FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 7. SAMPLE COLLECTION AND STORAGE

A.1. GENERAL HARVESTING INFORMATION *INSTRUCTIONS: Complete a separate form for each sampling date.*

HARVEST DATE[1]_____**SAMPLING DATE**[2]_____ **PHI**[3]_____

[1] *Harvest is defined as crop digging, crop cutting, picking, etc.*
[2] *Date the samples were placed in sample bags (i.e. sample collection)*
[3] *Preharvest interval: Number of days from last application to harvest, or planting to harvest in seed treatment trials*

IF 0 DAY PHI, WAS THE SPRAY DRY BEFORE THE CROP WAS HARVESTED? YES____NO____ NA____
(Check NA if PHI>0 days or if the test substance was not sprayed, e.g. a granular application or a seed treatment.)

Was the crop in all of the trial plots healthy? YES___NO___NA___

IF NO, PLEASE EXPLAIN: _____

_____

DESCRIPTION OF HARVESTED CROP STAGE:_____
(E.g. commercially mature lettuce heads, blueberries mature in size (mostly blue in color), mature plums for drying)

Number of (check one) **Plants_____Trees_____Bushes_____ Areas_____ of the Plot from Which Each Sample was Collected**	
Number and Location of Rows from Which Each Sample Was Collected *Examples: "6 middle rows" "All 3 rows" "1" (for single-row plot)*	
Number of (check one) **Fruit_____Heads_____Roots_____Plants_____ Other_____**(describe) **Actually Collected per Sample** *Enter NA if the sample size requirement is determined only by weight*	
Number of (check one) **Plants_____Trees_____Bushes_____at Each End, or** (check) **Length of Row Ends_____, That Were Not Sampled**	
Was Less Than 50% of the Harvestable Crop Sampled? (May be determined by visual estimation)	**YES_____NO_____** *If* **no** *is checked, contact the Study Director*
Was Each Sample Collected in a Separate Run Through the Entire Plot?	**YES_____NO_____** *If* **no** *is checked, contact the Study Director*
HARVESTING EQUIPMENT (*Do not include gloves, sample bags, coolers, or scales.*)	

DESCRIBE PROCEDURES TO HARVEST CROP. Provide enough details in addition to data entered above to ensure that protocol requirements have been met and to inform a data reviewer exactly how this crop was harvested. *Examples: "Hand-picked berries from one side of the row, then the other. Collected fruit from high and low, exposed and shielded areas." "Barley was cut 3-4 inches above the ground with a scythe and left on the ground to dry for hay samples. Each entire plot was cut."* ATTACH A SEPARATE SHEET IF NECESSARY.

_____

_____

_____

_____

_____

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

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 7. SAMPLE COLLECTION AND STORAGE

A.2. GENERAL SAMPLING INFORMATION--*Complete a separate form for each sampling date.*

Were harvested crop items collected directly into residue sample bags? YES___ NO___

IF NO, PLEASE EXPLAIN _____

_____

DESCRIPTION OF SAMPLED COMMODITY *(if different from harvested crop, such as dried plums, mint oil):*

_____

DESCRIBE SAMPLE COLLECTION IF IT OCCURRED AFTER THE HARVEST DATE. ALSO, DESCRIBE ANY MODIFICATIONS TO THE HARVESTED CROP SUCH AS TRIMMING, CLEANING, CUTTING, DRYING AND/OR COMPOSITING SAMPLES. *You may attach a separate sheet that clearly describes these procedures. Include a description of equipment, duration of procedure(s), temperatures, estimated moisture content, etc., as appropriate.*

_____

_____

_____

_____

IF CUTTING OR PITTING IS DONE AT THE FIELD SITE, INDICATE HERE THE LENGTH OF TIME FROM COMPLETION OF THE MODIFICATIONS FOR EACH SAMPLE TO PLACEMENT IN A COOLER (attach a separate sheet if there are >4 samples):

Sample ID	Approximate Elapsed Time from Modification to Placement into Cooler (minutes)

CHECK ALL PROCEDURES USED TO PREVENT CONTAMINATION OF RESIDUE SAMPLES

___UNCONTAMINATED GLOVES WORN AND CHANGED BETWEEN SAMPLES
___TREATMENTS WERE SAMPLED BY DIFFERENT PEOPLE
___PHYSICALLY SEPARATED TREATED AND UNTREATED SAMPLES
___CLEANED SAMPLING EQUIPMENT BETWEEN COLLECTIONS OF EACH TREATMENT
___OTHER, EXPLAIN:_____

DESCRIBE HOLDING AND TRANSPORT OF SAMPLES FROM FIELD TO FREEZER

(E.g. Sample bags placed in cooler with blue ice, then transported by pickup truck to research center for pitting. Following pit removal, sample bags were hand-carried to freezer.)

_____

_____

_____

Were the samples placed in a freezer within one hour of collection[1]? YES___ NO___

[1]Following the completion of any modifications, such as drying or pitting, or following harvest if there were no modifications

If no, and you used a min-max thermometer, enter the temperature ranges of the samples during transport and check off ^{O}F or ^{O}C:	**Untreated_____ ^{O}F____ ^{O}C____NA____** **Treated_____ ^{O}F___ ^{O}C____NA____**

If NO, and you used a data logger, insert the temperature graphs in this Field Data Book (true copies are acceptable).

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

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 7. SAMPLE COLLECTION AND STORAGE

B. SPECIFIC SAMPLE INFORMATION AND INVENTORY

INSTRUCTIONS: Use a separate page for each sample date. Enter the date the individual samples were collected (do not enter the harvest date if different from sample date), the sample ID, a brief description of the crop part sampled (e.g. turnip roots, turnip tops, tomato fruit, corn forage etc.,), the weight of the sample, the approximate time of day of completion of each sample collection–i.e., sample placed in sample bag following any modifications (e.g., 10:15 a.m.), the approximate time of day that each sample was placed in a freezer, the approximate time interval between completion of collection of each sample (placement of the sample in sample bag) and the placement of the sample in freezer (e.g., 45 minutes), the identification code of the freezer where the samples are stored, and the initials of the person who collected each sample.

SAMPLE COLLECTION DATE: _____

SAMPLE ID[1]	CROP FRACTION	WEIGHT (INCLUDE UNITS)	APPROX. TIME OF DAY OF COMPLETION OF SAMPLE COLLECTION[2]	APPROX. TIME OF DAY THAT SAMPLE WAS PLACED IN FREEZER	ELAPSED TIME TO FREEZER FROM SAMPLE COLLECTION	FREEZER ID	SAMPLED BY (INITIALS)[3]

[1]See Protocol Section 18 for assigned Sample ID code
[2]After the completion of any modifications, such as drying or pitting, or harvest time if there were no modifications
[3]These initials serve only to identify the sample collectors; it is not necessary for each collector to enter their own initials

Was a GLP-maintained scale used to determine weight of residue samples? YES____ NO____

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

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 7. SAMPLE COLLECTION AND STORAGE

C. FREEZER TEMPERATURE LOG

INSTRUCTIONS: Use this (or an equivalent) form when freezer temperatures are taken manually. When temperature records are monitored automatically, the original or certified true copy of the output (disk from data logger, computer printout, etc.) must be placed in this Field Data Book.

UNIQUE IDENTIFIER FOR FREEZER: _____
Enter Freezer ID—may be make/model/serial# or assigned identifier.

UNIQUE IDENTIFIER FOR FREEZER TEMPERATURE RECORDER: _____
Enter Freezer Temperature Recorder ID—may be make/model/serial# or assigned identifier.

Unless otherwise noted in the table below, all temperature units are in (*Check one*):

ºC____ ºF____ _____(Initials)_____(Date)

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

-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 7. SAMPLE COLLECTION AND STORAGE

D. FREEZER CONTENTS LOG

INSTRUCTIONS: Use this (or an equivalent) form to record the movement of residue samples in and out of the freezer.

UNIQUE IDENTIFIER FOR FREEZER: _____
Enter Freezer ID—may be make/model/serial# or assigned identifier.

TRIAL ID#	CONTENTS	DAY/TIME IN	INITIALS	DAY/TIME OUT	INITIALS

-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 7. SAMPLE COLLECTION AND STORAGE

E. FREEZER MAINTENANCE AND REPAIR LOG

INSTRUCTIONS: Complete this form or provide equivalent information. Record dates and brief description of any maintenance and repair work done on freezer.

UNIQUE IDENTIFIER FOR FREEZER: _____
Enter Freezer ID—may be make/model/serial# or assigned identifier.

RECORD SOP# FOLLOWED, IF APPLICABLE: SOP#_____

Initials and Date	Was Maintenance or Repair routine? (Check one)		Description
	Routine	Non-Routine	

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"
THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO._____INITIALS_____DATE_____