FIELD ID NO:		
IR-4 FIELD	DATA	BOOK

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.

PLEASE INSERT THE SHIPPING DOCUMENTS AND CO	DA FUN 13 AND ADJUVANT LADEL AFTER FART 4F.
NAME OF TEST SUBSTANCE ON CONTAINER LABEL E.g. Darnitall 2 EC or GroundUp or XYZ8-0.	
BATCH/LOT NO.	DATE OF RECEIPT
Provide the batch/lot number of the test substance as it appears on the test material container label	TEST SUBSTANCE EXPIRATION DATE
	vided with the test substance—contact the Study Director.
SOURCE OF EXPIRATION DATE	
Note the source of the expiration date of the test substance (e.g., expiration date listed on documentation provided by manufactur Contact the Study Director if the anticipated last application	er, expiration date obtained by IR-4 Headquarters) date is after the expiration date of the test substance.
WILL THE TEST SUBSTANCE EXPIRE BEFORE THE ANT APPLICATION DATE? If yes, contact the Study Director immediately.	YES NO
GLP STATUS KNOWN AT TIME OF RECEIPT (Check YES is manufacturer or information on the test material container claim characterized per GLP requirements. If NO is checked, contact	ns that the test substance has been YES NO
IF "NO", ENTER DATE THAT STUDY DIRECTOR WAS IN	FORMED
IF "YES", SOURCE OF GLP STATUS INFORMATION Label, shipping form, etc. Insert Certificate of Analysis (COA) is	n FDB Part 4 (if a COA has been received).
CARRIER/TRACKING NO. E.g. UPS/ABCDE12K0601601993	
INDIVIDUAL WHO RECEIVED TEST SUBSTANCE	
APPROXIMATE AMOUNT RECEIVED	NUMBER OF CONTAINERS
CONTAINER DESCRIPTION (glass bottles, water soluble pace	kets, etc.)
CONDITION OF CONTAINER ON ARRIVAL (intact, bags br	oken, etc.)
WAS THE TEST SUBSTANCE HELD TEMPORARILY* IN A TO TRANSFER TO ITS LONG-TERM STORAGE LOCATION *Temperature monitoring should begin within 2 days of receipt designated person responsible for receiving it, regardless of when	N DURING THE FIELD TRIAL? YES NO of the test substance by the Field Research Director or the
IF YES, ENTER LOCATION	
DATES ESTIMATED TE	MPERATURE 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 IS IN IR-4 FIELD DATA BOOK NO	HE ORIGINAL"INITIALSDATE

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B. USE LOG

INSTRUCTIONS: Complete a separate form for **each different** container of test substance used. Insert records on form or provide equivalent information. Indicate use of the stated container of the test substance by recording the dates that test substance was removed, the amount of test substance removed on each date, the purpose of the use (**include trial ID# for all uses on IR-4 studies**), and the initials of the individual responsible for the removal. If test substance is removed for application to more than one plot (in this trial or in separate trials), list separately the amount of test substance removed for each plot.

SATCH/LOT N	UMBER	CONTAINER ID	
ESCRIPTION	OF TEST SUBST	ANCE	
		(E.g. brown liquid, white powder. Note any unusual characters	eristics or changes here.)
BOVE DATA E	ENTERED BY:	DA	TE:
DATE REMOVED	AMOUNT (UNITS) REMOVED	PURPOSE (include trial ID#) [E.g. apply treatments, used in other research, etc.]	INITIALS/DATE
		PART 4 PAGE	Trial Year 20
		FART 4 FAUL	man rear 20

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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.

confirmation that the stud Directors may contact the permits proper test substa confirmation can also be d	ce containers may not be discarde y has been completed (final report Study Director or their Regional l nce container disposal, or regardin etermined from an IR-4 database evely, some registrants will archive	t signed by the Study Director) of Field Coordinator to determine it ing completion of the final study it search using the "Test Substance	r cancelled. Field Research f a waiver from EPA report (study completion
below. A chain of custody j	ped and are no longer in the Field I form should be included in the ship , or the Test Substance Chain of C	ment. The Field Research Direct	or may use a form on the
SHIPPED CONTAINERS T	O (Name and Address)		
	CARRIER		NO
If the containers will remain	in the possession of the Field Research	RT 2 arch Director, indicate location wh	ere the containers are stored.
If containers were not handl	PAI ed by any of the above methods brie	RT 3 fly explain how they were handled	
ABOVE DATA ENTERED B	PART 4 PAGE		: Trial Year 2021
	ATE: "THIS IS A TRUE COPY C	orginal"	

FIELD ID NO:	
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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 conv of the label after the green divider in Part 4

Adjuvants are considered to be reagents, not	test substances. P	lace a copy of the la	abel after th	e green divid	<u>ler in Part 4.</u>
NAME OF THE ADJUVANT ON CONTA	INER LABEL				
		CROP O	IL CONCE	NTRATE	
TYPE OF		METH	YLATED S	EED OIL	
TYPE OF		METHY	LATED SP	RAY OIL	
ADJUVANT	NONION	IC SURFACTAN	T (NON-SI	LICONE)	
(check one or specify other):		SILICO	ONE SURF	ACTANT	
			VEGETA	BLE OIL	
	OTHER:			-	
	DA	ΓE OF RECEIPT			
		RECEIVED BY			
DOES THE ADJUVANT HAV	E A BATCH OR	LOT NUMBER?	YES	NO	
IF YES	S, ENTER THE B	ATCH/LOT NO.			
	EXP	RATION DATE			
WAS THE EXPIRATION DATE ASSI	GNED BY FIELI	PERSONNEL?	YES	NO	
	AMOU	JNT RECEIVED			
		SOP UTILIZED			
CONTAINER DESCRIPTION (e	.g. glass bottles)				
CONDITION ON ARRIVAL (e.g. good, b	ags broken, etc.)				
ADJUVANT STORA	GE LOCATION				
ARE TH	IE FOLLOWING	ITEMS GLP COM	PLIANT?	YES	NO
Date of receipt of ADJUVANT at field	facility is recorded	d (usually the purc	hase date)		
Identity and concentration of A	ADJUVANT is inc	dicated on the adju	vant label		
Recommended storage cond	litions are listed or	n ADJUVANT lab	el or SDS		
Expiration date of ADJUVANT has bee	en assigned by ma	nufacturer or field	personnel		
ABOVE DATA ENTERED BY:			_DATE:		
PA	ART 4 PAGE	 '			Year 2021
COMPLETE IF APPROPRIATE: "THIS IS A		THE ORIGINAL"		DATE	

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E. CHEMICAL STORAGE BUILDING TEMPERATURE LOG

INSTRUCTIONS: Use this (or an equivalent) form when chemical storage building temperatures are taken manually. For each day that temperatures are taken, directly record the date, the minimum and maximum air temperature, the degree units (°F or °C) and provide the initials of the person entering the data. When temperature records are monitored automatically, the original or certified true copy of the data must be placed in the Field Data Book.

	OCATION: ocation (build		binet numb	ers, etc.) where	the test subst	tance is bein	g stored during	g the trial.
				ECORDER: del/serial# or a	ssigned ident	ifier.		
DATE	TEMP MIN/MAX	INITIALS	DATE	TEMP. MIN/MAX	INITIALS	DATE	TEMP MIN/MAX	INITIALS
intouts a insportat ipments	re inserted tion betwee of test subs	l. The over en storage d	all min/m ınd field. n enter se	ximum <u>stora</u> ax temperate If there are parate min/i	ures should two or mor	l <u>not</u> inclu e test sub	ide temperat stances (or s	ures during
est Substa		11						
Iinimum 1	test substanc	ce storage te	mperature	between recei	pt and last a	pplication i	n this trial:	
Iaximum	test substan	ce storage te	mperature	between recei	pt and last a	pplication	in this trial:	
est Substa								
			•	between recei				
				between recei	•	* *		°F
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THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. ______ INITIALS _____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.

		UNITS MEASU	RED			
Date	Stated Wt.	Recorded Wt.	Stated Wt.	Recorded Wt.	Initials	
Stated Wt -	Stated mass of the	otandard waight(a)	used in the colin	protion check		
If more than of Recorded Wt.	one weight is used . = Actual recorde	d mass of the standar	rd weight, indica ard weight(s)		the individual weights	<u>ts.</u>
If more than of Recorded Wt.	one weight is used = Actual recordence ATES AND BRIE	I to attain the standard mass of the standard F DESCRIPTION (rd weight, indica ard weight(s)	ate on the lines below	•	<u>ts.</u>
If more than of Recorded Wt.	one weight is used = Actual recordence ATES AND BRIE	I to attain the standard mass of the standard F DESCRIPTION (rd weight, indica ard weight(s)	ate on the lines below	•	ts.
If more than of Recorded Wt.	one weight is used = Actual recordence ATES AND BRIE	I to attain the standard mass of the standard F DESCRIPTION (rd weight, indica ard weight(s)	ate on the lines below	•	<u>tts.</u>
If more than of Recorded Wt. RECORD DA REPAIR WO	one weight is used = Actual recordence ATES AND BRIE RK DONE ON B	I to attain the standard mass of the standard F DESCRIPTION (rd weight, indica	RATION, MAINTEN	•	

THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. ______ INITIALS _____ DATE___