



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Seed Programs Division 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806

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Louisiana Industrial Hemp Program 2020 Harvest/Destruction Report

- **This report is due for each field, plot, greenhouse or indoor growing area planted.**
- You must submit a separate *Harvest/Destruction Report* for each planting address.
- This form must be submitted prior to harvest or destruction. Allow for several days between submittal of this form and date of sampling by LDAF.
- Following the form submission, LDAF will contact you to schedule an appointment to collect sample(s).
- **No harvest or destruction is allowed until you receive written approval from LDAF.**
- You are prohibited from co-mingling harvested lots until you have received acceptable test results from LDAF.
- If submitting electronically, **email to: industrialhemp@ldaf.la.gov, or mail to: LDAF Industrial Hemp Program, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806.**

Licensee Information	
Licensee Name:	License No:
Designated Responsible Party:	
Email:	Phone Number:

1) **Indicate type of reporting:** Harvest (answer questions 2 through 6 & question 9) **or** Destruction of failed crop (answer questions 2 and 3, & questions 7 through 9)

2) **Indicate harvest/destruction location:** Outdoor/Field Greenhouse/Indoors

3) **Indicate Licensed Growing Address for this report:**

Planting Address (MUST Match Address on License)	City	Parish

4) **Provide harvest information in the table below. The “FSA Lot Number” MUST correspond to the FSA Lot Number used to identify any site on your application or site modification form.**

FSA Lot Number	Variety/ Strain	Area/square feet harvested	Intended Purpose (Grain, Fiber, Floral)	Intended Harvest Date	Intended Completion Date (< 15 days from sampling)	Will this be a complete harvest of the plot?
<i>EX: Field 1A</i>	<i>Hemp 11</i>	<i>5 acres</i>	<i>Grain</i>	<i>5/29/2020</i>	<i>9/01/2020</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

*If all harvests are not represented on this form, future harvests must be reported on additional forms.

5) **If additional harvest sheets are attached, indicate the total number of sheets attached:** _____

Licensee Name: _____

6) Are the harvested hemp materials to be transported off-site immediately? Yes No

Harvested material must remain on Licensee’s location unless transported directly to a Louisiana licensed contracted processor.

If “Yes”, indicate the industrial hemp license number of the contracted location: _____

7) If the industrial hemp crop has failed due to weather or other agronomic factors and you intend to destroy it, complete the information in the table below. You must receive approval from LDAF PRIOR to destruction, as LDAF may inspect and collect a sample. The Location ID below MUST correspond to the approved Location ID on your application or site modification request.

Location ID (MUST match Licensed Location ID)	Hemp Variety/ Strain	Acres/ft ² proposed for Destruction	Date of Proposed Destruction	Reason for Proposed Destruction	Will this be a complete destruction of all hemp in this plot? Yes/No
<i>Field 3</i>	<i>Hemp32</i>	<i>10 ac</i>	<i>7/15/19</i>	<i>Weed pressure</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

8) If planning to destroy your crop, attach pictures of the hemp plot(s) intended for destruction.

Pictures attached.

9) Indicate if you have any other industrial hemp growing on this address. Yes No

NOTE: If you are growing any other industrial hemp NOT reported on this form, you will need to complete another *Harvest/Destruction Report* form prior to harvest or destruction.

I hereby verify and affirm that all of the information contained in this *Harvest/Destruction Report* is true and accurate. I also understand that if LDAF later determines any of this information to be false or inaccurate, my license may be revoked.

Signature of Licensee/Designated Responsible Party

Date

Printed name of Licensee/Designated Responsible Party

Title