



CALIGREEN

LABORATORY



TESTED & TRUSTED

COC

Client Name

Client Address			Distributor Name	Manufacturer Name	Cultivator Name	Secondary Client Address	
			Distributor Lic. #	Manufacturer Lic. #	Cultivator Lic. #		
Start of Pick Up			Sample Name	Sample Type	Batch Number	Harvest / Production Date	
Date	Time	Odometer					
			Sample Weight / Unit Count at Pick Up	Batch Total Weight / Unit Count	Unit Weight	Batch Expiration Date	
Arrival to Client Address			Sample Intact and Sealed (Yes / No)	Units Per Serving	Sample Weight / Unit Count at Lab	Date Distr. Rec. Samples	
Date	Time	Odometer					
Start of Sampling			Sampling conditions or problems encountered during the sampling process			Confident Cannabis Sample ID	
Date	Time						
End of Sampling			Samples Relinquished by Client	Samples Received by Samples	Samples Relinquished by Sampler	Samples Received by Laboratory	
Date	Time		Date	Date	Date	Date	
			Time	Time	Time	Time	
Departure from Client Address			Printed Name	Printed Name	Printed Name	Printed Name	
Date	Time	Odometer					
End of Pick Up			Signature	Signature	Signature	Signature	
Date	Time	Odometer					

Sampler Information		
Name	Driver Lic. #	Employee #

Vehicle Information		
Year / Make / Model	License Plate	Vin #

Destruction Record			
Method	Date	Time	Print Name
Signature			