

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 this trial (these include scientists, technicians, summer interns, and their supervisors). General field workers 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: _____
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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Trial Year 2009

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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IR-4 FIELD DATA BOOK

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B. QUALIFICATIONS SUMMARY

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.

NAME _____
(PRINTED) (SIGNATURE)

EDUCATION SUMMARY: _____

WORK EXPERIENCE SUMMARY: _____

SPECIAL TRAINING, QUALIFICATIONS OR ACCOMPLISHMENTS:

ABOVE DATA ENTERED BY: _____ DATE: _____

PART 2 PAGE ____

Trial Year 2009

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