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: ( ) _____

E-MAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

INITIALS: _____

OTHER TRIAL PERSONNEL

PRINT NAME	SIGNATURE	INITIALS	DATE

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 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: _____

WORK EXPERIENCE SUMMARY: _____

SPECIAL TRAINING, QUALIFICATIONS OR ACCOMPLISHMENTS: _____

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 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: _____

PRINT NAME	TASK PERFORMED

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_____