TRANSPORT OF SAMPLES FROM FIELD TO FREEZER

(E.g. Sample bags placed in cooler with blue ice, then transported by pickup truck to research center for pitting. Following pit removal, sample bags were hand-carried to freezer.)

Were the samples placed in a freezer within one hour of collection¹? YES____ NO____

¹Following the completion of any modifications, such as drying or pitting, or following harvest if there were no modifications

If no, enter the temperature ranges of the samples during transport and check off °F or °C:	Untreated_____	°F____	°C____
	Treated_____	°F____	°C____

ABOVE DATA ENTERED BY: _____ DATE: _____

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PART 7. SAMPLE COLLECTION AND STORAGE

B. SPECIFIC SAMPLE INFORMATION AND INVENTORY

INSTRUCTIONS: Complete this form *or* provide equivalent information. **USE A SEPARATE PAGE FOR EACH SAMPLE DATE.** Enter the date the individual samples were collected (**do not enter the harvest date when this date is different from sample date**), the sample ID (see protocol Section 18 for Sample ID code), a brief description of the crop part sampled (e.g. turnip roots, turnip tops, tomato fruit, corn forage etc.), the weight of the sample, the approximate time of day of completion of each sample collection—i.e., sample placed in sample bag following any modifications (e.g., 10:15 a.m.), the approximate time of day that each sample was placed in a freezer, the approximate time interval between completion of collection of each sample (**placement of the sample in sample bag**) and the placement of the sample in freezer (e.g., 45 minutes), the identification code of the freezer where the samples are stored, and the initials of the person providing the above information and the date it is entered on this form.

SAMPLE COLLECTION DATE: _____

SAMPLE ID ¹	CROP FRACTION	WEIGHT (INCLUDE UNITS)	APPROXIMATE TIME OF DAY OF COMPLETION OF SAMPLE COLLECTION ²	APPROXIMATE TIME OF DAY THAT SAMPLE WAS PLACED IN FREEZER	APPROXIMATE ELAPSED TIME TO FREEZER FROM SAMPLE COLLECTION	FREEZER ID	INITIALS & DATE

¹See Protocol Section 18 for assigned Sample ID code

²After the completion of any modifications, such as drying or pitting, or harvest time if there were no modifications

Was a GLP-maintained scale used to determine weight of residue samples? YES____ NO____

CROP DESTRUCT: Please describe in Part 5I of this Field Data Book how the (leftover) treated crop has been destroyed or handled in such a way that it cannot be consumed as a human food or animal feed.

ABOVE DATA ENTERED BY: _____ DATE: _____

FIELD ID NO: _____
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PART 7. SAMPLE COLLECTION AND STORAGE

C. FREEZER TEMPERATURE LOG

INSTRUCTIONS: Use this (or an equivalent) form when freezer temperatures are taken manually. For each day that temperatures are taken, directly record the date, the minimum and maximum temperature, the degree units (°F or °C), and provide the initials of the person entering the data. Photocopy this form if space for more freezer records is needed. When temperature records are monitored automatically, the original or certified true copy of the output (disk from data logger, computer printout, etc.) must be placed in this Field Data Book.

UNIQUE IDENTIFIER FOR FREEZER: _____
Enter Freezer ID—may be make/model/serial# or assigned identifier.

UNIQUE IDENTIFIER FOR FREEZER TEMPERATURE RECORDER: _____
Enter Freezer 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

Unless otherwise noted in the table above, all temperature units are in (Check one):

°C _____ °F _____ (Initials) _____ (Date) _____

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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 _____

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 7. SAMPLE COLLECTION AND STORAGE

D. FREEZER CONTENTS LOG

INSTRUCTIONS: Use this (or an equivalent) form to record the movement of residue samples in and out of the freezer. Note the trial ID # (e.g., 06788.99-CA45), "contents" (e.g. treated peppers), the day and time it entered the freezer and the initials of the person putting the samples into the freezer. Also note the date and time the same samples are removed from the freezer and the initials of the person removing the samples from the freezer.

UNIQUE IDENTIFIER FOR FREEZER: _____
Enter Freezer ID—may be make/model/serial# or assigned identifier.

TRIAL ID#	CONTENTS	DAY/TIME IN	INITIALS	DAY/TIME OUT	INITIALS

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Trial Year 2019

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E. FREEZER MAINTENANCE AND REPAIR LOG

UNIQUE IDENTIFIER FOR FREEZER:

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

ALSO RECORD SOP# FOLLOWED, IF APPLICABLE: SOP#

[illegible]