State of California
DEPARTMENT OF FOOD & AGRICULTURE
Pest Exclusion/Nursery, Seed, and Cotton Program
Rev. 07/19



PRE-HARVEST REPORT

REGISTRANT INFORMATION

Registrant Name:		Business Name:		□ Same as Registrant	Registration #:
Mailing Address:		City:		State:	Zip:
Primary Contact Name:	Same as	Phone Number:		Email (optional):	
_ re	egistrant				
CULTIVATION SITE / CULTIVAR INFORMATIO You must notify the county of any changes to the information		ovided no less than 5	days prior to	schedule and samp	ling date.
Anticipated Harvest Date(s):		County:			
Physical Address:		City:		Zip:	Portion of Cultivation Site to be Harvested:
Global Positioning System (GPS) coordinates (Coordinates should be from the a	approximat	te center of the growing area)	Size:	☐ Acres	□ Whole
Latitude: Longitude:			☐ Square F	eet Partial	
General Description:					
APPROVED SE	ED CL	JLTIVAR(S) TO BE	HARVES	TED	
APPROVED TESTING LABORATORY INFORM ☐ Laboratory Sample Analysis Request Form with Chain of					
Name:					
Address:	Ci	ity:		State:	Zip:
Phone: Email (op		mail (optional):			
SEND THIS REPORT TO:		County of Agricultural Commissioner's Office			
Signature		Date			
County Use Only:					
county osc only.					
Sampling Date/Time:		Sampler:			

PRE-HARVEST REPORT INSTRUCTIONS

What is a pre-harvest report?

A pre-harvest report is to notify the county agricultural commissioner of the anticipated harvest date and initiates the sampling process for THC testing. All registered plantings must be tested prior to harvest (FAC Section 81006(d)).

When should the pre-harvest report be provided to the county agricultural commissioner?

The pre-harvest report must be provided to the county agricultural commissioner at least 30 days prior to the anticipated harvest date. Registrant must notify any changes to the county agricultural commissioner no less than five calendar days prior to the scheduled sampling date (Section 4940(a)(2) in Title 3 of the California Code of Regulations).

REPORT INSTRUCTIONS

All information provided must be complete, legible, and accurate. Any incomplete section or illegible information may delay the scheduling of the sampling date.

Registrant Information

Registrant must complete all sections for the registrant information. Email address is optional. The registrant information must not differ from the information provided on the registration. If registrant information has changed, notification of the changes must be provided to the county agricultural commissioner.

Cultivation Site/Cultivar Information

Registrant must complete all sections below for the cultivation site to be harvested within the county and list the approved seed cultivar(s) to be harvested. Each cultivation site to be harvested must be listed on a separate pre-harvest report.

- Provide the anticipated harvest date(s).
- Indicate the **county**, where the registered cultivation site to be harvested is located.
- **Physical Address** is the location address of the crop to be harvested. Use cross streets if the registered cultivation site does not have a physical address.
- **Global Positioning System (GPS)** is approximately the center point of the registered cultivation site to be harvested and in the format of decimal degrees, up to six decimals with a negative longitude (i.e., 38.574968, 121.492337 **NOT** 38⁰N and 121⁰W).
- Indicate the **size** of the cultivation site to be harvested.
- Indicate the **portion** of the registered cultivation site, whether whole or partial, to be harvested.
- Include information to describe, locate, and identify the boundaries of the cultivation site to be harvested in **general description**. A **general description** is required if the cultivation site does not have a physical address. Assessor's parcel numbers (APN) or operator identification number for Pesticide Use Enforcement can be provided in this section.
- List the name of each approved seed cultivar(s) to be harvested.

Approved Testing Laboratory Information

Testing of industrial hemp for THC content must be conducted by a laboratory with International Organization for Standardization (ISO) / International Electrotechnical Commission (IEC) 17025 accreditation using a validated method for total THC analysis (3 CCR § 4943(a)). The sample analysis request from with chain of custody information from the approved testing laboratory is required.

Alternative formats

This report can be made available in alternative forms for visual or hearing-impaired individuals. Please contact the California of Food and Agriculture (916-654-0435 or industrialhemp@cdfa.ca.gov) to request the report in an alternative format. Please allow 7-10 working days for production of the alternative format. Requests for an alternative format may be sent to the address and telephone below.

If you have any questions, please contact the County Agricultural Commissioner's office.

County of Agricultural Commissioner's Office