

Hemp Pre-Harvest Sampling Form

INSTRUCTIONS FOR COMPLETING THIS FORM:

Sampling must be performed in compliance with the Hemp Pre-Harvest Sampling Procedure (October 2, 2018, revised 2020) by a sampling agent that reviewed the sampling protocol and understands the procedures outlined therein, a laboratory certified by the Vermont Agency of Agriculture, Food and Markets (VAAFAM), or a representative of VAAFAM. Registrants that grow under a personal use registration may sample their own hemp crop for testing.

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 Rules (VHR).
- This form and harvest lot aerial view maps must be maintained by the registrant for three years from the date of harvest for each harvest lot.
- The sampling agent must complete the Hemp Pre-Harvest Sampling Procedure (page 2 of this Form) for *each* declared harvest lot; harvest lots may not be combined.
- For each harvest lot, the sampling agent must use a copy of the aerial view map of the cultivation area submitted at registration to depict the location of the harvest lot.
- The **sampling pattern**, as outlined in the Pre-Harvest Sampling Procedure shall be illustrated legibly on the map, and the sampling agent 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 Agent Business Name: _____

Sampling Agent Name (Printed): _____

Sample Date: _____ Time Started: _____ Time Completed: _____

Harvest Lot Number: _____ Hemp Program Registration Number: _____

Registrant's Name: _____

Registrant Business Name, if applicable: _____

Registrant's Representative's Name, if applicable: _____

AGREEMENT

The harvest lot described in this form, was sampled in compliance with the Hemp Pre-Harvest Sampling Procedure, and accurately reflects the harvest lot location and description and the sampling conducted. The Registrant and Sampling Agent agree to the sampling as described in the attached description

Registrant or Representative
Signature

Sampling Agent's
Signature

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

Declared Harvest Date: _____

Address associated with cultivation area:

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

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 four 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:

Provide to the testing laboratory:

A copy of the completed Hemp Pre-Harvest Sampling Form, a completed laboratory test request form with a Chain of Custody.