

FIELD ID NO: _____
IR-4 FIELD DATA BOOK

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.

NAME OF TEST SUBSTANCE ON CONTAINER LABEL <i>E.g. Darnitall 2 EC or GroundUp or XYZ8-0.</i>			
BATCH/LOT NO.		DATE OF RECEIPT	
<i>Provide the batch/lot number of the test substance as it appears on the test material container label</i>		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			
<i>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)</i>			
CARRIER THAT TRANSPORTED TEST SUBSTANCE			
INDIVIDUAL WHO RECEIVED TEST SUBSTANCE			
WAS A BILL OF LADING/WAYBILL RECEIVED?		YES ___ NO ___	
BILL OF LADING/WAYBILL/TRACKING NO. <i>Include true copy of this form in data</i>			
APPROXIMATE AMOUNT RECEIVED		NUMBER OF CONTAINERS	
CONTAINER DESCRIPTION (<i>glass bottles, water soluble packets, etc.</i>)			
CONDITION OF CONTAINER ON ARRIVAL (<i>intact, bags broken, etc.</i>)			
GLP STATUS KNOWN AT TIME OF RECEIPT (<i>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.</i>)		YES ___ NO ___	
IF "NO", ENTER THE DATE THAT THE STUDY DIRECTOR WAS INFORMED			
IF "YES", SOURCE OF GLP STATUS INFORMATION			
<i>Label, shipping form, etc. Insert the Certificate of Analysis (COA) in this FDB Part if a COA has been received.</i>			
STORAGE LOCATION			
<i>Provide the location (building name, cabinet numbers, etc.) where the test substance will be stored during the trial.</i>			
WAS THE TEST SUBSTANCE HELD TEMPORARILY* IN ANOTHER LOCATION PRIOR TO TRANSFER TO ITS LONG-TERM STORAGE LOCATION DURING THE FIELD TRIAL?		YES ___ NO ___	
<i>*Temperature monitoring should begin within 2 days of receipt of the test substance, regardless of where it is held or stored.</i>			
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 _____

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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).

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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:

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PART 3

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

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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.

NAME OF THE SPRAY ADDITIVE ON CONTAINER LABEL _____

ACTIVE INGREDIENT(S) _____

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: _____

NAME OF THE SPRAY ADDITIVE ON CONTAINER LABEL _____

ACTIVE INGREDIENT(S) _____

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.) _____

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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: _____

Date	Stated Wt.	Recorded Wt.	Stated Wt.	Recorded Wt.	Initials

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: _____