KEYSTONE STATE TESTING OF NY

OCMPPCL-2022-00007

Chain of Custody Record

1809 Vestal Parkway, Vestal NY 13850 Tel 607.301.0884 ♦ info@KeystoneStateTesting.com ♦ www.KeystoneStateTesting.com

CLIENT ORGANIZATION NAME:

CLIENT LICENSE NUMBER:

PHONE:

REQUESTING AGENT:

EMAIL:

SIGNATURE:

ADDRESS:

SAMPLER DATE

SAMPLING NOTES

I am submitting sample(s) obtained legally in accordance with NY law.

ANALYSES REQUESTED

Fresh Frozen Compliance | Process Compliance | Flower Compliance | Edible Compliance | Potency | Terpene | Heavy Metal | Microbial | Residual Solvents | Other

REQ. DATE REQ.

- ☐ Grow
- ☐ Process
- ☐ Gov't
- ☐ Home

TYPE OF PRODUCT

- ☐ Cannabinoid Hemp
- ☐ Cannabis Product
- ☐ Medical Cannabis

ID# (Lab Only)	DATE SAMPLED	TIME SAMPLED	TOTAL BATCH SIZE (lb)	SAMPLE ID/ LOCATION	Mass/Vol	Cnt. #	STATE TRACKING ID	ANALYSES REQUESTED	COMMENTS

RELINQUISHED BY	DATE / TIME	RECEIVED BY	DATE / TIME

SAMPLE CONDITION:

Actual Temperature:

# Containers at Transport:	# at Receiving:

Evidence of Tampering upon Receving?

Was Today's Visit Satisfactory? ☐ Yes / No ☐

Recommendations for upcoming visit:

SPECIAL REQUIREMENTS / BILLING INFORMATION