



DEPARTMENT of AGRICULTURE  
and NATURAL RESOURCES  
JOE FOSS BUILDING  
523 E CAPITOL AVE  
PIERRE SD 57501-3182  
danr.sd.gov

## South Dakota Industrial Hemp Program Grower Inspection Sample Request

### Guidelines and Instructions

- This page contains guidelines and instructions and is not part of the Grower Inspection Sample Request. Do not submit this page with your form.
- Please type or print clearly in blue or black ink. Do not print on both sides of the paper. Report must be complete and legible.
- You **MUST** retain copies of all forms and records to be in compliance with the South Dakota Industrial Hemp Program.
- Grower Inspection Sample Request must be submitted at least ten (10) days before planned harvest.
- Grower Inspection Sample Request must be submitted within 72 hours of remediation for post-remediation sample requests.
- Following the submission of this form, the Department/DPS will schedule an appointment with grower to collect sample(s) from your growing location(s). License holder or key participant must be present at the sampling site(s) during sample collection(s) and provide the Department/DPS official with complete and unrestricted access to all Industrial hemp and hemp plants parts at the growing site(s).
- Licensed area Lot must match the licensed area Lot on the grower application.
- All inspection sample request fees are due before sample collection. The Department/DPS official will not collect any sample without payment. Please send payment with Grower Inspection Sample Request.
- Crop must be harvested not more than thirty (30) days after sample collection. Harvested materials must be segregated by lot until official sample test results are obtained.
- For post-remediation samples, remediated Industrial hemp must remain segregated until test results are available and DANR has communicated with the license holder.
- If harvest is not completed within thirty (30) days following the date of sample collection by the Department/DPS, you must submit a second Grower Inspection Sample Request and pay all lab fees.
- If a licensed grower fails to submit Grower Inspection Sample Request and proceeds to harvest prior to an official sample being collected by the Department/DPS, his/her license shall be subject to revocation and grower may be subject to violations and fines.
- Mail completed form to the South Dakota Department of Agriculture and Natural Resources, 523 East Capitol Avenue, Pierre, SD 57501.



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Payment Information FOR OFFICIAL USE ONLY	
Initial Sample Fees	Retest Sample Fees
Check #:	Check #:
Date:	Date:
Amount:	Amount:
OFFICIAL:	

## South Dakota Industrial Hemp Program Grower Inspection Sample Request

License Holder's Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Licensed area Lot (List ALL Lot locations associated with your license)	FSA Farm #, Trade #, and Field #	GPS Coordinates (Decimal degrees from center of each location)	Date Planted	Expected Harvest Date	Date Sample Collected / Sample ID (OFFICIAL USE ONLY)		FOR OFFICIAL USE ONLY					
							Test sample Date		Report Date		Pass/Fail (THC concentration %)	
					Sample 1 (Initial Sample)	Sample 2 (Retest)	Test 1	Test 2	Test 1	Test 2	Test 1	Test 2
<i>Lot 1</i>	<i>Lot 222-22-2B</i>	<i>29.832706 -90.926661</i>	<i>06/12/21</i>	<i>09/30/21</i>	<i>09/15/21 46_0001</i>			<i>09/16/21</i>	<i>09/16/21</i>	<i>Pass (0.1)</i>		

By signing, I attest that I am the License Holder and that this information is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Attach additional sheets as necessary. If additional sheets are attached, indicate total number of sheets attached: \_\_\_\_\_