

**Oregon Medical Marijuana Grower: Manual Inventory and Transfer Reporting**  
*(Please print clearly)*

**1. Grower information**

Name: (first, middle initial last): \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grow Site address: \_\_\_\_\_

Apartment/Suite number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email (*optional*): \_\_\_\_\_

Government issued photo ID # (*enclose copy*): \_\_\_\_\_

Grower signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Determination of reporting status**

*(Check box if statement is true)*

- I am not growing for myself.
- I sell excess usable medical marijuana, seeds, or immature plants to OHA medical processors or medical dispensaries.
- \* I am growing at a site which is not the patient's residence.
- \* I am growing at a site address where there are more than 12 mature (flowering) plants.

If you checked one or more boxes above, you are required to report. You may use this form, or our online reporting tool at: <https://ommppsystem.oregon.gov/> If you checked a box, but did not check the third or fourth box (marked with a \*), then proceed to section 4. If you did check either the third or fourth box (marked with a \*), please continue to section 3.

**3. Inventory on hand**

Month of Report: \_\_\_\_\_

Year: \_\_\_\_\_

- I verify that during the month listed above, I had no inventory. This means no immature plants, no mature plants, no marijuana leaves or flowers being dried, and no usable marijuana.

If you checked this box, proceed to section 4. Otherwise, please continue filling out this section.

**Onsite Inventory:**

This is completed one time during the month being reported. Please report a “snap-shot” of what you have on-hand on a day of your choosing, as long as it falls within the month for which you are reporting.

Mature Plants (*total count*): \_\_\_\_\_

Immature Plants Less than 24 inches in height (*total count*): \_\_\_\_\_

Immature Plants 24 inches or more in height (*total count*): \_\_\_\_\_

Usable Marijuana (*indicate grams or kilograms*):

\_\_\_\_\_

Leaves/Flowers being dried (*indicate grams or kilograms*):

\_\_\_\_\_

Seeds (*total count*): \_\_\_\_\_

Dry trim (*indicate grams or kilograms*): \_\_\_\_\_

Wet trim (*indicate grams or kilograms*): \_\_\_\_\_

Destroyed (*description*):

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Comments (*reason/explanation*):

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Discarded (*description*):

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Comments (*reason/explanation*):

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#### **4. Transfers**

**Month of Report:** \_\_\_\_\_

**Year:** \_\_\_\_\_

- I verify that during the month listed above, I made no transfers of usable marijuana, seeds, trim, immature plants, mature plants, or any other marijuana products to anyone.

If you checked this box, you are finished. Otherwise, continue filling out this section until you have accounted for all transfers you made for the month, and leave the rest blank. **Please report monthly totals, not individual transactions.**

*If you have more transfers to report than the space below allows, please photocopy as many copies of the next page(s) as necessary, or visit our website to print out additional copies. **All transfers you made for the reporting month must be included.***

**Transfers to** (*circle one*): Patient / Caregiver / Processor / Dispensary

Name and Unique ID number of recipient (Patient Card #, Dispensary #, etc.):

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Usable marijuana (*indicate grams or kilograms*):

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Mature Plants (*total count*): \_\_\_\_\_

Immature Plants (*total count*): \_\_\_\_\_

Seeds (*total count*): \_\_\_\_\_

Other: (*indicate grams, kilograms, or count*): \_\_\_\_\_

Comments (optional):

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**Transfers to** (*circle one*): Patient / Caregiver / Processor / Dispensary

Name and Unique ID number of recipient (Patient Card #, Dispensary #, etc.):

---

Usable marijuana (*indicate grams or kilograms*):

---

Mature Plants (*total count*): \_\_\_\_\_

Immature Plants (*total count*): \_\_\_\_\_

Seeds (*total count*): \_\_\_\_\_

Other: (*indicate grams, kilograms, or count*): \_\_\_\_\_

Comments (optional):

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**Transfers to** (*circle one*): Patient / Caregiver / Processor / Dispensary

Name and Unique ID number of recipient (Patient Card #, Dispensary #, etc.):

---

Usable marijuana (*indicate grams or kilograms*):

---

Mature Plants (*total count*): \_\_\_\_\_

Immature Plants (*total count*): \_\_\_\_\_

Seeds (*total count*): \_\_\_\_\_

Other: (*indicate grams, kilograms, or count*): \_\_\_\_\_

Comments (optional):

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**Transfers to** (*circle one*): Patient / Caregiver / Processor / Dispensary

Name and Unique ID number of recipient (Patient Card #, Dispensary #, etc.):

---

Usable marijuana (*indicate grams or kilograms*):

---

Mature Plants (*total count*): \_\_\_\_\_

Immature Plants (*total count*): \_\_\_\_\_

Seeds (*total count*): \_\_\_\_\_

Other: (*indicate grams, kilograms, or count*): \_\_\_\_\_

Comments (optional):

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