

Destruction Inventory

Registrant Name:	Registration #:	Registration Type: <input type="checkbox"/> Grower <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> MMD <input type="checkbox"/> MMPS
Phone:	Email:	

List the products you are proposing to destroy. Completely fill out each line item. Enter "N/A" where not applicable. Blanks could result in delayed plan approval. Attach additional Destruction Inventory sheets as needed.

*For Product Type use the following number which corresponds:

(1) Marijuana Plants; (2) Usable Marijuana; (3) Liquid Concentrate; (4) Liquid Extract; (5) Tincture; (6) Suppository; (7) Solid Concentrate; (8) Solid Extract; (9) Edible

Product name	Product type*	Weight (grams)	Quantity (each)	Harvest/Process Lot Number	Tested? Y/N	Date Tested	Pass or Fail?