

# Industrial Hemp On-Site Sampling Form

Laboratory Use Only (Rev 7/12/2018)

## INSTRUCTIONS FOR COMPLETING THIS FORM:

- Sampling may only be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for  $\Delta 9$  tetrahydrocannabinol (THC) content (hereinafter, Laboratory) pursuant to a complete Industrial Hemp Sampling and Testing Request Form.
- IT IS NECESSARY TO COMPLETE EVERY SECTION OF THIS FORM LEGIBLY. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- The Laboratory must complete a Harvest Lot On-Site Sampling Description (page 2 of this Form) for *each* harvest lot as defined by OAR 603-048-0010 (9). The form must accompany the sample to the laboratory.
- The Laboratory must map/sketch each harvest lot at the time and date of sampling to show the location of the grow area as well as the **sampling pattern**. The Laboratory may supplement the description with photographs. The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.

Laboratory Name: \_\_\_\_\_

Sampler Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_ Time Sampling Started: \_\_\_\_\_ Time Sampling Completed: \_\_\_\_\_

Number of Harvest Lots Sampled \_\_\_\_\_.

Registered Grower Name: \_\_\_\_\_

Registered Grower Business Name: \_\_\_\_\_  
(if applicable)

Representative (present at the time of sampling) \_\_\_\_\_

## AGREEMENT

**The harvest lot(s) described in the Harvest Lot On-Site Sampling Description(s) included with this form accurately reflect the harvest lot location(s) and description(s) and the sampling conducted by the sampler. The Registered Grower agrees to the sampling as described in the attached Descriptions.**

\_\_\_\_\_  
Registered Grower/Representative Signature  
Name:

\_\_\_\_\_  
Sampler Signature  
Name:

# HARVEST LOT ON-SITE SAMPLING DESCRIPTION # \_\_\_\_\_

**Harvest Lot Type** (check at least one one): **Flower** \_\_\_ **Fiber** \_\_\_ **Seed**\_\_\_ **Other (specify)** \_\_\_\_\_

**Grow Area Type** (check one): **Field**\_\_\_ **or** **Greenhouse** \_\_\_

**Total acres or Sq ft. to be sampled:** \_\_\_\_\_ **Declared Harvest Date:** \_\_\_\_\_

**Field ID/Name:** \_\_\_\_\_

IMPORTANT: This Field ID/Name must be the same ID or Name, at the same location, as registered to the ODA.

**Harvest Lot Designation** (as applicable - see below): \_\_\_\_\_

NOTE: In addition to “Field Name”, “Harvest Lot” designations will be used when more than one “Harvest Lot” is located on the same “Field Name”. An additional “Harvest Lot On-Site Sampling Description” must be completed for each harvest lot.

**Written Description:** Describe the location of the harvest lot to be sampled such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other harvest lots:

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**Visual Depiction:** Provide a map oriented north depicting the grow site of the harvest lot showing at least one prominent feature (road, building, etc.). (May be hand-drawn)

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