

Oregon Department of Agriculture
HEMP SAMPLING REQUEST

TESTING MUST BE COMPLETED PRIOR TO HARVEST

To request sampling and testing, submit a complete copy of this Hemp Sampling Request Form:

To an OLCC licensed and OHA accredited laboratory of your choice according to the laboratory's procedures for requesting sampling; or to request ODA sampling and testing, submit the form to; hempstestreports@oda.state.or.us For a list of accredited laboratories, please visit; <https://www.oregon.gov/oha/PH/LaboratoryServices/EnvironmentalLaboratoryAccreditation/Documents/canna-list.pdf>.

Complete one copy of this form for each harvest lot or production area.

GROWER INFORMATION

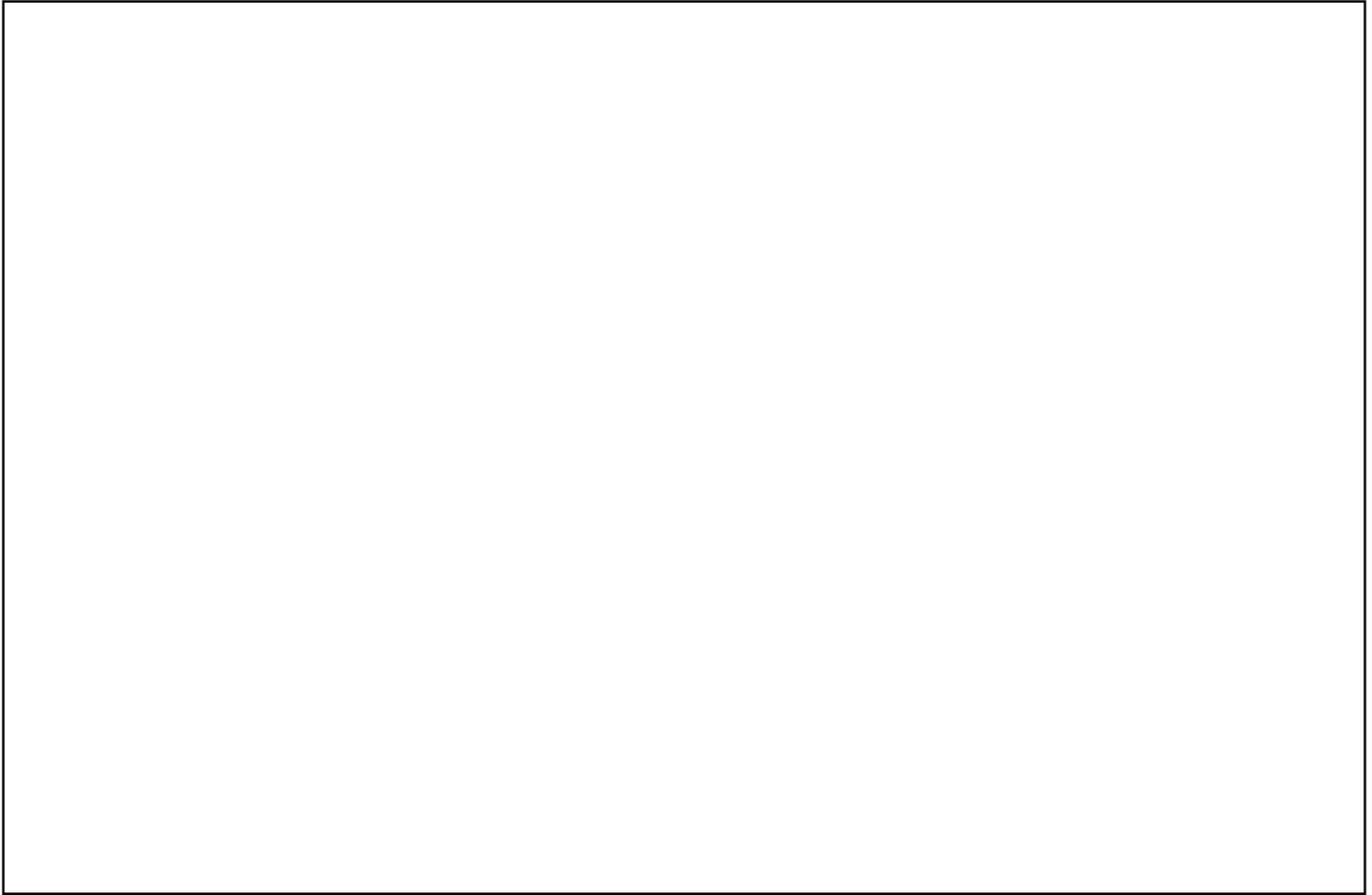
Grower Name:	Business Name <i>(if applicable)</i> :	
Phone:	Email:	Registration #: -IHG

HEMP SAMPLING AREA – MUST BE A REGISTERED PRODUCTION AREA; DO NOT COMBINE PRODUCTION AREAS

Grow Site Name:	Production Area Name:	Harvest Lot Name <i>(if applicable)</i>: _____ -2020-00 _____ <i>(production area name)</i> <i>(lot #)</i>	
Physical Address:	City:	Zip Code:	Total Size of Production Area: _____ Acres OR _____ Square Feet
GPS Coordinates: Latitude: _____ Longitude: _____ <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Size of Area to be Sampled: _____ Acres OR _____ Square Feet	
Area Type: (e.g. field, greenhouse, indoor)	Intended Use For Hemp Crop: (e.g. flower, seed, fiber, biomass)	Declared Start Harvest Date: (must be no longer than 28 days from sample date)	

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: Provide a map oriented north, depicting the production area or harvest lot showing at least one prominent feature (road, building, etc.). Please outline and label all surrounding harvest lots and production areas, including areas left untested (May be hand drawn).



GROWER REQUEST FOR SAMPLING AND TESTING

I, _____ request pre-harvest sampling and testing
(print name)

of production area(s) or harvest lot(s) of hemp as described in the attached Hemp Sampling Request

Description(s) for THC analysis in accordance with OAR 603-048. Sampling and testing must comply with all requirements of OAR 603-048 including all Exhibits and forms.

Signature _____ Date _____

Fees will apply. Laboratories or the ODA may have backlogs for sampling and testing. It is the grower’s responsibility to ensure timely sampling and testing.