# Hemp Harvest-Crop Report/

# Nevada Department of Agriculture

Hemp Program 405 South 21<sup>st</sup> Street, Reno, NV 89431 Contact: Taylor Hollaway Phone: (775) 353-3677 Email: thollaway@agri.nv.gov

Division of Plant Health and Compliance

Complete the form in its entirety to request an inspection, report harvest, or report crop(s) that will not be harvested. <u>All</u> <u>approved hemp producers must submit a report regardless of whether the crop will be harvested or sold</u>. If the crop failed or was not planted this still must be reported on this form per NAC 557. Failure to meet this requirement will result in a notice of non-compliance which can impact certification status and future recertification. Incomplete and/or illegible forms will be returned. Hemp crop(s) must be sampled/inspected by the NDA a minimum of <u>30 days prior to harvest</u>. Notification of 45 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.

Crops may be harvested after it has been sampled by the Nevada Department of Agriculture (NDA). <u>Harvested crops must not be moved from the storage area indicated on this form</u> and cannot be re-sampled if the crop tests above compliance. <u>Do not dispose or relocate any crop material prior to NDA approval.</u> Once NDA lab analysis has resulted in Total THC concentrations below the federally mandated threshold (0.3% Total THC on a dry weight basis using a postdecarboxylated or similarly reliable method), harvested material can be moved.

\*\*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:			
	<b>***Write "No Harvest" if you do not intend to harvest in 2025***</b> <b>**</b> 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			

inspected/sampled. NDA inspectors will attempt to schedule inspections on the Prefi Sampling Dates; however, this date is **not guaranteed**\*\*

# **Cultivation Information:**

Complete <u>all</u> production information <u>even if you will not be harvesting</u>. Incomplete reports will be returned to the grower for revision. Production reporting is required per NAC 557.116.

### Planted Area 2025:

The "planted area" is the acres or square feet where hemp crops were physically planted on the certified site.

		FSA Lot ID		Production		
	Varieties	Number:	Indoor or	Size per		Sq
Production County:	Planted:	(REQUIRED)	Outdoor:	Variety:	Acres	Ft
	1.					
<b>Fotal Production</b>						
Area:	2.					
	3.					
	4.					
	5.					

2300 East Saint Louis Ave Las Vegas, NV 89104 405 South 21<sup>st</sup> St. Sparks, NV 89431 4780 East Idaho St. Elko, NV 89801

6.		 	
7.	 	 	
8.	 	 	
9.	 	 	
10.			

#### Harvest Area 2025:

The "harvest area" is the acres or square feet of planted hemp crops which will be harvested after NDA compliance sampling. The "harvest area" should only indicate the area that will be harvested after this NDA inspection. If you have more than one harvest, you will need to submit more than one harvest report and indicate the harvest area for each harvest.

arieties anted:	FSA Lot ID Number: (REQUIRED)	Indoor or Outdoor:	Production Size per Variety:	Acres	Sq. Ft.
	<u> </u>				
•					
0.					
0 5	Coordinates Re	Coordinates Required (Decimal Degree F	Coordinates Required (Decimal Degree Format): Latitude:		Coordinates Required (Decimal Degree Format): Latitude:Longitude:

## Storage Information

Please provide the address and description of the storage location where harvested hemp crops will remain until compliant THC results are verified by the NDA. 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:

## No Harvest or Did Not Plant (If applicable)

If you did not plant any hemp crops and/or will not be harvesting any hemp crops in 2025, please explain why you did not plant or why you will not have any harvested crops. You must still report the acres planted and that will not be harvested. Write "N/A" if this section does not apply to you.

## **Voluntary Crop Disposal** (If applicable)

If you planted hemp crops in 2025 but intend to dispose of your crops, explain why you intend to dispose of the crops and how the crop material is intended to be disposed. Write "N/A" if this section does not apply to you. You must not dispose of any crop until approval is received by the NDA.

## **Disclaimer**

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

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.

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

\_\_\_\_\_ 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.