

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> |
|-------------------|------------------|-----------------|-------------|
| _____             | _____            | _____           | _____       |
| _____             | _____            | _____           | _____       |
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PART 2 PAGE \_\_\_\_

Trial Year 2020

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

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

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

## IR-4 FIELD DATA BOOK

### PART 2. PERSONNEL INVOLVED IN TRIAL

#### B. QUALIFICATIONS SUMMARY (OPTIONAL)

*INSTRUCTIONS: Provide current curriculum vitae containing the education, training and experience records of trial personnel, concentrating on items that are applicable to field research with pesticides and good laboratory practices for every individual listed on Part 2-A. If this is not available complete a copy of this Form.*

**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.**

NAME \_\_\_\_\_  
(PRINTED)

\_\_\_\_\_  
(SIGNATURE)

EDUCATION SUMMARY: \_\_\_\_\_

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WORK EXPERIENCE SUMMARY: \_\_\_\_\_

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SPECIAL TRAINING, QUALIFICATIONS OR ACCOMPLISHMENTS: \_\_\_\_\_

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

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Trial Year 2020

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

## IR-4 FIELD DATA BOOK

### PART 2. PERSONNEL INVOLVED IN TRIAL

#### C. TRAINING SUMMARY FOR TEMPORARY/SEASONAL PERSONNEL INVOLVED IN TRIAL (OPTIONAL)

*INSTRUCTIONS: This optional form may be used to provide a brief narrative of instructions given to temporary personnel for completion of tasks within this study. CVs and educational records are NOT required for personnel listed below.*

**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.**

TRAINER NAME: \_\_\_\_\_  
(PRINTED) (SIGNATURE)

INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

#### PRINT NAME

#### TASK PERFORMED

|       |       |
|-------|-------|
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PART 2 PAGE \_\_\_\_

Trial Year 2020

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