



CANNABIS WASTE AND DISPOSAL REPORT

Complete this form if you have cannabis waste or failed a pre-harvest test and need to dispose of cannabis.

1. Growers must request approval from the Oregon Department of Agriculture (ODA) at least seven days prior to the date of proposed disposal given on the form (complete sections 1 and 2). Growers must receive written approval from ODA before disposing of any cannabis. After receiving approval, growers must document the disposal with photographs or video. This form may be submitted electronically to, hemptestreports@oda.state.or.us or by regular mail to the Hemp Program, Oregon Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301-2532.
2. Growers must then resubmit the same form with the disposal report section complete within seven days after disposal (complete sections 3 and 4).

Section 1: Cannabis Disposal Request (submit **at least seven days** before proposed destruction date)

Name:	Business name: <i>(if applicable)</i>	Registration #: -IHG	
Phone:	Mailing address:	State:	Zip:
Registration status: Active Pending None	Grow site address:	State:	Zip:
Grow site name:	Production area name:	Harvest lot name: <i>(if applicable)</i>	
Total size of production area: _____ acres OR _____ sq. ft.	Size of affected area or number of plants affected: _____ acres OR _____ sq. ft. OR _____ plants	Was the area pre-harvest tested? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the total THC amount. _____ % Total THC Date of test: _____	

Reason for disposal: <i>Check all that apply</i> <ul style="list-style-type: none"> <input type="checkbox"/> Mold <input type="checkbox"/> Disease <input type="checkbox"/> Aphids/Insects <input type="checkbox"/> Pest/Rodent <input type="checkbox"/> Failed Testing <input type="checkbox"/> Funding Other : _____ 	Proposed disposal method: <i>Check one</i> <ul style="list-style-type: none"> <input type="checkbox"/> Plowing under <input type="checkbox"/> Mulching/composting <input type="checkbox"/> Disking <input type="checkbox"/> Brush mower/chopper <input type="checkbox"/> Deep burial <input type="checkbox"/> Landfill <input type="checkbox"/> Burning Other: _____ 	Date waste determined: <hr/>
		Proposed disposal date: <hr/>

Additional description: *Please provide a written description of the cannabis waste. Include specific details about what occurred and when. Explain your proposed disposal method and any additional relevant details.*

Section 2. Signature and Acknowledgement

I acknowledge that the cannabis referenced in this cannabis waste and disposal report will be disposed of as described upon approval from the Department. I also acknowledge that the Department is not responsible for any costs associated with the disposal of the cannabis.

Print name: _____ Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY	
Date received:	
Cannabis disposal: <ul style="list-style-type: none"> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Conditions required 	Conditions required: <ul style="list-style-type: none"> <input type="checkbox"/> Department observation <input type="checkbox"/> Additional testing <input type="checkbox"/> Photo/video must accompany disposal report <input type="checkbox"/> Other:

SUBMIT the following **WITHIN SEVEN DAYS AFTER DISPOSAL**

Section 3. Cannabis Disposal Report

Grow site name: 	Disposed production area name: 	Disposed harvest lot name: (if applicable)
Date of disposal: _____	Amount of cannabis disposed: _____ acres OR _____ sq. ft. OR _____ plants	Disposal method used: <input type="checkbox"/> Plowing under <input type="checkbox"/> Mulching/composting <input type="checkbox"/> Disking <input type="checkbox"/> Brush mower/chopper <input type="checkbox"/> Deep burial <input type="checkbox"/> Landfill <input type="checkbox"/> Burning <input type="checkbox"/> Other: _____

Did any events occur which changed the disposal methods or date of disposal of the cannabis crop?
If yes, please explain.

Section 4. Signature and Acknowledgement

I acknowledge that the cannabis referenced in this cannabis waste and disposal report was disposed of as described in this disposal report. By signature below I attest that the information provided in this Cannabis Waste and Disposal Report is true and correct.

Print name: _____ Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Date received:

Disposal report:

Complete

Incomplete

By:

Report file date:

By:



**OREGON
DEPARTMENT OF
AGRICULTURE**

Protect. Promote. Prosper.

Hemp Program

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