

Field Research Director:	James Kam	Reviewer:	Kathleen Feist
Study Title:	Acequinocyl Magnitude of Residue on Guava		
Study Director:	William P. Barney		
Test Site Location:	Waimanalo, HI		

Please fill out the following checklist and explain any deficiencies in an email or other electronic document.

Please note: Any problems which are likely to affect the study's integrity found during the course of this review must be brought to the attention of the Study Director immediately.

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Field Trial Critical Events Log

Event	Date	Temperature Log Dates
Test substance receipt	3/7/2014	2/3/2014
Test substance applications	7/15 & 8/5/2014	8/20/2014
Sampling	8/6/2014	UTC: 6/30-8/2-/2014
Sample Shipping and Receipt	8/11; 8/12/2014	TRT: 6/30-8/20/2014

Parts 1,2,3. GLP YES NO N/A In Fac. File?

1.	Chain of Custody for Field Data Book completed	X			
2.	Codes for data changes included	X			
3.	SOPs referenced or present (Part 1, A)	X			
4.	GLP Compliance Statement signed by Field Research Director (Part 1, B)	X			
5.	Study personnel signatures complete (Part 2, A)	X			
6.	Qualifications summary (cvs. training records) (Part 2,B)	X			
7.	Notes and Communication Log completed (Part 3)	X			
8.	Notes with sufficient detail to reconstruct what was done		X		
9.	All in use pages signed and dated	X			
10.	All entries properly dated and initialed	X			
11.	Pages properly identified (Test Substance/Crop/Field ID No.)	X			
12.	All unused pages removed or lined out, initialed and dated	X			

Part 4. Test Substance YES NO N/A In Fac. File?

1.	Chemical Receipt, Storage, and Disposition (Part 4, A)	X			
	a. Date received and/or placed in storage	X			
	b. Name on label	X			
	c. Batch/Lot number	X			
	d. Expiration date of test substance and source (mfg.)	X			
	e. Amount received	X			
	f. Type and condition of container	X			

	g. Chemical receipt (exact copy in raw data) or Certificate of Analysis	X			
2.	Chemical Use Log (completed/documented (Part 4, B)	X			
3.	Disposition of remaining compound / containers documented (Part 4, C)	X			
4.	Identification and Receipt of Spray Additives (Part 4, D)			X	
5.	Chemical storage building temperature log (temperatures/temperature range -receipt to last application) (Part 4, E) (RDFN: Section 4C)	X			
6.	Balance calibration check (bracketing of weights for test substance) (Part 4, F) (RDFN: Section 4D)	X			

Part 5. Trial Site YES NO N/A In Fac. File?

1.	Directions to trial site (map included) (Part 5, A)	X			
2.	Directions to test plot (map included) (Part 5, B)	X			
3.	UTC and TRT Plot layout (detailed, accurate and neatly drawn, with actual plot size and permanent reference noted, distance of UTC to TRT, prevailing wind direction, approx. slope of the plots) (Part 5, C1 & C2)	X			
4.	Soil characterization (GLP soil analysis or SCS survey data) (Part 5, D)	X			
	a. % sand / silt / clay	X			
	b. % organic material or % organic carbon	X			
	c. pH	X			
5.	Pesticide/fertilizer history documented. (Part 5,E) Number of years? 1	X			
6.	Test crop records (variety, species, source, lot no., age) (Part 5, F)	X			
7.	Row width	X			
8.	Plant spacing	X			
9.	Cultural practices (cultivation, etc.) adequately documented (Part 5, G)	X			
10.	Maintenance chemicals (fertilizers/pesticides) use documented (Part 5, H)	X			
	Transplant and/or treated seed use documented			X	
11.	Crop Destruct: has a description been provided to adequately explain crop destruction or handling so that the crop is not consumed by human or animal. Date of destruction and source of info? (Part 5, I)	X			

Part 6. Application YES NO N/A In Fac. File?

1.	Application equipment description (Part A); Diagram/photograph (Part B)	X			
2.	Application calibration accurate, verified, and according to protocol and SOP (Parts 6: C, D, E, F, each application) (RDFN: Section 4E/F)	X			
	a. Calibration records (If "NO," contact Study Director immediately)	X			
	b. Rate calculations (If "NO," contact Study Director immediately)	X			
3.	Treatment Information (Part 6, G)	X			
	a. Incorporation, method, depth and time			X	
	b. Measuring equipment used	X			
	c. Mixing order	X			

	d. Stage of growth of test crop	X			
	e. Wind speed/direction & Air temperature	X			
	f. Sky (cloud cover) & Humidity	X			
	g. Pass times and application narrative (Part 6, I) (RDFN: Section 6J)	X			
	h. Post application rate confirmation (Part 6, J)	X			
5.	Post treatment records (date/amount of first rain and first irrigation after each application)(Part 6, J). Also any phytotoxicity noted (Part 6, K)	X			
6.	Trial Differentiation Guidelines L1: Relevant (y/n) L2: Trials sufficiently differentiated?	X			
7.	Equipment maintenance log (sprayers, hobos, etc.)(Part 6, M)	X			

Parts 7, 8 Sample Collection and Shipment YES NO N/A In Fac. File?

1.	General sampling information (harvest/sample dates, PHI) (Part 7, A)	X			
2.	Method of sampling (Part 7, A) Description (Part 7, A2)	X			
3.	Processing sampling (if applicable)			X	
4.	Sample inventory (Part 7, B)	X			
5.	Interval from sampling to freezing (Notify Study Director immediately in the case of freezer failure and/or loss of sample integrity) (Part 7, B)	X			
6.	Freezer temperature log (temperatures/temperature range - harvest to shipment) (Part 7, C) (RDFN: Section 7D)	X			
7.	Freezer contents log (do dates match sampling log? - check-in and check-out of samples) (Part 7, D) (RDFN: Section 7C)	X			
8.	Freezer maintenance log (Part 7, E) (RDFN: No specific prompt)	X			
9.	Residue sample shipping information and date to carrier (Part 8, A)	X			
10.	Sample chain of custody form in raw data (Part 8, B)	X			
	a. Fed Ex receipt/ACDS bill of lading included/other	X			
11.	Confirmation of receipt by lab included	X			

Part 9. Meteorological/Irrigation YES NO N/A In Fac. File?

1.	Field trial daily weather records (temp and rainfall from first application to harvest). Also, location of weather record collection and meteorological data (Part 9, A)	X			
2.	Field trial daily weather records (irrigation - amounts and/or schedule of irrigation events) (Part 9, A supplement)	X			
3.	Additional meteorological data / on-site observations / comments (Part 9B)	X			

Part 10. Additional Information YES NO N/A In Fac. File?

1.	Original Protocol signed (Part 10, A)	X			
2.	Protocol amendments included (Part 10, A)			X	
3.	Deviations noted and Study Director Informed			X	