



## Hemp Field Sampling Report

*One variety per form*

Permit Number\* \_\_\_\_\_

Permit Holder's First Name \_\_\_\_\_

Permit Holder's Last Name \_\_\_\_\_

Permit Holder's Company (if applicable) \_\_\_\_\_

Permit Holder's Street Address \_\_\_\_\_

Permit Holder's City \_\_\_\_\_

Permit Holder's State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Field ID\*Required \_\_\_\_\_

FSA ID\*(lot number) Required \_\_\_\_\_

Date of Inspection (MM/DD/YYYY) \_\_\_\_\_

Acres Inspected \_\_\_\_\_

Plants Sampled \_\_\_\_\_

Samples (Cuttings) Taken \_\_\_\_\_

Sampler's Name \_\_\_\_\_

Comments \_\_\_\_\_