



# New Jersey Department of Agriculture Hemp Program

## 2022 Harvest/Destruction Report

**OFFICIAL USE ONLY**

Post Mark:

- This report is due for every field or indoor area planted.
- This report is **due at least 30 days prior to harvest or destruction.**
- Following the submission of this form, a NJDA inspector will schedule an appointment to collect sample(s). The NJDA must receive a sample and provide written approval prior to harvest or disposal.
- If submitting electronically, send to [NJHemp@ag.nj.gov](mailto:NJHemp@ag.nj.gov).

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

<b>License Holder:</b>		<b>License #:</b>
<b>Name of Signing Authority on License (if business):</b>		
<b>Email:</b>	<b>Phone:</b>	

- 1) **Indicate type of reporting:**  Harvest (questions 2-8, and 11)  
 or  Destruction of failed crop (questions 2-3, and 9-11)

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

- 3) **Indicate Registered Growing Address for this report:**

Planting Address (MUST Match Address on <i>Licensing Agreement</i> )	City	Zip	County

- 4) **Provide initial harvest info in the table below.† The “Location ID” MUST correspond to the Location ID found on the registered site in the *Grower Licensing Agreement*. If your crop was a total loss and you intend to destroy it, skip to question 9.**

Location ID (MUST match Location Lot-Field# given to FSA)	Variety/ Strain	Acres / square feet in <i>this</i> harvest	Primary Harvest (Grain, Fiber, Floral)	Expected Initial Harvest Date	Expected Completion Date (NO MORE than 15 days later)	Will this be a complete harvest for this plot?*
<i>Lot, Field#</i>	<i>Hemp18</i>	<i>10 ac</i>	<i>Floral</i>	<i>8/15/2018</i>	<i>8/21/2018</i>	<input type="checkbox"/> Yes <input checked="" 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

\*If all industrial hemp harvests are not represented on this form, future harvests must be reported on additional forms. †Attach additional sheets as necessary.

Harvest / Destruction Report Form

5) Were any pesticides used on the hemp after planting?  Yes  No If “Yes,” indicate:

a) Applicator license number(s): \_\_\_\_\_

b) Products used: \_\_\_\_\_

6) Is any harvest listed in Question (4) of floral material?  Yes  No

If “Yes”, note that you are prohibited from co-mingling or moving your harvest from its storage location until you have received acceptable test results.

7) Are the harvested industrial hemp materials to be transported offsite?  Yes  No

If “Yes”, indicate registered location: \_\_\_\_\_

8) Are the harvested industrial hemp materials going to be transferred to a new owner immediately following harvest?

Yes  No If “Yes”, indicate buyer: \_\_\_\_\_

9) If the industrial hemp crop has failed and you intend to destroy, complete the information in the table below. **You must receive approval from NJDA PRIOR to destruction**, as NJDA may inspect and collect a sample. The Location ID below MUST correspond to the Location ID found on the registered site in the *Licensing Agreement*.

Location ID (MUST match Location Lot-Field# given to FSA)	Variety / Strain	Acres / sq ft proposed for destruction	Date of Proposed Destruction	Reason for Proposed Destruction	Proposed Method of Destruction	Will this be a complete destruction of all hemp in this plot? Y/N
<i>Lot, Field#</i>	<i>Hemp32</i>	<i>10 ac</i>	<i>7/15/18</i>	<i>Weed pressure</i>	<i>Mowing</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

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

Pictures attached.

11) Indicate if you have any other hemp remaining on your property. Yes  No

NOTE: If you are growing any other hemp NOT reported on this form, you will need to complete another *Harvest/Destruction Report* form at least 15 days prior to harvest or destruction.

By writing my name below, I attest that I am authorized by the license holder to submit this form, and that this information is accurate and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_