

# Edibles/Preps Intake Questionnaire

Samples must be pre-packaged in a professional way and shelf ready with ingredient lable etc.

<b>Provider Info:</b>	
Your first name:	PP# (if established):
Email:	OK to leave message?
Collective/Brand name as it appears on labels:	
Years experience:	Medicine source:
Made with: (Fan Leaves) (Close trim) (Flowers) (Hash/Kief) (Organic) Other:	
"ServSafe" certified?	Kitchen/facility type:
Gloves worn?	Surfaces sanitized:
Sealed packages?	Ingredients listed?

<b>Medicines Offered:</b>			
Product	Dosing	Shelf life	Unit cost

<b>STAFF USE ONLY:</b>	
Packaging presentation:	Product aesthetics:
Taste/Smell:	Comparable dosing:
Uniqueness:	Patient viability:

**Quality Assurance Contract:**

By signing below I affirm that I have answered all of the questions above truthfully and to the best of my knowledge. I also affirm that the cultivation site/collective that produced this medicine is in full compliance with local & state laws.

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

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