FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

A. EQUIPMENT

*INSTRUCTIONS: Complete a separate form for **each piece** of test substance application equipment used in the trial.*

EQUIPMENT USED FOR **APPLICATION NUMBER(S)** _____

EQUIPMENT IDENTIFIER[1] _____

[1]*All test substance application equipment must have unique identifying names or codes*

PROPELLANT *(Check one)* PTO PUMP_____ HYDRAULIC PUMP_____

OTHER_____ *(Describe)* _____

TANK CAPACITY *(Indicate gallons or liters)* _____

FAN/BLOWER UNIT POWER SOURCE *(Check one)* PTO_____ HYDRAULIC_____

OTHER_____ *(Describe)* _____

NUMBER OF NOZZLES UTILIZED PER SIDE			
MESH SIZE USED IN THE STRAINERS		No. OF PASSES NEEDED TO TREAT EACH ROW	
NOZZLE DISC AND CORE BRAND/TYPE/SIZE *(e.g. TeeJet Hollow Cone DiscD7 CoreDC25)*			
If different size nozzles were used along the spray manifold list each Disc/Core combination and their location separately.			

TREATED AREA[2]_____

[2]*Treated area=row width X # of rows X length of plot sprayed. Treated row width may differ from actual row width when the actual row width is wider than local commercial practices. In this circumstance, the application rate should be calculated using a local commercial row width and an explanation should be included on this page. Contact the Study Director if guidance is needed.*

DOES AREA USED FOR APPLIC. RATE CALCS. = PLOT AREA (from Parts 5C and 5D)? YES____ NO_____

(For all airblast applications, check "YES" above unless local commercial row widths are used instead of the actual row width on the research plot. This prompt is intended to help data reviewers calculate the application rates correctly.)

IF NOT, PLEASE EXPLAIN: _____

_____

_____

_____

_____

ABOVE DATA ENTERED BY: _____ *DATE:* _____

Total number of pages in this section at initial pagination: ____

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"
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FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS -AIRBLAST SPRAYER

B. DIAGRAM OF APPLICATION EQUIPMENT

EQUIPMENT USED FOR **APPLICATION NUMBER(S)** _____

*INSTRUCTIONS: Complete a separate form for **each piece** of test substance application equipment used in the trial. Sketch a diagram and/or provide clear photograph or other image of application equipment.*

Include the following required items in the sketch or image:

1) Relative location and size of the target crop
2) Nozzle outlet placement in relation to crop
3) Application pattern in relation to crop
4) Assign each nozzle a unique number
5) Note the side that is open or if both sides are being used

ABOVE DATA ENTERED BY: _____ *DATE:* _____

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IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

C. DISCHARGE CALIBRATION FOR **APPLICATION NUMBER ____**

INSTRUCTIONS: Use this form when conducting full (3-run) calibrations or rechecks. If conducting a recheck, please provide calculations to verify that the output is within +/-5% of the most recent full calibration. **Calculations that do not fit on this page should be inserted on an additional page.**

If you are conducting a 3-run target check, please use the target check form provided on the IR-4 website.

EQUIPMENT IDENTIFIER_____

DISCHARGE CALIBRATION DATE_____ TIME_____ PERFORMED BY_____ *(Initials)*

LOCATION WHERE THE CALIBRATION WAS PERFORMED_____

STANDARD DISTANCE USED IN DISCHARGE CALIBRATION_____

PRESSURE (psi) _____ DISCHARGE UNITS MEASURED *(e.g. ml, gallons)* _____

METHOD USED TO DETERMINE AMOUNT DISCHARGED *(Check one)* REFILLED WITH FLOWMETER_____

MEASURED AMOUNT NEEDED TO BACKFILL TANK____ OTHER *(Describe below)* _____

BRIEFLY DESCRIBE PROCEDURE USED TO CHECK DISCHARGE CALIBRATION _____

_____

_____

	Output Run Number	1	2	3	Is this a recheck?
Left side* only	Initial volume				
	Final volume				Yes _____
	Volume discharged				No _____
Right side* only	Initial volume				
	Final volume				
	Volume discharged				
Both sides at the same time	Initial volume				
	Final volume				
	Volume discharged				Total
Sum of outputs per run (ml or gallons)					A
Time (seconds)					B
Discharge rate (ml or gal/sec)					Avg. Discharge Rate** C

*As seen from the rear of the sprayer

**A/B=C

If this is a recheck, are results within 5% of original output? YES____ NO_____

Is the discharge rate of each run within 5% of the mean? YES____ NO____ NA____

ABOVE DATA ENTERED BY: _____ DATE: _____

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"
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FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

D. SPEED CALIBRATION FOR **APPLICATION NUMBER (S) ____**

INSTRUCTIONS: Complete a separate form for additional times when a complete calibration or calibration recheck of application equipment is required.

EQUIPMENT IDENTIFIER _____

SPEED CALIBRATION DATE _____ TIME_____ PERFORMED BY_____ *(INITIALS)*

TERRAIN OF CALIBRATION TRACK *(e.g., tilled field)* _____

LOCATION WHERE THE CALIBRATION WAS PERFORMED_____

BRIEFLY DESCRIBE PROCEDURE USED FOR SPEED CALIBRATION _____

_____

_____

_____

GEAR _____ RPM _____ LENGTH OF TEST TRACK (include units)

_____

SPEED CALIBRATION: *Calculate the speed of the application equipment. If appropriate, note the gear setting and /or RPM setting used in the speed calibration. Indicate the distance (in feet or meters) of the track on which the application equipment was tested to determine speed (e.g. speed of application equipment tested for 100 ft.). Entry prompts have been provided for 2 additional runs. If this is a recheck, calculate the result is within 5% of the original calibration. Show all calculations.* ***A speed recheck (one run) is required whenever an output recheck is performed, except for multiple applications within a study that are made on the same day on the same farm.***

RUN #	1	2	3	TOTAL	AVERAGE	TARGET OR ORIGINAL CALIBRATION TIME
TIME (sec)						

CALCULATIONS:

WAS THIS A RECHECK OF SPEED CALIBRATION? *(Check one)* YES_____ NO_____

IF YES, WERE RESULTS WITHIN 5% OF ORIGINAL CALIBRATION? YES_____ NO_____

The original calibration data, or a true copy, must be in this field data book.

NOTE: A target speed may be used for application calculations, rather than the mean of three runs, but for each application a full speed calibration must be conducted, and the mean of the three runs must be within 5% of the target speed.

WAS THIS A CHECK OF A TARGET SPEED? *(Check one)* YES_____ NO_____

IF YES, WERE RESULTS WITHIN 5% OF TARGET SPEED? YES_____ NO_____

ABOVE DATA ENTERED BY: _____ *DATE:* _____

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IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

E. DELIVERY RATE CALIBRATION FOR **APPLICATION NUMBER(S) ____**

INSTRUCTIONS: Complete a separate form for each application, unless the same parameters are used-- you are using the same equipment, and have performed a recheck to confirm the result of the full calibration. Determine the rate of delivery from the application equipment. Briefly describe the procedure, including formulas used to determine delivery rate calibration. Show all calculations and units. Equations used in electronic (computer software) calculations in this trial must be transcribed or printed out and attached here.

PROCEDURE/FORMULA:

CALCULATIONS:

PROTOCOL SPECIFIED SPRAY VOLUME (from Part 15, in gallons per acre or liters per hectare): _____
Enter "NA" if a spray volume is not applicable.

ABOVE DATA ENTERED BY: _____ *DATE:* _____

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"
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IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

F. VOLUME, MIXING AND DILUTION CALCULATIONS FOR **APPLICATION NUMBER(S) ____**

INSTRUCTIONS: Complete a separate form for each application, unless there are no changes in multiple applications. Show all calculations, formulas, and results below, and define units of measure. Equations used in electronic (computer software) calculations in this trial must be transcribed or printed out and attached here.

CALCULATIONS ENTERED BY: _____ *DATE:* _____

DESCRIBE HOLDING AND TRANSPORT OF TEST SUBSTANCE FROM STORAGE AREA TO LOCATION OF TANK MIXING *(E.g.: "Test substance held securely in an insulated cooler during transport to field site in the bed of a pickup truck" or "Tank mix prepared within walking distance of the chemical storage building")*

_____

_____

_____

_____

NARRATIVE ENTERED BY: _____ *DATE:* _____

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IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

G. APPLICATION INFORMATION FOR **APPLICATION NUMBER ____** APPLICATION DATE _____

INSTRUCTIONS: Complete a separate form for each application date and for each treatment on one application date (use the Treatment Number as indicated in the protocol).

	TRT Number ____	
NUMBER OF DAYS SINCE PREVIOUS APPLICATION		TIME OF ADDITIONAL AGITATION (if applicable) e.g. "10:00" or "continuous" or "just prior to application"
TEST SUBSTANCE		
BATCH/LOT NUMBER		
TIME MIXED/BY WHOM[1]		
TIME APPLIED/BY WHOM[1]		
EQUIPMENT IDENTIFIER		
TANK MIX AMOUNTS		MEASURING EQUIPMENT with INCREMENTS*
CARRIER (starting volume of water)		
VOLUME of WATER REMOVED from starting volume (if applicable)		
TEST SUBSTANCE (formulated product)		
ADJUVANT		
TOTAL VOLUME OF TANK MIX		*e.g. 1000 mL grad. cylinder/10 mL incr.
APPROXIMATE SPRAY HEIGHT (compared to trees or target height[2])		ORDER IN WHICH ITEMS WERE ADDED TO SPRAY MIXTURE* W=Water, TS=Test Substance, A=Adjuvant *e.g. 1-W, 2-TS, 3-A, 4-W
PSI AT NOZZLES		
CARRIER SOURCE/TYPE		
CARRIER pH/TEMPERATURE		
EQUIPMENT used to MEASURE pH		

[1] *The identity of the person that performed this task may be entered by the person entering the rest of the data on this page. Initials are acceptable for identification.*

[2] *Example: Peak spray height was 15 feet into the canopy of a 15- foot tall tree.*

ABOVE DATA ENTERED BY: _____ *DATE:* _____

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

H. ADDITIONAL INFORMATION FROM **APPLICATION NUMBER _____**

APPLICATION DATE _____ *(Complete a separate form for each application date)*

PLANT GROWTH & ENVIRONMENTAL DATA AT THE TIME OF APPLICATION	Enter data in this column
CROP HEIGHT *(Measure or estimate crop height, include units of measurements)*	
CROP GROWTH STAGE *(e.g. seed, vegetative, bud, bloom, fruiting, #true leaves)*	
CROP VIGOR *(e.g. poor, fair, good, variable)**	
PLANT SURFACE MOISTURE *(Check one)*	**SATURATED___ DAMP___ DRY___ NA___**
ESTIMATED % OF SOIL AREA COVERED BY CROP CANOPY	
MEASURED AIR TEMPERATURE *(Check F or C)* (*E.g.* 75 °F_√_ °C___)	**°F___ °C___**
MEASURED WIND SPEED *(Check MPH or Km/Hr)* (*E.g.* 0.5 MPH_√_ Km/Hr___)	**MPH___ Km/Hr___**
WIND DIRECTION FROM *(Check one)*	**N___ NE___ E___ SE___ S___ SW___ W___ NW___** or **NO WIND___**
ESTIMATED % OF CLOUD COVER	
MEASURED RELATIVE HUMIDITY%	
DESCRIPTION OF SOIL TILTH *(smooth, firm, packed, cloddy, etc.)*	
ESTIMATE OF SOIL SURFACE MOISTURE *(wet, moist, dry, etc.)*	
SOIL TEMPERATURE *(Check F or C)*	**°F___ °C___**
DEPTH OF MEASUREMENT OF SOIL TEMPERATURE *(Check INCHES or cm)*	**INCHES___ cm___**

*IF CROP VIGOR IS POOR OR VARIABLE, EXPLAIN: _____

_____

_____

_____

_____

_____

_____

ABOVE DATA ENTERED BY: _____ *DATE:* _____

BRIEFLY DESCRIBE PROCEDURE USED TO CLEAN APPLICATION EQUIPMENT AND IDENTIFY WHO CLEANED IT:

_____

_____

_____

_____

NAME(S) OF PERSON(S) WHO CLEANED EQUIPMENT: _____

CLEANING DESCRIPTION ENTERED BY: _____ *DATE:* _____

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

I. PASS TIMES FOR **APPLICATION NUMBER ____** APPLICATION DATE_____

RECORD PASS TIME AND PASS DIRECTION - *Complete the table by providing the time required to make each pass of the application equipment through the plot and direction of that pass (e.g. NE).*

	TREATMENT __		TREATMENT __		
PASS NUMBER	TIME	DIRECTION	PASS NUMBER	TIME	DIRECTION
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
TOTAL PASS TIME					

ABOVE DATA ENTERED BY: _____ *DATE:* _____

PROVIDE A BRIEF NARRATIVE SUMMARY OF THE APPLICATION AND IDENTIFY WHO PERFORMED IT:

(E.g. *"Test substance was applied to the treated test plot in two passes; one pass down each side of the row, starting with the east side. Each pass was applied to the canopy of the trees."*)

_____

_____

_____

_____

_____

_____

_____

_____

WERE THERE ANY PROBLEMS DURING THE APPLICATION? YES___ NO___

If YES, then contact the Study Director as soon as possible.

APPLICATION WAS MADE BY: _____

NARRATIVE ENTERED BY_____ *DATE:* _____

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

J. POST APPLICATION RATE CONFIRMATION FOR **APPLICATION NUMBER ____**

APPLICATION DATE_____

CALCULATION OF ACTUAL APPLICATION RATE AND SPRAY VOLUME - *Show all calculations and label all units. If a target rate was used for the pre-application calculations, the data from the calibration (average of 3 outputs) must be used for calculating the application rate. Convert this amount to the amount applied per acre (or hectare), and determine deviation from target application in the protocol, rounded to the nearest whole percent.*

EXAMPLE FORMULAS: The formulas below may be used to calculate the amount of test substance (TS) applied per acre as required in Part 6I. Other formulas may be used instead; however, it is not sufficient to merely compare the actual pass times to the "practice" pass times.

1) Total Pass Time x Discharge Rate = Volume of Tank Mix applied to Plot

2) Volume of Tank Mix applied to Plot x $\frac{\text{Amount of TS in Tank Mix}}{\text{Total Volume of Tank Mix}}$ = Amount of TS applied to Plot

3) Amount of TS applied to Plot x $\frac{\text{43,560 sq ft per acre}}{\text{Plot area treated in sq ft}}$ = Amount of TS applied per acre

4) Volume of Tank Mix applied to Plot x $\frac{\text{1 gallon}}{\text{3785 ml}}$ x $\frac{\text{43,560 sq ft per acre}}{\text{Plot area treated in sq ft}}$ = Spray Volume in gallons per acre (GPA)

%DEVIATION FROM THE PROTOCOL RATE SHOULD BE ROUNDED LIKE THIS: -5% OR THIS: +10%

****

DISCHARGE RATE (ml/sec or g/sec): _____

ACTUAL AREA TREATED (*swath width or treated row or bed width x # of passes x length of plot*): _____

Note: *Use bed width for plots with multi-row beds.*

WAS ACTUAL APPLICATION RATE WITHIN -5% TO +10% OF PROTOCOL RATE?

(Check one) YES____ NO____ IF NO, **Contact the Study Director immediately.**

WAS ACTUAL SPRAY VOLUME WITHIN THE PROTOCOL RANGE?

(Check one) YES____ NO____ NA____ IF NO, **Contact the Study Director immediately.**

ABOVE DATA ENTERED BY: _____ *DATE:* _____

FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

K. POST TREATMENT RECORDS FOR **APPLICATION NUMBER _____**

APPLICATION DATE_____

Was There Any Visible Phytotoxicity? YES___ NO___

If YES, fill in the box below* and contact the Study Director. Provide a detailed description and if possible email pictures.

Is a phytotoxicity rating required in the protocol? YES___ NO____ If YES, fill in the box below*

Date Crop Was Observed: _____ *Initials/date*: _____

*Alternatively, a separate sheet with a description of the phytotoxicity may be inserted at the back of Part 6.

DESCRIPTION OF PHYTOTOXICITY SYMPTOMS:
PHYTOTOXICITY DESCRIBED BY: *(Initials/date)*
DATE STUDY DIRECTOR WAS CONTACTED: CONTACTED BY: *(Initials/date)*

Enter the requested information below for <u>both</u> the first rainfall and first irrigation after each application, regardless of whether subsequent applications were made prior to the first rainfall or irrigation. The rainfall/irrigation data entered below should be transcribed from the data included in Part 9 <u>unless otherwise indicated on this page</u>. **If irrigation is required by the protocol to incorporate the test substance, or if the test substance is applied by irrigation, then that event should be recorded below. "NONE BEFORE HARVEST" or "NONE BEFORE SAMPLING" may be entered, if applicable.**

DATE OF FIRST RAIN AFTER THIS APPLICATION	
TIME AFTER APPLICATION THAT PLOTS WERE EXPOSED TO FIRST RAINFALL (*Check DAYS or HOURS*) *(Enter #hours if first rainfall was <u>on the date of application</u>.)*	**DAYS___** **HOURS___**
AMOUNT OF WATER (*Check INCHES or mm*)	**INCHES___** **mm___**
RAIN INFORMATION RECORDED BY *(Initials/date*)	
TYPE OF IRRIGATION *(e.g. overhead, trickle, flood)*	
DATE OF FIRST IRRIGATION AFTER THIS APPLICATION	
TIME AFTER APPLICATION THAT PLOTS WERE EXPOSED TO FIRST IRRIGATION (*Check DAYS or HOURS*) *(Enter #hours if first irrigation was <u>on the date of application</u>.)*	**DAYS___** **HOURS___**
AMOUNT OF WATER (*Check INCHES, mm, or mL*)	**INCHES___** **mm___** **mL___**
IRRIGATION INFORMATION RECORDED BY*(Initials/date*)	

If the data entered above differ from the rainfall/irrigation data included in Part 9, explain: _____

_____

_____ *Initials/date*: _____

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PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

L. DIFFERENTIATION OF MULTIPLE TRIALS CONDUCTED IN CLOSE PROXIMITY*

Are you conducting more than one trial in this study? YES___ NO___

Is another field research director in this study conducting a trial within 30 kilometers (18.6 miles) of your trial(s)? YES___ NO___

If "NO" is checked twice, then no other input is needed except for signing and dating at the bottom of each page.

If "YES" is checked at least once, then an independently prepared tank-mix must be used in each trial, except in studies in which this is not applicable such as studies with granular formulations.

In order to differentiate these trials, select one option from the list below.

If 3 or more trials in this study cannot be differentiated by the same options, then you should check all options that have been used, and explain below which options are differentiating between which trials.

If different crop varieties are being used as a differentiation option, then enter below information that explains why these varieties were chosen. Examples: Variety A produces large fruit, whereas Variety B produces small fruit. Variety A produces fruit with a smooth skin, whereas Variety B produces fruit with a rough skin. Variety A has heavy foliage that shields the commodity, whereas Variety B has light foliage that exposes the commodity more.

If options are used that are listed in the protocol but are not listed in the table below, then enter descriptions below.

*Trials conducted in different calendar years are exempt from these requirements. (If separate trials by the same person or within 30 km are conducted in late fall/early winter, then the differentiation options should be used to reduce the possibility of data rejection by a regulatory agency.)

Check the options used to differentiate the trials that you are conducting in this study:

Option	√	Description
A		Trial sites must be separated by at least 30 km (18.6 miles) [measured as straight line distance]
B		Planting date (for annual crops) or first application date in each trial is separated by at least 30 days
C		Different crop variety (different size or shape at maturity, rough vs. smooth surface, different amount of foliage shielding the commodity, different rate of growth)—confirm with Study Director if this option will be chosen

Trial IDs of other trials in this study to which these options are being applied:

_____

Enter below any additional information that will improve the understanding of the options that have been chosen:

_____

_____

_____

_____

ABOVE DATA ENTERED BY: _____ *DATE:* _____

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FIELD ID NO: _____

IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS-AIRBLAST SPRAYER

M. APPLICATION EQUIPMENT MAINTENANCE AND REPAIR LOG

INSTRUCTIONS: Complete this form or attach true copies of maintenance logs. Provide dates and a brief description of maintenance and repair work completed on the application equipment relevant to this trial. Date and initial all entries.

APPLICATION EQUIPMENT IDENTIFIER_____

EQUIPMENT USED FOR **APPLICATION NUMBERS**_____

INITIALS/DATE_____

Initials and Date	Was Maintenance or Repair routine? (Check one)		SOP#	Description
	Yes	No[1]		

[1] If non-routine, include in the description the nature of the defect, when discovered, and the action taken.

COMPLETE IF APPROPRIATE: "THIS IS A TRUE COPY OF THE ORIGINAL"
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