Oregon
Health
Authority

Grower Manual Inventory and Transfer Reporting

Instructions: If you are a grower for multiple patients <u>at the same grow site</u>, one form may be used for all your patients. Each grower is responsible for filling out their own manual reporting form. Manual reports must be submitted by the 10th of each month for the prior months inventory and transfers. **Please print legibly or OMMP may have to delay entry or not accepted your report.**

Mail completed reports to: OMMP, Manual Reporting, PO BOX 14450, Portland, OR 97293

Grower Name (Frist, middle initial, last)	
Date of Birth	
Grow Site Address	
Grow Site City, State, Zip Code	
Phone Number	

Reporting month and year: _____

Check the boxes that pertain to you for the reporting month, follow the instructions, and sign.

☐   I have inventory to report. (If you check this box, please fill out page 2 as appropriate.)

☐   I have transfers to report. (If you check this box, please fill out page 3 and any additional pages needed)

☐   I verify that during the month listed above, I had **no** inventory. This means no immature plants, no mature plants, no marijuana leaves or flowers being dried, and no usable marijuana at the grow site.

☐   I verify that during the month listed above, I made **no** transfers of usable marijuana, seeds, trim, immature plants, mature plants, or any other marijuana items to anyone.

If the third AND fourth boxes are checked, sign on the line below and send this page to OMMP.

_____
Grower's signature   Date

If you are required to report inventory, complete page 2. If you have transfers to report, follow the instructions on page 3.

Report of Inventory

Grower Name (Frist, middle initial, last)	
Date of Birth	
Grow Site Address	

Reporting month and year: _____

Report of Inventory at the Grow Site
Only a designated grower, growing at a grow site that is **not** at the patient's residence, is required to fill out this section. If the grow site is not at the patient's residence for only one of the patients you grow for, the grower is required to fill out this section for all patients they are designated to grow for at the grow site.

Mature Plants (total count)	
Immature Plants less than 24 inches in height (total count)	
Immature Plants 24 inches for more in height (total count)	
Useable Marijuana (indicate grams or kilograms)	
Leaves/Flower being dried (indicate grams or kilograms)	
Seeds (total count)	
Dry Trim (indicate grams or kilograms)	
Wet Trim (indicate grams or kilograms)	
Destroyed (description of what and reason/explanation)	
Discarded (description of what and reason/explanation)	

Report of Transfers

Grower Name (Frist, middle initial, last)	
Date of Birth	
Grow Site Address	

Reporting month and year: _____

How many of the following categories did you make transfers to?
_____ **Patients**   _____ **Caregivers**   _____ **Processors**   _____ **Dispensaries**
This will determine the number of "Transfer was made to" tables you will need to fill out. One table must be filled out for each number indicated in the category. Additional tables are found on page 4. Please make and fill out as many copies as are needed to complete reporting for the month.

Report of Transfers
Please indicate the totals for the reporting month of items in each category below that were transferred to one patient, caregiver, processor or dispensary. All transfers you made for the reporting month must be included.

Transfer was made to (circle one):   **Patient / Caregiver / Processor / Dispensary**

Name and Unique ID # of recipient (patient card #, dispensary #, etc.)	
Usable Marijuana (indicate grams or kilograms)	
Mature Plants (total count)	
Immature Plants (total count)	
Seeds (total count)	
Other (include description and grams, kilograms, or count)	
Comments (optional)	

Additional Report of Transfers

Grower Name (Frist, middle initial, last)	
Date of Birth	
Grow Site Address	

Reporting month and year: _____

Transfer was made to (circle one):   **Patient / Caregiver / Processor / Dispensary**

Name and Unique ID # of recipient (patient card #, dispensary #, etc.)	
Usable Marijuana (indicate grams or kilograms)	
Mature Plants (total count)	
Immature Plants (total count)	
Seeds (total count)	
Other (include description and grams, kilograms, or count)	
Comments (optional)	

Transfer was made to (circle one):   **Patient / Caregiver / Processor / Dispensary**

Name and Unique ID # of recipient (patient card #, dispensary #, etc.)	
Usable Marijuana (indicate grams or kilograms)	
Mature Plants (total count)	
Immature Plants (total count)	
Seeds (total count)	
Other (include description and grams, kilograms, or count)	
Comments (optional)	