



Hemp On-Site Sampling Form

For laboratory use only. Complete one copy of this form for each harvest lot or production area.

Laboratory Information

LABORATORY NAME:	SAMPLER NAME (PRINTED):	DATE:
GROWER NAME:	GROWER BUSINESS NAME (IF APPLICABLE):	NUMBER OF HARVEST LOTS SAMPLED:
TIME SAMPLING STARTED:	REPRESENTATIVE (PRESENT AT THE TIME OF SAMPLING):	
IS THIS A RESAMPLE DUE TO A FAILED TEST? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHAT WAS THE FAILED TEST RESULT. _____ % TOTAL THC	

Hemp Sampling Area – Must be a licensed growing area. Do **NOT** combine production areas. Sampling area may contain only cannabis of the **SAME** variety or strain to be harvested in a distinct time frame.

GROW SITE NAME:	PRODUCTION AREA NAME:		HARVEST LOT NAME: _____-2025-00_____ (Production area name) (Lot #)
PHYSICAL ADDRESS:	CITY:	ZIP CODE:	TOTAL SIZE OF PRODUCTION AREA: _____ ACRES OR _____ SQUARE FEET
GPS COORDINATES: LATITUDE: _____ LONGITUDE: _____ (MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623)			SIZE OF AREA TO BE SAMPLED: _____ ACRES OR _____ SQUARE FEET
AREA TYPE: (e.g. field, greenhouse, indoor)	INTENDED USE: (e.g. flower, biomass)	STRAIN TYPE:	DECLARED HARVEST DATE: (must be within 30 days from date of sampling)



Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

Visual Depiction: Map or sketch each harvest lot or production area at the time and date of sampling to show the location of the grow area. **This must include the sampling pattern.** 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.

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 licensed grower agrees to the sampling as described in the attached descriptions.

Grower/representative signature: _____

Name: _____

Sampler signature: _____

Name: _____