FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 4. TEST SUBSTANCE AND SEED RECORDS FOR SEED TREATMENT TRIALS

A. RECEIPT, STORAGE AND DISPOSITION OF SEED--*INSTRUCTIONS:*

PLEASE INSERT AN IMAGE OF SEED CONTAINER LABEL AND SHIPPING DOCUMENTS FOR SEED AFTER PART 4F.

NAME OF TEST SUBSTANCE			
NAME OF TEST SUBSTANCE FORMULATION ON TREATED SEED (*E.g. Darnitall 2 EC or GroundUp or XYZ8-0.)*			
UNIQUE IDENTIFIER:		DATE OF RECEIPT	
Provide the unique identifier of the seed as it appears on the container label(s)		SEED EXPIRATION DATE (as assigned by treatment facility)	
Do not assign an expiration date if none is provided with the seed—contact the Study Director.			
SOURCE OF EXPIRATION DATE			
Note the source of the expiration date of the seed (e.g., expiration date noted on treated seed container label, expiration date listed on documentation provided by treatment facility, expiration date obtained by IR-4 Headquarters)			
CARRIER/TRACKING NO. *E.g. UPS/ABCDE12K0601601993*			
INDIVIDUAL WHO RECEIVED SEED			
WAS A BILL OF LADING/WAYBILL RECEIVED?	YES____ NO____		
BILL OF LADING/WAYBILL/TRACKING NO. *Insert true copy if a Bill of Lading or Waybill was included in the shipment*			
NUMBER OF CONTAINERS		CONTAINER DESCRIPTION (*glass bottles, cloth bag, etc.)*	
AMOUNT RECEIVED - UNTREATED	Units: (check one) grams____kg____oz____lbs____		
AMOUNT RECEIVED - TREATED 1	Units: (check one) grams____kg____oz____lbs____		
AMOUNT RECEIVED - TREATED 2	Units: (check one) grams____kg____oz____lbs____		
CONDITION OF CONTAINER ON ARRIVAL *(intact, bags broken, etc.)*			
STORAGE LOCATION			
Provide the location (building name, cabinet number, etc.) where the untreated and treated seed will be stored during the trial.			
WAS THE SEED 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 3 days of receipt of the seed by the Field Research Director or the designated person responsible for receiving it, regardless of where it is held or stored.* *UTC and TRT SEED ARE TO BE STORED UNDER THE SAME CONDITIONS* *(with enough separation to avoid cross contamination)***			
IF YES, ENTER LOCATION			
DATES		ESTIMATED TEMPERATURE prior to monitoring	

ABOVE DATA ENTERED BY:_____DATE: _____

Total number of pages in this section at initial pagination:_____**(Paginate labels/SDS as belonging to Part 4)**

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 AND SEED RECORDS FOR SEED TREATMENT TRIALS

B. (Formerly 4A2) DOCUMENTATION OF SEED FROM **TEST SITE FACILITY TO SEED TREATMENT FACILITY**
(For use when seed is sent by FRD to treatment facility)

SEED CHAIN OF CUSTODY FORM

SECTION RECORDED BY FIELD RESEARCH DIRECTOR	
(INCLUDE THE FOLLOWING INFORMATION WHEN TRANSFERRING SEED TO SEED TREATMENT FACILITY)	
Field Trial ID	
Seed Identity (crop)	
Crop Variety	
Approx. Seed Weight	UNTREATED SEED: Units: (check one) grams____kg____oz____lbs____
	TREATED SEED 1: Units: (check one) grams____kg____oz____lbs____
	TREATED SEED 2: Units: (check one) grams____kg____oz____lbs____
Previous seed treatments (List by chemical name)	No previous seed treatments_____ Yes, there were previous seed treatments_____LIST HERE:
Name of Seed Treatment Facility to send seed	
Address of facility	
Courier used to ship seed to treatment facility	

SECTION RECORDED BY SEED TREATMENT FACILITY

SEED TREATMENT FACILITY
Please sign this form, return the original to the Field Site and retain a copy for your records.

RECEIVED AT TREATMENT FACILITY BY: _____
Print name

_____
Signature Date

SECTION RECORDED BY FIELD RESEARCH DIRECTOR

RECEIVED AT FIELD TEST SITE BY:

_____
Print name

_____
Signature Date

PLEASE RETURN THE ORIGINAL TRANSFER FORM TO THE SENDER, AND KEEP A COPY FOR YOUR RECORDS.

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. SEED RECORDS

C. (Formerly 4B and 4C) USE LOG AND DISPOSITION OF UNUSED SEED

*INSTRUCTIONS: Complete this log with information concerning the seed received. Insert records on form or provide equivalent information. Indicate use of the stated container of the seed by recording the dates that seed was removed, the amount of seed 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.*

NAME OF TEST SUBSTANCE ON SEED DOCUMENTATION_____

UNIQUE IDENTIFIER OF SEED_____CONTAINER ID_____

DESCRIPTION OF SEED_____

(e.g. light brown miniscule seeds, large white seeds, small dust-like particles. Note any unusual characteristics or changes here.)

*ABOVE DATA ENTERED BY:*_____*INITIAL/DATE:* _____

DATE SEED RECEIVED		STARTING QUANTITY OF SEED (add units)	UTC = TRT =
DATE REMOVED	AMOUNT REMOVED (*Add units)*	PURPOSE (include trial ID#) *[e.g. apply treatments, used in other research, etc.]*	INITIALS/DATE
	UTC-		
	TRT 1-		
	TRT 2-		
	UTC-		
	TRT 1-		
	TRT 2-		
	UTC-		
	TRT 1-		
	TRT 2-		
	UTC-		
	TRT 1-		
	TRT 2-		

Treated seed only needs to be stored and monitored until sample chain of custody receipt is received from analytical laboratory.

SAMPLE CHAIN OF CUSTODY RECEIVED? YES_____NO_____DATE OF RECEIPT _____

*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 4. SEED RECORDS

D. IDENTIFICATION AND RECEIPT OF INOCULANT (generally applies to legumes, otherwise check with Study Director)

NOTE: THE STUDY DIRECTOR MUST BE CONTACTED PRIOR TO USE OF AN INOCULANT WITH THE SEED. Dry inoculation should be the preferred application method – Discuss with Study Director prior to seeding. Place an image of the label after Part 4F.

SEED TRT 1: NAME OF THE INOCULANT	
TYPE OF INOCULANT	
DATE OF RECEIPT	
RECEIVED BY	
DOES THE INOCULANT HAVE A BATCH OR LOT NUMBER?	YES_____NO_____
IF YES, ENTER THE BATCH/LOT NO.	
EXPIRATION DATE	
AMOUNT RECEIVED (*add units*)	
SOP UTILIZED	
CONTAINER DESCRIPTION *(e.g. glass bottles, bag)*	
CONDITION ON ARRIVAL *(e.g. good, bags broken, etc.)*	
Were the storage conditions on the label followed?	Check one: YES___NO_____

SEED TRT 2: NAME OF THE INOCULANT	
TYPE OF INOCULANT	
DATE OF RECEIPT	
RECEIVED BY	
DOES THE INOCULANT HAVE A BATCH OR LOT NUMBER?	YES_____NO_____
IF YES, ENTER THE BATCH/LOT NO.	
EXPIRATION DATE	
AMOUNT RECEIVED (*add units*)	
SOP UTILIZED	
CONTAINER DESCRIPTION *(e.g. glass bottles, bag)*	
CONDITION ON ARRIVAL *(e.g. good, bags broken, etc.)*	
Were the storage conditions on the label followed?	Check one: YES___NO_____

*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 4. SEED STORAGE RECORDS

E. STORAGE BUILDING TEMPERATURE LOG

INSTRUCTIONS: Use this (or an equivalent) form when 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.

STORAGE LOCATION: _____

Provide the location (building name, cabinet numbers, etc.) where the seed is being stored during the trial.

UNIQUE IDENTIFIER FOR TEMPERATURE RECORDER: _____

Enter Temperature Recorder ID—may be make/model/serial# or assigned identifier.

DATE	TEMP MIN/MAX	INITIALS	DATE	TEMP. MIN/MAX	INITIALS	DATE	TEMP MIN/MAX	INITIALS

Please enter the overall minimum and maximum <u>storage</u> temperatures below, even if temperature printouts are inserted. The overall min/max temperatures should <u>not</u> include temperatures during transportation between storage and field. If there are two or more seed containers (or separate shipments of seed), then enter separate min/max temperatures below for each one, depending on the dates of receipt and planting dates. <u>Untreated and treated seed should have enough separation to avoid contamination.</u>

****Temperature records for treated seed should be kept from DATE OF RECEIPT until DATE OF PLANTING.***

*Treated Seed 1:	
Minimum seed storage temperature between receipt and date of planting:	
Maximum seed storage temperature between receipt and date of planting:	
*Treated Seed 2:	
Minimum seed storage temperature between receipt and date of planting:	
Maximum seed storage temperature between receipt and date of planting:	

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

*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 4. SEED RECORDS

F. BALANCE CALIBRATION CHECK

INSTRUCTIONS: Complete this form or provide equivalent information for the seed. 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: _____

UNITS MEASURED_____

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

Stated Wt. = Stated mass of the standard weight(s) used in the calibration check
If more than one weight is used to attain the standard weight, indicate on the lines below the individual weights.
Recorded Wt. = Actual recorded mass of the standard weight(s)

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

_____

_____

_____

_____

_____

_____

_____

_____

*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_____