

FIELD ID NO: \_\_\_\_\_  
**IR-4 FIELD DATA BOOK**

**PART 4. TEST SUBSTANCE RECORDS**

**A. RECEIPT, STORAGE AND DISPOSITION OF TEST SUBSTANCE (TS)--INSTRUCTIONS:**

*Complete a separate form for each different batch/lot of test substance that has been received.*

**PLEASE INSERT THE SHIPPING DOCUMENTS AND COA FOR TS AND ADJUVANT LABEL AFTER PART 4F.**

NAME OF TEST SUBSTANCE ON CONTAINER LABEL <i>E.g. Darnitall 2 EC or GroundUp or XYZ8-0.</i>	
BATCH/LOT NO.	DATE OF RECEIPT
<i>Provide the batch/lot number of the test substance as it appears on the test material container label</i>	TEST SUBSTANCE EXPIRATION DATE
<b>Do not assign an expiration date if none is provided with the test substance—contact the Study Director.</b>	
SOURCE OF EXPIRATION DATE	
<i>Note the source of the expiration date of the test substance (e.g., expiration date noted on test material container label, expiration date listed on documentation provided by manufacturer, expiration date obtained by IR-4 Headquarters)</i>	
<b>Contact the Study Director if the anticipated last application date is after the expiration date of the test substance.</b>	
WILL THE TEST SUBSTANCE EXPIRE BEFORE THE ANTICIPATED LAST APPLICATION DATE? <i>If yes, contact the Study Director immediately.</i>	YES ___ NO ___

GLP STATUS KNOWN AT TIME OF RECEIPT ( <i>Check YES if the documentation provided by the manufacturer or information on the test material container claims that the test substance has been characterized per GLP requirements. If NO is checked, contact the Study Director.</i> )	YES ___ NO ___
IF "NO", ENTER DATE THAT STUDY DIRECTOR WAS INFORMED	
IF "YES", SOURCE OF GLP STATUS INFORMATION <i>Label, shipping form, etc. Insert Certificate of Analysis (COA) in FDB Part 4 (if a COA has been received).</i>	
CARRIER/TRACKING NO. <i>E.g. UPS/ABCDE12K0601601993</i>	
INDIVIDUAL WHO RECEIVED TEST SUBSTANCE	
APPROXIMATE AMOUNT RECEIVED	NUMBER OF CONTAINERS
CONTAINER DESCRIPTION ( <i>glass bottles, water soluble packets, etc.</i> )	
CONDITION OF CONTAINER ON ARRIVAL ( <i>intact, bags broken, etc.</i> )	

WAS THE TEST SUBSTANCE HELD TEMPORARILY* IN ANOTHER LOCATION PRIOR TO TRANSFER TO ITS LONG-TERM STORAGE LOCATION DURING THE FIELD TRIAL?	YES ___ NO ___
<i>*Temperature monitoring should begin within 2 days of receipt of the test substance by the Field Research Director or the designated person responsible for receiving it, regardless of where the test substance is held or stored.</i>	
IF YES, ENTER LOCATION	
DATES	ESTIMATED TEMPERATURE prior to monitoring

ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PART 4 PAGE \_\_\_\_

Trial Year 2021

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"  
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IR-4 FIELD DATA BOOK

PART 4. TEST SUBSTANCE RECORDS

C. DISPOSITION OF TEST SUBSTANCE CONTAINERS

*INSTRUCTIONS: Complete the appropriate part (PART 1, PART 2 or PART 3) that best explains the disposition of the test substance containers after the completion of applications for the trial or provide equivalent information. Line-out the parts that do not apply to this trial.*

PLEASE NOTE: Test substance containers may not be discarded without prior approval from the Study Director or confirmation that the study has been completed (final report signed by the Study Director) or cancelled. Field Research Directors may contact the Study Director or their Regional Field Coordinator to determine if a waiver from EPA permits proper test substance container disposal, or regarding completion of the final study report (study completion confirmation can also be determined from an IR-4 database search using the "Test Substance Container Disposal Approval" link). Alternatively, some registrants will archive the test substance container(s).

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**PART 1**

*If the container(s) were shipped and are no longer in the Field Research Director's possession, enter the information requested below. A chain of custody form should be included in the shipment. The Field Research Director may use a form on the letterhead of his/her facility, or the Test Substance Chain of Custody Form on the IR-4 website under Food Crop Researcher Resources/Field Data Book.*

SHIPPED CONTAINERS TO (Name and Address) \_\_\_\_\_

DATE SHIPPED \_\_\_\_\_ CARRIER \_\_\_\_\_ BILL OF LADING NO. \_\_\_\_\_

SHIPPED BY \_\_\_\_\_  
.....

**PART 2**

*If the containers will remain in the possession of the Field Research Director, indicate location where the containers are stored.*

STORING CONTAINERS AT:

\_\_\_\_\_  
\_\_\_\_\_  
.....

**PART 3**

*If containers were not handled by any of the above methods briefly explain how they were handled.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**IR-4 FIELD DATA BOOK**

**PART 4. TEST SUBSTANCE RECORDS**

**D. IDENTIFICATION AND RECEIPT OF ADJUVANTS**

**NOTE: The use of adjuvants with the test substance must be approved in the protocol or in a protocol amendment. Adjuvants are considered to be reagents, not test substances. Place a copy of the label after the green divider in Part 4.**

NAME OF THE ADJUVANT ON CONTAINER LABEL			
<b>TYPE OF ADJUVANT</b> (check one or specify other):	CROP OIL CONCENTRATE		
	METHYLATED SEED OIL		
	METHYLATED SPRAY OIL		
	NONIONIC SURFACTANT (NON-SILICONE)		
	SILICONE SURFACTANT		
	VEGETABLE OIL		
	OTHER:		
DATE OF RECEIPT			
RECEIVED BY			
DOES THE ADJUVANT HAVE A BATCH OR LOT NUMBER?		YES ____ NO ____	
IF YES, ENTER THE BATCH/LOT NO.			
EXPIRATION DATE			
WAS THE EXPIRATION DATE ASSIGNED BY FIELD PERSONNEL?		YES ____ NO ____	
AMOUNT RECEIVED			
SOP UTILIZED			
CONTAINER DESCRIPTION ( <i>e.g. glass bottles</i> )			
CONDITION ON ARRIVAL ( <i>e.g. good, bags broken, etc.</i> )			
ADJUVANT STORAGE LOCATION			
<b>ARE THE FOLLOWING ITEMS GLP COMPLIANT?</b>		YES	NO
Date of receipt of ADJUVANT at field facility is recorded (usually the purchase date)			
Identity and concentration of ADJUVANT is indicated on the adjuvant label			
Recommended storage conditions are listed on ADJUVANT label or SDS			
Expiration date of ADJUVANT has been assigned by manufacturer or field personnel			

ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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#### F. BALANCE CALIBRATION CHECK (OPTIONAL)

**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.**

*INSTRUCTIONS: Complete this form or provide equivalent information when the test substance is a dry formulation. 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

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ABOVE DATA ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PART 4 PAGE \_\_\_\_

Trial Year 2021

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