

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



MA Hemp Harvest Report

Directions

Complete all parts of the following report and submit to the MDAR Hemp Program *at least twenty-one (21) days* before to harvest to allow time to schedule sample testing.

Following the submission of this report, the Program will contact you to schedule an appointment to collect regulatory THC samples. *Harvest may not begin until samples have been collected by the Program.*

The licensee or a previously designated authorized signatory must be physically present during sampling.

Crop must be harvested within 15 days after sampling has taken place, unless otherwise authorized in writing.

Each individual hemp variety by planting location is considered a "Lot." Each Lot must be tested individually by the MA Hemp Program at harvest. Lots may not be co-mingled or combined until a Hemp Certificate is issued.

This report should contain information that corresponds with your Planting Form. All planted crops MUST be reported for harvest, or as a loss.

Please email completed forms to: MAHemp@mass.gov

Please type or print clearly (incomplete or illegible forms will be returned).

License Holder Information

Name of License Holder:	License Number:
Primary Contact Name <i>(if different)</i> :	
Submitted by <i>(please print)</i> :	Date:

Harvest Area Detail

If there is more than one licensed site with hemp to be harvested, please fill out additional Harvest Reports for each site.

Site Name:		
Physical Address:		
City:	State:	Zip Code:
FSA Number <i>(Farm & Tract)</i> :		

*FSA numbers are assigned as "Farm Number - Tract Number - Field Number - Subfield Number." Ex: 8736-6253-10-C
To locate your FSA number, please refer to your FSA Farm Map and/or acreage reports filed with your local FSA agent.*

MA Industrial Hemp Harvest Report

Harvest Information *This report should contain information that corresponds with your Planting Form*

Grow Area Name	Variety/Strain	FSA Field No.	Requested Sample Date*	Harvest Area
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²
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				<input type="checkbox"/> acres <input type="checkbox"/> ft ²
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²

* We will do our best to accommodate your preferred sampling date. Please note that we do not schedule samples on holidays or weekends and will offer alternative dates based on nearest availability.

Hemp Loss Report: *If you have lost any crops due to poor plant health, pests, disease, weather events or theft, please indicate below. This report should contain information that corresponds with your Planting Form*

Grow Area Name	Variety/Strain	Planting Date	Reason for Loss	Amt. Lost	Total Loss?
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> acres <input type="checkbox"/> ft ²	<input type="checkbox"/> YES <input type="checkbox"/> NO