

FIELD ID NO: _____
IR-4 FIELD DATA BOOK

PART 5. TRIAL SITE INFORMATION:

A. DIRECTIONS TO TRIAL SITE

*INSTRUCTIONS: Indicate the name and location (street address, town, state or province) of the trial site (e.g. Agricultural Experiment Station, Adjuntas Road 525, KM 2.5, Bo. Limani, Adjuntas, PR), the crop production region (e.g. 13), and provide directions from the nearest city or town **or** provide a map to the trial site. The map can be sketched here; otherwise attach a clear photocopy or computer printout of the appropriate section of a state or county map with the trial site location marked and the highways, nearest city or town identified.*

NAME OF TRIAL SITE _____

PHYSICAL ADDRESS _____

EPA/PMRA/Mexican CROP PRODUCTION REGION _____

(For U.S. regions, see *Food and Feed Crops of the United States, Second Edition*, pp. 324-325.)

DIRECTIONS FROM NEAREST CITY OR TOWN TO THE TRIAL SITE _____

ABOVE DATA ENTERED BY: _____ DATE: _____

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Total number of pages in this section at initial pagination: ____

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PART 5. TRIAL SITE INFORMATION:

B. MAP OF THE TEST PLOT AREA WITHIN THE TRIAL SITE

INCLUDE:

- | | |
|---------------------------|--|
| 1) North Direction | 4) Direction and distance from site entrance to test plot area |
| 2) Test Plot Area | 5) Irrigation source and meteorological equipment (if on site) |
| 3) Entrance to Trial Site | |



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PART 5. TRIAL SITE INFORMATION:

C.1. PLOT PLAN

INSTRUCTIONS:

Legibly sketch on 5.C.2 the actual plot plan. Computer-generated plans are acceptable. The plot map should be completed prior to the first application in the trial (except that test chemicals applied to adjacent plots may be added later). Include the following required items:

- 1) The dimensions and locations of treated and untreated plots*
- 2) Buffer zone distances between plots and distances between all plots in this study
- 3) Distances to permanent landmarks from at least two plot corners per plot
(Optionally from two plot centers per plot for perennial crops)
OR GPS coordinates** for each corner of the plot (or two plot centers per plot for perennial crops)
- 4) North direction
- 5) Slope direction and estimated percentage with an arrow pointing down slope
- 6) The number of rows* and/or beds and their direction

Legibly sketch on 5.C.3 a plan of the immediately adjacent plots treated with test chemicals that are not part of the trial covered by this Field Data Book. Computer-generated plans are acceptable.

Alternatively, it is acceptable to include on the 5.C.2 map all of the information required for the adjacent-plot map, and then remove 5.C.3 from this Field Data Book. (If 5.C.3 is used, it does not need to be completed prior to the first application in this trial.) Include the following required items:

- 1) Distances and relative locations of immediately adjacent plots. (Adjacent plots more distant than 50 feet/15 meters for row crops, or 100 feet/30 meters for tree fruits and nuts, from the plots in this trial do not need to be included.)
- 2) Identity of the test chemical(s) used on the adjacent plots

Exception: Proprietary compounds that cannot be identified because of a secrecy agreement may be labeled as “experimental compound” in this Field Data Book.

**Items marked with an asterisk are also required in 5D; please enter on both pages for clarity.*

***Global Position System readings are acceptable for permanent reference points only if SOP's kept at the testing facility cover their use, accuracy, and precision. Also provide the date the test plots were measured and staked, the initials of the individual responsible for laying out the plots and the SOPs (include revision number) used in laying out the plots.*

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PART 5. TRIAL SITE INFORMATION:

C.2. PLOT PLAN

DATE OF PLOT LAYOUT _____ PERFORMED BY _____ SOP UTILIZED _____

Are there adjacent plots treated with test chemicals as described in part 5.C.1? YES _____ NO _____

If YES, enter the required information described in Part 5.C.1 in 5.C.3, or include on this page.

Date that adjacent-plot information was added to this map: Date _____ Initials _____ NA _____

If a global position system (GPS) was used for plot location, enter GPS-related SOP/revision# used _____

Are any treated plots in this trial stacked with plots from another trial? YES NO _____

If YES, enter the stacked trial IDs: _____

INCLUDE DIMENSIONS FOR EACH PLOT IN THIS TRIAL

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PART 5. TRIAL SITE INFORMATION:

C.3. ADJACENT-PLOT PLAN (OPTIONAL)

INCLUDE DISTANCES AND RELATIVE LOCATIONS OF IMMEDIATELY ADJACENT PLOTS
IDENTIFY TEST CHEMICALS USED ON EACH ADJACENT PLOT (EXCEPT PROPRIETARY COMPOUNDS)

ABOVE DATA ENTERED BY: _____ DATE: _____

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PART 5. TRIAL SITE INFORMATION:

D. TEST CROP RECORDS

CROP		VARIETY	
SEEDING DATE*		PLANT SPACING	
		<i>Indicate the distance (with units) between the plants within the row</i>	
DATE OF TRANSPLANT INTO TEST PLOTS		AGE OF TREES OR BUSHES OR OTHER PERENNIAL CROPS	
<i>Please enter additional seed and transplant information below, if available.</i>			
SOURCE OF SEED/TRANSPLANTS			
DATE SEEDS/TRANSPLANTS RECEIVED			
LOT NO. OF SEED/TRANSPLANTS			
TYPE OF PLANTER OR TRANSPLANTER			

*If the plants were obtained for the trial as transplants and the seeding date is unknown, enter "NA" or "Unknown".

IF BEDS ARE USED:		BED WIDTH	
NUMBER OF ROWS PER BED		NUMBER OF BEDS PER PLOT	
IF BEDS ARE NOT USED:			
NUMBER OF ROWS PER PLOT		ROW WIDTH	
If the commodity in your plots is not planted in rows (e.g. cranberries), then check here: _____			
TRT 01 (UNTREATED) PLOT DIMENSIONS			
TRT 02 (TREATED) PLOT DIMENSIONS			
TRT 03 (TREATED) PLOT DIMENSIONS			
IF THIS IS A TREE FRUIT OR NUT TRIAL:			
NUMBER OF TREES PER PLOT		TREE SPACING	
Responses that do not fit above (e.g. Trt 04 plot dimensions or differing numbers of rows per plot) may be entered here:			

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PART 5. TRIAL SITE INFORMATION:

E. SITE AND SOIL INFORMATION CHARACTERISTICS

INSTRUCTIONS: Furnish soil description and classification information for the plot area. This information can be transcribed from USDA Soil Conservation Service soil maps or via soil sampling and laboratory analysis of the soil. If USDA Soil Conservation Service data is used, a copy may be stored in your facility file and transcribed data should be verified on this page, or copies may be placed behind this page. If soil analysis is used, place the original or true copy behind this page.

SITE IDENTIFIER			
SOIL TEXTURE/TYPE (e.g., sandy loam)			
<i>The following may be entered as single values or ranges:</i>			
SOIL TEXTURE PERCENTAGES	SAND	SILT	CLAY
ORGANIC MATTER %	pH	CATION EXCHANGE CAPACITY (CEC) in meq/100 g	

IF USDA SOIL CONSERVATION SERVICE DATA IS USED BUT NOT INCLUDED IN THE FIELD DATA BOOK:

DATA WERE VERIFIED BY: _____
(Print name above of someone other than transcriber)

IS THIS A GREENHOUSE TRIAL USING NON-SOIL GROWING MEDIA? YES _____ NO _____

IF YES, INCLUDE A LIST OF INGREDIENTS (supporting information may be inserted): _____

IF SOIL ANALYSIS IS PERFORMED, COMPLETE THE FOLLOWING AND INSERT THE ORIGINAL OR CERTIFIED TRUE COPY OF THE SOIL CHARACTERIZATION REPORT DIRECTLY FOLLOWING THIS PAGE.

SOIL SAMPLE DATE _____ PERFORMED BY _____ SOP UTILIZED _____

WAS SOIL SAMPLING REPRESENTATIVE OF SITE? (Check one) YES _____ NO _____

IF NO IS CHECKED, EXPLAIN: _____

NAME AND ADDRESS OF LABORATORY _____

ABOVE DATA ENTERED BY: _____ DATE: _____

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PART 5. TRIAL SITE INFORMATION:

F. TRIAL SITE HISTORY FORM

INSTRUCTIONS: Complete this form or provide equivalent information. Enter all pesticide and fertilizer applications for a minimum of 1 year prior to planting of an annual crop or 1 year prior to the cropping cycle of a perennial crop (e.g. all chemicals needed to produce that crop of peaches).

APPLICABLE TREATMENT(S) _____
*If the treated and untreated plots have different histories, then provide the name of the treatment that this form covers.
When the histories are the same, enter "ALL".*

DATE OR SEASON APPLIED	ACTIVE INGREDIENT	TRADE NAME	RATE (units)	CROP

SOURCE OF DATA _____
(e.g. Facility logbook, farmer's records)

TRIAL SITE HISTORY DATA ARE (Check one): ORIGINAL____ TRANSCRIBED____

IF TRIAL SITE HISTORY DATA ARE TRANSCRIBED, CHECK APPROPRIATE LINE BELOW:

____DATA WERE VERIFIED BY_____
(Print name above of someone other than transcriber)

____DATA WERE OBTAINED VERBALLY FROM GROWER (THEREFORE, DATA WERE NOT VERIFIED)
Please document this communication in Part 3 of this Field Data Book.

____DATA WERE TRANSCRIBED FROM WRITTEN RECORDS, BUT WERE NOT VERIFIED

ABOVE DATA ENTERED BY: _____DATE: _____

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PART 5. TRIAL SITE INFORMATION:

G. CULTURAL PRACTICES LOG

INSTRUCTIONS: List all soil preparation and crop maintenance activities (e.g., cultivation, pruning) performed on trial site from the harvest of the previous crop until the residue samples are collected. If no crop was grown on the trial site, collect data for a period beginning one year prior to planting the current crop.

APPLICABLE TREATMENT(S) _____

*If the treated and untreated plots have different histories, then provide the name of the treatment that this form covers.
When the histories are the same, enter "ALL".*

OPERATION (depth into soil if applicable)	DATE	INFO SOURCE	EQUIPMENT	INITIALS/DATE

Cultural practices data entered above are (*Check all that apply*): ORIGINAL DATA____ TRANSCRIBED____

IF CULTURAL PRACTICES DATA ARE TRANSCRIBED, CHECK APPROPRIATE LINE BELOW:

____DATA WERE VERIFIED BY_____
(*Print name above of someone other than transcriber*)

____DATA WERE OBTAINED VERBALLY FROM GROWER (THEREFORE, DATA WERE NOT VERIFIED)
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PART 5. TRIAL SITE INFORMATION:

H. MAINTENANCE FERTILIZERS AND PESTICIDES

INSTRUCTIONS: Enter all maintenance pesticide and fertilizer applications (including adjuvants and seed treatments) during the trial or insert additional pages. If a facility or grower's list of all maintenance chemical applications is inserted here, the applications to the plots in this trial must be notated in some way to distinguish them from applications made to other areas of the farm or research facility.

Include all chemicals necessary to produce the crop from the last given entry on Part 5F. List tank-mixed chemicals together, if known, and bracket the tank mix in the first (left) column on the form.

APPLICABLE TREATMENT(S) _____

If the treated and untreated plots have different histories, then provide the name of the treatment that this form covers.

When the histories are the same, enter "ALL".

If seed was used, was it treated?* YES _____ NO _____ NA _____

**If this is a seed treatment study, include only seed treatments other than the test substance. If YES, provide treatment chemicals (Date Applied would be "Seed TRT").*

Were transplants used? YES _____ NO _____

If YES, provide treatments prior to transplanting.

BRACKET TANK	DATE APPLIED	Active Ingredient	TRADE NAME	RATE (units)	PURPOSE	INITIALS/DATE

Maintenance fertilizers and pesticides data entered above are (Check all that apply): ORIGINAL DATA _____ TRANSCRIBED _____

IF MAINTENANCE FERTILIZERS AND PESTICIDE DATA ARE TRANSCRIBED, check appropriate line below:

_____ DATA WERE VERIFIED BY _____
(Print name above of someone other than transcriber)

_____ DATA WERE OBTAINED VERBALLY FROM GROWER (THEREFORE, DATA WERE NOT VERIFIED)
Please document this communication in Part 3 of this Field Data Book.

_____ DATA WERE TRANSCRIBED FROM WRITTEN RECORDS, BUT WERE NOT VERIFIED

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PART 5. TRIAL SITE INFORMATION:

I. CROP DESTRUCTION

INSTRUCTIONS: Describe how the remaining crop (after the completion of this field trial) has been destroyed or handled in such a way that it is not consumed as a human food or animal feed. If the (leftover) treated crop was not destroyed because the pesticide use in this trial is registered in your state or territory or province, then that should be indicated below.

Date of crop destruction: _____

Description: _____

SOURCE OF DATA: _____
(Facility records, grower's records, etc.)

DATA WERE OBTAINED VERBALLY FROM GROWER: YES _____ NO _____
Please document this communication in Part 3 of this Field Data Book.

ABOVE DATA ENTERED BY: _____ DATE: _____

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