

**Hemp Harvest Report/  
Inspection Request Form**  
Plant Industry



**Nevada Department of Agriculture**  
Hemp Program  
405 South 21<sup>st</sup> Street, Reno, NV 89431  
Contact: Audrey Blondfield  
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Please complete the form in its entirety. Any forms submitted that are incomplete and/or illegible will be returned. Hemp crop should be sampled/inspected by the NDA a minimum of **15 days prior to harvest**. Notification of 30 days prior to intended harvest is ideal for efficient sample inspection scheduling, which can reduce total inspection costs by allowing grouped inspections to split the travel expenses. **All approved hemp producers must submit a harvest report**. Failure to communicate with NDA staff may result in the issuance of non-compliance which can impact certification status and future recertification.

You may harvest the crop after it has been sampled by the Department.

**Harvested crops must not be moved from the storage area indicated on this form** and cannot be re-sampled if the crop tests above compliance. **Do not dispose or relocate any crop material prior to Department approval**. Once lab analysis has resulted in Total THC concentrations below the federally mandated threshold (0.3% Total THC on a dry weight basis using a post-decarboxylated or similarly reliable method), harvested material can be moved and sold at the producer's own risk.

**\*\*Please attach a map of the production area to the back of this form, designating varietal separation, for inspector use.\*\***

**Producer Information**

Grower Certification Number:

Business Name:

Contact Name:

Physical Address/Growing Site:

Business Phone: | Email Address:

Preferred Sampling Date:

\*\*\*Write "No Harvest" if you do not intend to harvest in 2020\*\*\*

\*\*Preferred Sampling Date is the date the grower would prefer to have their crop inspected/sampled. NDA inspectors will attempt to schedule inspections on the Preferred Sampling Dates; however, this date is **not guaranteed**\*\*

**Cultivation Information:**

Production County:	Varieties Planted:	Indoor or Outdoor:	Production Size per Variety:	Intended Harvest Date:
_____	1. _____	_____	_____ Acres Sq ft _____	_____
Total Production Size to be Sampled During Inspection:	2. _____	_____	_____ Acres Sq ft _____	_____
_____	3. _____	_____	_____ Acres Sq ft _____	_____
	4. _____	_____	_____ Acres Sq ft _____	_____
	5. _____	_____	_____ Acres Sq ft _____	_____

\*Include additional varieties on the next page if necessary.

Location Planting Occurred – GPS Coordinates Required (Decimal Degree Format): Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Storage Information**

Please provide the address and description of the storage location for harvested hemp crops. Harvested crops must not be moved from this location until a Report of Analysis (ROA) indicating Total THC compliance has been issued by the Department.

Address:

Description of Storage Area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Varieties – Add to Total Production Size on Page 1.

Varieties Planted:	Indoor or Outdoor:	Production Size per Variety:	Intended Harvest Date:
6. _____	_____	_____ Acres Sq ft	_____
7. _____	_____	_____ Acres Sq ft	_____
8. _____	_____	_____ Acres Sq ft	_____
9. _____	_____	_____ Acres Sq ft	_____
10. _____	_____	_____ Acres Sq ft	_____

**Not Harvesting (If applicable)**

Please provide the reason why you are not harvesting this year.

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**Disclaimer**

I attest, to the best of my knowledge, that the following statements are complete and true:

\_\_\_\_\_  
*Initials* All crop (s) reported in this Hemp Harvest Report are of the variety and/or cultivar that have been reported as planted, and were planted, within the location of the acreage or sq. ft. as stated within the submitted program application.

\_\_\_\_\_  
*Initials* I intent to use the harvested crop material in a legal manner and will provide details regarding harvested use within a final report.

\_\_\_\_\_  
*Initials* I will not move hemp crops from the storage location indicated on this form and I will not dispose any hemp crop material prior to Department approval.

Signature

Date

**Please draw a map or attach a PDF map of the production area to this form, designating varietal separation, for inspector use.**