**PART 4. TEST SUBSTANCE RECORDS**

**A. RECEIPT, STORAGE AND DISPOSITION OF TEST SUBSTANCE**

**INSTRUCTIONS:**
Complete a separate form for each different batch/lot of test substance that has been received.

<table>
<thead>
<tr>
<th>NAME OF TEST SUBSTANCE ON CONTAINER LABEL</th>
<th>BATCH/LOT NO.</th>
<th>DATE OF RECEIPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Darnitall 2 EC or GroundUp or XYZ8-0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide the batch/lot number of the test substance as it appears on the test material container label

**TEST SUBSTANCE EXPIRATION DATE**

Do not assign an expiration date if none is provided with the test substance—contact the Study Director.

**SOURCE OF EXPIRATION DATE**

Note the source of the expiration date of the test substance (e.g., expiration date noted on test material container label, expiration date listed on documentation provided by manufacturer, expiration date obtained by IR-4 Headquarters)

<table>
<thead>
<tr>
<th>CARRIER THAT TRANSPORTED TEST SUBSTANCE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INDIVIDUAL WHO RECEIVED TEST SUBSTANCE</th>
</tr>
</thead>
</table>

Was a Bill of Lading/Waybill Received?

YES____ NO____

**BILL OF LADING/WAYBILL/TRACKING NO.**
Include true copy of this form in data

**APPROXIMATE AMOUNT RECEIVED**

**NUMBER OF CONTAINERS**

**CONTAINER DESCRIPTION** (glass bottles, water soluble packets, etc.)

**CONDITION OF CONTAINER ON ARRIVAL** (intact, bags broken, etc.)

**GLP STATUS KNOWN AT TIME OF RECEIPT** (Check YES if the documentation provided by the manufacturer or information on the test material container claims that the test substance has been characterized per GLP requirements. If NO is checked, contact the Study Director.)

YES____ NO____

If “NO”, enter the date that the Study Director was informed

If “YES”, source of GLP status information

Label, shipping form, etc. Insert the Certificate of Analysis (COA) in this FDB Part if a COA has been received.

**STORAGE LOCATION**

Provide the location (building name, cabinet numbers, etc.) where the test substance will be stored during the trial.

Was the test substance held temporarily* in another location prior to transfer to its long-term storage location during the field trial?

YES____ NO____

*Temperature monitoring should begin within 2 days of receipt of the test substance, regardless of where it is held or stored.

**IF YES, ENTER LOCATION**

**DATES**

**ESTIMATED TEMPERATURE** prior to monitoring

**ABOVE DATA ENTERED BY:** ___________________________ DATE: ____________

**PART 4 PAGE ___**

Trial Year 2010

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 4. TEST SUBSTANCE RECORDS
B. USE LOG

INSTRUCTIONS: Complete a separate form for each different container of test substance used. Insert records on form or provide equivalent information. Indicate use of the stated container of the test substance by recording the dates that test substance was removed, the amount of test substance removed on each date, the purpose of the use (include trial ID# for all uses on IR-4 studies), and the initials of the individual responsible for the removal.

CHEMICAL NAME ____________________________________________________________________________________

BATCH/LOT NUMBER ______________________ CONTAINER ID ______________________

DESCRIPTION OF TEST SUBSTANCE___________________________________________________________________
(e.g. brown liquid, white powder. Note any unusual characteristics or changes here.)

ABOVE DATA ENTERED BY: _______________________________________________ DATE: ___________________

<table>
<thead>
<tr>
<th>DATE REMOVED</th>
<th>AMOUNT (UNITS) REMOVED</th>
<th>PURPOSE (include trial ID#)</th>
<th>INITIALS/DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[e.g. apply treatments, used in other research, etc.]</td>
<td></td>
</tr>
</tbody>
</table>

INSTRUMENTS USED TO MEASURE TEST SUBSTANCE
(e.g. balance, 25 ml graduated cylinder, 1 ml syringe; include IDs as appropriate)

ABOVE DATA ENTERED BY: _______________________________________________ DATE: ___________________

PART 4 PAGE ___ Trial Year 2010

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PART 4. TEST SUBSTANCE RECORDS
C. DISPOSITION OF TEST SUBSTANCE CONTAINERS

INSTRUCTIONS: Complete the appropriate part (PART 1, PART 2 or PART 3) that best explains the disposition of the test substance containers after the completion of applications for the trial or provide equivalent information. Line-out the parts that do not apply to this trial.

PLEASE NOTE: Test substance containers may not be discarded without prior approval from the Study Director or confirmation that the study has been completed (final report signed by the Study Director) or cancelled. Field Research Directors may contact the Study Director or their Regional Field Coordinator to determine if a waiver from EPA permits proper test substance container disposal, or regarding completion of the final study report (study completion confirmation can also be determined from an IR-4 database search using the “Test Substance Container Disposal Approval” link). Alternatively, some registrants will archive the test substance container(s).

PART 1
If the container(s) were shipped and are no longer in the Field Research Director’s possession, indicate where the containers were shipped (include address and to whose attention), date of shipment, carrier, bill of lading number and the name of the individual responsible for shipment. A chain of custody form should be included in the shipment. The Field Research Director may use a form on the letterhead of his/her facility, or the form on the IR-4 website: ir4.rutgers.edu/FoodUse/FieldBook/TSCOC

SHIPPED CONTAINERS TO______________________________________________________________
______________________________________________________________________________
DATE SHIPPED_________________ CARRIER _______________________ BILL OF LADING NO.___________________
SHIPPED BY__________________________________________________________________________________________

PART 2
If the containers will remain in the possession of the Field Research Director, indicate location where the containers are stored.
STORING CONTAINERS AT:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

PART 3
If containers were not handled by any of the above methods briefly explain how they were handled.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

ABOVE DATA ENTERED BY: __________________________________________ DATE: __________

PART 4 PAGE ___ Trial Year 2010

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## PART 4. TEST SUBSTANCE RECORDS

### D. IDENTIFICATION AND RECEIPT OF SPRAY ADDITIVES

**NOTE:** The use of spray additives with the test substance must be approved in the protocol or in a protocol amendment.

**INSTRUCTIONS:** Complete one section of the form for each spray additive used in the trial.

<table>
<thead>
<tr>
<th>NAME OF THE SPRAY ADDITIVE ON CONTAINER LABEL</th>
<th>ACTIVE INGREDIENT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF SPRAY ADDITIVE:**

- CROP OIL CONCENTRATE ___
- METHYLATED SPRAY OIL ___
- NONIONIC SURFACTANT ___
- VEGETABLE OIL ___
- OTHER: ____________________________

**DATE OF RECEIPT ______________________________ RECEIVED BY __________________________**

**BATCH/LOT NO. (if available) ____________________________**

**EXPIRATION DATE (if available) __________________________**

**AMOUNT RECEIVED ______________________________**

**CONTAINER DESCRIPTION (e.g. glass bottles) __________________________**

**CONDITION ON ARRIVAL (e.g. good, bags broken, etc.) __________________________**

**ABOVE DATA ENTERED BY: ______________________________ DATE: __________________**

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<table>
<thead>
<tr>
<th>NAME OF THE SPRAY ADDITIVE ON CONTAINER LABEL</th>
<th>ACTIVE INGREDIENT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**TYPE OF SPRAY ADDITIVE:**

- CROP OIL CONCENTRATE ___
- METHYLATED SPRAY OIL ___
- NONIONIC SURFACTANT ___
- VEGETABLE OIL ___
- OTHER: ____________________________

**DATE OF RECEIPT ______________________________ RECEIVED BY __________________________**

**BATCH/LOT NO. (if available) ____________________________**

**EXPIRATION DATE (if available) __________________________**

**AMOUNT RECEIVED ______________________________**

**CONTAINER DESCRIPTION (e.g. glass bottles) __________________________**

**CONDITION ON ARRIVAL (e.g. good, bags broken, etc.) __________________________**

**ABOVE DATA ENTERED BY: ______________________________ DATE: __________________**

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**PART 4 PAGE ___**

**Trial Year 2010**

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PART 4. TEST SUBSTANCE RECORDS

E. CHEMICAL STORAGE BUILDING TEMPERATURE LOG

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

UNIQUE IDENTIFIER FOR TEMPERATURE RECORDER: _______________________________________________
Enter Temperature Recorder ID—may be make/model/serial# or assigned identifier.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TEMP MIN/MAX</th>
<th>INITIALS</th>
<th>DATE</th>
<th>TEMP MIN/MAX</th>
<th>INITIALS</th>
<th>DATE</th>
<th>TEMP MIN/MAX</th>
<th>INITIALS</th>
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Please enter the overall minimum and maximum storage temperatures below, even if temperature printouts are inserted. The overall min/max temperatures should not include temperatures during transportation between storage and field. If there are two or more test substances (or separate shipments of test substance), then enter separate min/max temperatures below for each one, depending on the dates of receipt and application.

Test Substance 1: 
Minimum test substance storage temperature between receipt and last application in this trial: 
Maximum test substance storage temperature between receipt and last application in this trial: 
Test Substance 2: 
Minimum test substance storage temperature between receipt and last application in this trial: 
Maximum test substance storage temperature between receipt and last application in this trial: 

Unless otherwise noted above, all temperature units are in (Check one): °C_____ °F_____

Above data entered by: ___________________________ Date ___________________________

PART 4 PAGE ___ Trial Year 2010
PART 4. TEST SUBSTANCE RECORDS

F. BALANCE CALIBRATION CHECK

INSTRUCTIONS: Complete this form or provide equivalent information when the test substance is a dry formulation. Check balance calibration by weighing standard weights that bracket the desired measurement. Record: date(s) that the balance calibration was checked, the standard weights, and the results. In addition, provide dates and a brief description of maintenance and repair work completed on the balance relevant to the trial. Be sure to initial all entries.

MAKE, MODEL, SERIAL NUMBER OR ASSIGNED IDENTIFIER: ____________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Stated Wt.</th>
<th>Recorded Wt.</th>
<th>Stated Wt.</th>
<th>Recorded Wt.</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
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</table>

Stated Wt. = Stated mass of the standard weight used in the calibration check
Recorded Wt. = Actual recorded mass of the standard weight

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

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

ABOVE DATA ENTERED BY: ____________________________________________ DATE: ____________________