

FIELD ID NO: _____
IR-4 FIELD DATA BOOK

PART 5. TRIAL SITE INFORMATION:

A. DIRECTIONS TO TEST SITE

INSTRUCTIONS: Indicate the name and location (street address, town, state or province) of the test 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 test 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 test site location marked and the highways, nearest city or town identified.

NAME AND LOCATION _____

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 TEST 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. DIRECTIONS TO TEST PLOT AREA

*INSTRUCTIONS: Provide the general direction with distances from the entrance of test site to test plot area (indicate North direction) **or** provide a map containing this information. (The entrance must be clearly indicated on the map.) Also indicate the irrigation source location and location of meteorological equipment if they are on site.*

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PART 5. TRIAL SITE INFORMATION:

C.1. PLOT PLAN

INSTRUCTIONS: Legibly sketch on the next page the actual plot plan. Computer-generated plans are acceptable. The plot map should be completed prior to the first application in the trial. The information about chemicals on adjacent plots may be added at a later time, either on the same map (with the date of these additions indicated) or on a separate map. Check off the required items in the table below to confirm that they have been included in the plot plan:

Required items in the plot plan	√
<i>The dimensions and locations of treated and untreated plots*</i>	
<i>Dimensions and locations of buffer zones</i>	
<i>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)</i>	
<i>Distance between the untreated plot and all treated plots in this study</i>	
<i>The north direction</i>	
<i>Slope direction with an arrow pointing down slope</i>	
<i>The number of rows* and/or beds and their direction</i>	
<i>Label plot replicates (if applicable)</i>	
<i>Distances and relative locations of <u>immediately</u> adjacent plots treated with test chemicals that are not part of the trial covered by this Field Data Book. (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.)</i>	
<i><u>Identity of the test chemical(s) used on the adjacent plots</u></i> <i>Exception: Proprietary compounds that cannot be identified because of a secrecy agreement may be labeled as “experimental compound” in this Field Data Book.</i>	
<i>It is acceptable to have the information for the adjacent plots on a separate map that is inserted in this section behind the plot plan. In that case the plot plan would only have the items indicated for the trial plots. The information for the adjacent plots may alternatively be listed in a table beneath the plot plan; see “Part-5C alternate” on the IR-4 website.</i>	
<i>Initials and date of the person who checked off items above:</i>	

*Items marked with an asterisk are also required in 5F; 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 substances as described in part 5.C.1? YES _____ NO _____

If YES, when was the adjacent plot information added to this map? Date _____ Initials _____

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

INCLUDE DIMENSIONS FOR EACH PLOT IN THIS TRIAL

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PART 5. TRIAL SITE INFORMATION:

D. SITE AND SOIL INFORMATION CHARACTERISTICS

INSTRUCTIONS: Furnish soil description and classification information for the plot area. This information shall be transcribed from USDA Soil Conservation Service soil maps containing description of the soil series, land class capabilities, and soil characteristics or via soil sampling and laboratory analysis of the soil. All supporting information shall be placed in the IR-4 Field Data Book directly following this page. If the supporting information lists ranges for soil texture, organic matter, pH, or CEC, it is acceptable to enter those ranges (rather than means) in the appropriate spaces below.

SITE IDENTIFIER							
ESTIMATE OF SLOPE PERCENTAGE IN PLOT							
SOIL TEXTURE/TYPE (e.g., sandy loam)							
SOIL TEXTURE PERCENTAGES		SAND		SILT		CLAY	
ORGANIC MATTER %		pH		CATION EXCHANGE CAPACITY (CEC) in meq/100 g			

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

IF YES, INCLUDE A LIST OF INGREDIENTS (copy 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: _____

DATE SOIL SAMPLE SHIPPED TO LABORATORY FOR ANALYSIS _____

NAME AND ADDRESS OF LABORATORY _____

ABOVE DATA ENTERED BY: _____ DATE: _____

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PART 5. TRIAL SITE INFORMATION

E. TEST SITE HISTORY FORM

INSTRUCTIONS: Complete this form or provide equivalent information. Enter all pesticide and fertilizer applications for the time period specified in the protocol, 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). Note the active ingredient applied, along with the trade name (e.g. carbaryl/SEVIN 80 S), the rate of chemical and the units measured (e.g. lbs active ingredient {ai} per acre or pints {pts} product per acre), the approximate date (at minimum season and year) the pesticide/fertilizer was applied and the crop growing on the plot.

Date or season applied	Active Ingredient	TRADE NAME	RATE (units)	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".*

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

TEST SITE HISTORY DATA ARE (Check one): TRUE COPY ___ TRANSCRIBED ___

IF TEST SITE HISTORY DATA ARE TRANSCRIBED, CHECK APPROPRIATE LINE BELOW

____ DATA WERE VERIFIED BY _____
(Print name above of someone other than transcriber and Quality Assurance)

____ 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:

F. TEST CROP RECORDS

CROP		VARIETY	
SEEDING DATE (This may be prior to transplanting into test plots*)		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 applicable.</i>			
IF THE NUMBER OF ROWS PER BED = 1 (OR IF BEDS ARE NOT USED), THEN ENTER:			
ROW OR BED WIDTH		NUMBER OF ROWS PER PLOT	
<i>Distance (with units) between the centers of the crop row</i>		<i>Each treatment (Untreated, TRT 02, etc.) consists of one plot</i>	
IF NUMBER OF ROWS PER BED > 1, THEN ENTER: <i>Rows per Bed must be 2 or more; otherwise enter data above.</i>		NUMBER OF ROWS PER BED	
		Do not enter '1' in this space.	
BED WIDTH		NUMBER OF BEDS PER PLOT	
<i>Distance (with units) between the centers of the bed</i>		<i>Each treatment (Untreated, TRT 02, etc.) consists of one plot</i>	
TRT 01 (UNTREATED) PLOT DIMENSIONS			
TRT 02 (TREATED) PLOT DIMENSIONS			
TRT 03 (TREATED) PLOT DIMENSIONS			
<i>Indicate the dimensions (with units) of each plot (e.g. 6' x 50' or 2m x 15m)</i>			
<i>Additional seed and transplant information. Enter 'NA' if not applicable.</i>			
SOURCE OF SEED/TRANSPLANTS			
DATE SEEDS/TRANSPLANTS RECEIVED			
LOT NO. OF SEED			
TYPE OF PLANTER OR TRANSPLANTER			
IF THIS IS A TREE FRUIT OR NUT TRIAL:	NUMBER OF TREES PER PLOT		
IS THIS IS A GREENHOUSE TRIAL? (check one)	YES ____	NO ____	
Responses that do not fit above (e.g. Trt 04 plot dimensions or differing numbers of rows per plot) may be entered here:			

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

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 test site from the harvest of the previous crop until the residue samples are collected. If no crop was grown on the test site, collect data for a period beginning one year prior to planting the current crop. Include the activity (operation), dates performed, source of information (e.g., farmer), equipment used, and if known and appropriate, the depth into soil which the practice was performed (e.g., roto-tiller mixed soil to 6 inches) and initials/date of the individual responsible for collecting information.

OPERATION	DATE	INFO SOURCE	EQUIPMENT	INITIALS/DATE

Cultural Practices Data Are (Check all that apply): ORIGINAL DATA___ TRUE COPY___ TRANSCRIBED___

IF CULTURAL PRACTICES DATA ARE TRANSCRIBED, CHECK APPROPRIATE LINE BELOW

- _____ DATA WERE VERIFIED BY _____
(Print name above of someone other than transcriber and Quality Assurance)
- _____ 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 (INCLUDE ADJUVANTS)

*INSTRUCTIONS: Enter all maintenance pesticide and fertilizer applications during the trial. Include all chemicals necessary to produce the crop. (Row crops begin at first fertilizer, plowing and bed formation. Perennial crops include all maintenance materials necessary to produce that crop of fruit.) Note the date the chemical was applied, the **active ingredient** applied, along with the trade name (e.g. **carbaryl/SEVIN 80 S**), the application rate of chemical and the units measured (i.e. lbs active ingredient per acre or pints product per acre), the purpose of the chemical (e.g., fertilizer, weeds, insects) and initials of the person responsible for direct supervision of the application with date of data entry. **List tank-mixed chemicals together, if known, and bracket the tank mix in the first (left) column on the form.** If the crop was established from transplants, include all maintenance chemicals applied to the plants prior to transplanting.*

If seed was used, had there been seed treatments*? Yes___ No___ Seed was not used___
 *If this is a seed treatment study, include only seed treatments other than the test substance.
 If YES, enter treatment chemical below (Date Applied would be "Seed TRT").

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.

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

MAINTENANCE FERTILIZERS AND PESTICIDES DATA ARE (Check all that apply):

ORIGINAL DATA _____ TRUE COPY _____ TRANSCRIBED _____

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

_____ DATA WERE VERIFIED BY _____
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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. Include the date(s) of destruction or handling activities. 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 here:

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

DATA WERE OBTAINED VERBALLY FROM GROWER: YES _____ NO _____
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