

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: () _____ FAX: () _____
E-MAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____
INITIALS: _____

OTHER TRIAL PERSONNEL

<u>PRINT NAME</u>	<u>SIGNATURE</u>	<u>INITIALS</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 2 PAGE ____

Trial Year 2020

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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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: _____

PART 2 PAGE ____

Trial Year 2020

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IR-4 FIELD DATA BOOK

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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: _____

PART 2 PAGE ____

Trial Year 2020

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