

Hemp Pre-Harvest Sampling Form

INSTRUCTIONS FOR COMPLETING THIS FORM:

- Sampling may be performed by the registered Grower of the harvest lot; a registered Processor to whom the harvest lot will transfer for processing; a laboratory certified by the Vermont Agency of Agriculture, Food and Markets (VAAFAM) to conduct testing, pursuant to 6 V.S.A. §567; or VAAFAM.
- **IT IS NECESSARY TO COMPLETE EVERY SECTION OF THIS FORM LEGIBLY.** Incomplete or illegible forms shall not be proof of compliance with requirements in the Vermont Hemp Program Rules (VHPR), and the Registrant may be subject to enforcement by VAAFAM.
- This form must accompany the harvest lot sample to the laboratory.
- The sampling entity must complete Hemp Pre-Harvest Sampling Procedure (page 2 of this Form) for *each* harvest lot. harvest lots may not be combined.
- For each harvest lot, the sampling entity must use a copy of the aerial view map of the cultivation area used in Hemp Program registration that depicts the location of the harvest lot.
- The **sampling pattern**, as outlined in the Pre-Harvest Sampling Protocol shall be illustrated legibly on the map, and the sampling entity may supplement this documentation with photographs containing a date and time stamp. The description and depiction must be sufficient such that the cultivation area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lots and cultivation areas.

Sampling Entity Name: _____

Sampler(s) Name(s) (Printed): _____

Date: _____ Time Sampling Started: _____ Time Sampling Completed: _____

Harvest Lot Number: _____ Grower's Registration Number: _____

Registered Grower Name: _____

Registered Grower Business Name, if applicable: _____
(if applicable)

Registered Grower Representative (present at the time of sampling) _____

AGREEMENT

The harvest lot described in the Hemp Pre-Harvest Sampling Procedure included with this form accurately reflect the harvest lot location and description and the sampling conducted by the sampling entity. The Registered Grower agrees to the sampling as described in the attached Descriptions.

Registered Grower/Representative Signature
Signature Name:

Sampler
Name:

HEMP PRE-HARVEST LOT SAMPLING PROCEDURE

Harvest Lot Type (check at least one one):

<u>Flower/Biomass</u>	<u>Seed</u>	<u>Fiber</u>	<u>Other</u>

Cultivars: _____

Plant spacing: _____

Grow Area Type and Area (square foot or acres):

Field	Greenhouse
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Declared Harvest Date: _____

Address of cultivation area: _____

IMPORTANT: This must be the same as the cultivation area depicted on aerial view maps provided at registration with the VAAFm.

GPS Coordinates of Access to field: _____

Harvest Lot Number: _____

NOTE: "Harvest lot number" is the unique numerical identifier designated by the Grower that begins with the last five digits of a Grower's registration number, followed by the year of harvest, and a unique number to identify the harvest lot. This clarifies when more than one "Harvest Lot" is located in the same "cultivation area". A new "Hemp Pre-Harvest Sampling Form" 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:

Visual Depiction: Provide the aerial view map depicting the registered cultivation area and the harvest lot showing at least one prominent feature (road, building, etc.), attach

to this form.

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