

Whole Flower Intake Questionnaire

Samples must be in discrete packaging

Provider Info		
Your first name:	First apt? (Y) (N)	PP# (if established):
Email:	OK to leave message?	
Years of grow experience:	Provider history:	
City/County of cultivation:		

Strain Identification		
Common name:	% (sativa) (indica)	
Cost recovery needed:	Quantity available:	
Parent genetics:	Harvest date:	
Grown from: (seed) or (clone)	Acquired from:	

Cultivation Environment	
Grown: (indoor) (outdoor) (greenhouse)	Cycles performed at current location:
Square footage of room:	Number of lights/wattage:
Water source:	Water filtration:
Closed/open air circuit?	Air intake filtration:
CO2 supplementation?	Odor control:
Temperature control:	Temperature range:
Humidity control:	Humidity range:
Animal exposure:	Room clothing:

Cultivation/Processing Technique	
Grow medium:	Compost/guanos used? (y) (n)
Nutrients used:	Nutrient Strength:
Vegetation time:	Feeding method: (hand) (drip) (ebb/flow) Other:
Pest control methods used:	Flush Method, how long:
Dry time/method:	Cure time/method:
Storage method:	Complications reported:

STAFF USE ONLY:	
Eyesight:	PP Self-rating: 1 2 3 4 5 6 7 8 9 10
Micro 30x:	PIM Staff rating: 1 2 3 4 5 6 7 8 9 10
Olfactory:	Notes:
Stem snap?	
Staff QA check: (pass) (fail)	Intake Appointment:

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: _____