

FIELD ID NO: _____
IR-4 FIELD DATA BOOK

PART 5. TRIAL SITE INFORMATION:

A. DIRECTIONS TO TEST SITE

*INSTRUCTIONS: Indicate the name and location (street, town, state) of the test site (e.g. Banana Research Center, Rt. 3, Nenana, AK), the county (e.g. Denali), and provide directions from the nearest city or town **or** provide a map to the test site. The map can be sketched here; otherwise attach a clear photocopy of the appropriate section of a state or county map with the test site location marked and the highways, nearest city or town identified.*

NAME AND LOCATION _____

COUNTY _____

DIRECTIONS FROM NEAREST CITY OR TOWN TO THE TEST SITE _____

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 5 PAGE ____

Trial Year 2008

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 _____

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 5. TRIAL SITE INFORMATION:

B. DIRECTIONS TO TEST PLOT AREA

*INSTRUCTIONS: Provide the general direction with distances from the entrance of test site to test plot area (indicate North direction) **or** provide a map containing this information. Also indicate the irrigation source location and location of meteorological equipment if they are on site.*

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 5 PAGE ____

Trial Year 2008

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 5. TRIAL SITE INFORMATION:

C. PLOT PLAN

INSTRUCTIONS: Legibly sketch the actual plot plan. The following items are required: The dimensions and locations of treated and untreated plots, dimensions and locations of buffer zones, distances to permanent landmarks from at least two plot corners (optionally from two plot centers for perennial crops), distance between the untreated plot and all treated plots in this study, the north direction, slope direction with an arrow pointing down slope, the number of rows* and/or beds and their direction. Label plot replicates if appropriate. Global Position System readings are acceptable for permanent reference points only if SOP's kept at the testing facility cover their use, accuracy, and precision. Also provide the date the test plots were measured and staked, the initials of the individual responsible for laying out the plots and the SOPs (include revision number) used in laying out the plots. *Items marked with an asterisk are also required in 5F; please enter on both pages for clarity.*

DATE OF PLOT LAYOUT _____ PERFORMED BY _____ SOP UTILIZED _____

If a global position system (GPS) was used for plot location, enter GPS-related SOP utilized _____

INCLUDE DIMENSIONS FOR EACH PLOT

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 5 PAGE ____

Trial Year 2008

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 5. TRIAL SITE INFORMATION:

D. SITE AND SOIL INFORMATION CHARACTERISTICS

INSTRUCTIONS: Furnish soil description and classification information for the plot area. This information may be obtained by providing USDA Soil Conservation Service soil maps containing description of the soil series, land class capabilities, and soil characteristics and/or via soil sampling and laboratory analysis of the soil. All supporting information shall be placed in the IR-4 Field Data Book directly following this page.

SITE IDENTIFIER						
ESTIMATE OF SLOPE PERCENTAGE IN PLOT						
TAXONOMIC NAME OF SOIL IN PLOT						
SOIL TEXTURE/TYPE (e.g., sandy loam)						
SOIL TEXTURE PERCENTAGES	SAND:		SILT:		CLAY:	
ORGANIC MATTER %	pH		CATION EXCHANGE CAPACITY (CEC) in meq/100 g			

IF SOIL ANALYSIS IS PERFORMED, COMPLETE THE FOLLOWING AND INSERT THE ORIGINAL OR CERTIFIED TRUE COPY OF THE SOIL CHARACTERIZATION REPORT DIRECTLY FOLLOWING THIS PAGE.

SOIL SAMPLE DATE _____ PERFORMED BY _____ SOP UTILIZED _____

WAS SOIL SAMPLING REPRESENTATIVE OF SITE? (Check one) YES ___ NO ___

IF NO IS CHECKED, EXPLAIN: _____

DATE SOIL SAMPLE SHIPPED TO LABORATORY FOR ANALYSIS _____

NAME AND ADDRESS OF LABORATORY _____

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 5 PAGE ____

Trial Year 2008

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 5. TRIAL SITE INFORMATION

E. TEST SITE HISTORY FORM

INSTRUCTIONS: Complete this form or provide equivalent information. Enter all pesticide and fertilizer applications for the time period specified in the protocol. Note the active ingredient applied, along with the trade name (e.g. carbaryl/SEVIN 80 S), the rate of chemical and the units measured (e.g. lbs active ingredient {ai} per acre or pints {pts} product per acre), the approximate date (at minimum season and year) the pesticide/fertilizer was applied and the crop growing on the plot.

Active Ingredient	TRADE NAME	RATE (units)	Date or season applied	CROP

APPLICABLE TREATMENT(S) _____
*If the treated and untreated plots have different histories, then provide the name of the treatment that this form covers.
When the histories are the same, enter "ALL".*

SOURCE OF DATA _____
(E.g. Facility logbook, farmer's records)

TEST SITE HISTORY DATA ARE (Check one): TRUE COPY ___ TRANSCRIBED ___

IF TEST SITE HISTORY DATA ARE TRANSCRIBED, CHECK APPROPRIATE LINE BELOW

___ DATA WERE VERIFIED BY _____
(Print name above of someone other than transcriber and Quality Assurance)

___ DATA WERE OBTAINED VERBALLY FROM GROWER (THEREFORE, DATA WERE NOT VERIFIED)
Please document this communication in Part 3 of this Field Data Book.

___ DATA WERE TRANSCRIBED FROM WRITTEN RECORDS, BUT WERE NOT VERIFIED

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 5 PAGE ___

Trial Year 2008

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 5. TRIAL SITE INFORMATION:

F. TEST CROP RECORDS

CROP _____ VARIETY _____

SOURCE OF SEED/TRANSPLANTS _____

DATE SEEDS RECEIVED _____ LOT NO. OF SEED _____

PLANTING METHOD: (Check One) SEEDED _____ TRANSPLANTED _____ ESTABLISHED CROP _____

TYPE OF PLANTER OR TRANSPLANTER _____

FIELD (TEST PLOT) PLANTING DATE or AGE OF ESTABLISHED CROP _____

PLANT SPACING	
<i>Indicate the distance (with units) between the plants within the row</i>	
IF NUMBER OF ROWS/BED = 1, OR IF BEDS ARE NOT USED, THEN ENTER:	
ROW WIDTH	NUMBER OF ROWS PER PLOT
<i>Distance (with units) between the centers of the crop row</i>	<i>Each treatment (Untreated, TRT 02, etc.) consists of one plot</i>
IF NUMBER OF ROWS/BED > 1, THEN ENTER:	
BED WIDTH	NUMBER OF BEDS PER PLOT
<i>Distance (with units) between the centers of the crop row</i>	<i>Each treatment (Untreated, TRT 02, etc.) consists of one plot</i>
IF THIS IS A TREE FRUIT OR NUT TRIAL:	NUMBER OF TREES PER PLOT
IF THIS IS A FRUIT, NUT, OR ARTICHOKE TRIAL:	ESTIMATED BUSH/TREE HEIGHT
IS THIS IS A GREENHOUSE TRIAL? (check one)	YES--GREENHOUSE TRIAL ____ NO ____
<i>Indicate the dimensions (with units) of each plot (e.g. 6' x 50' or 2m x 15m)</i>	
TRT 01 (UNTREATED) PLOT DIMENSIONS	
TRT 02 (TREATED) PLOT DIMENSIONS	
TRT 03 (TREATED) PLOT DIMENSIONS	

Responses that do not fit in the table above (e.g. differing numbers of rows or beds or trees in each plot) may be entered here:

ABOVE DATA ENTERED BY: _____ DATE: _____

 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 5. TRIAL SITE INFORMATION:

G. CULTURAL PRACTICES LOG

INSTRUCTIONS: List all soil preparation and crop maintenance activities (e.g., cultivation, pruning) performed on test site from the harvest of the previous crop until the residue samples are collected. If no crop was grown on the test site, collect data for a period of one year prior to the first test substance application. Include the activity (operation), dates performed, source of information (e.g., farmer), equipment used, and if appropriate, the depth into soil which the practice was performed (e.g., roto-tiller mixed soil to 6 inches) and initials/date of the individual responsible for collecting information.

OPERATION	DATE	INFO SOURCE	EQUIPMENT	INITIALS/DATE

Cultural Practices Data Are (Check all that apply): ORIGINAL DATA___ TRUE COPY___ TRANSCRIBED___

IF CULTURAL PRACTICES DATA ARE TRANSCRIBED, CHECK APPROPRIATE LINE BELOW

___ DATA WERE VERIFIED BY _____

(Print name above of someone other than transcriber and Quality Assurance)

___ DATA WERE OBTAINED VERBALLY FROM GROWER (THEREFORE, DATA WERE NOT VERIFIED)

Please document this communication in Part 3 of this Field Data Book.

___ DATA WERE TRANSCRIBED FROM WRITTEN RECORDS, BUT WERE NOT VERIFIED

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 5 PAGE ____

Trial Year 2008

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"
THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. _____ INITIALS _____ DATE _____

