



## QA Contingency Manifest

The contingency manifest is to be used if CCRS is unable to produce the required manifest for movement of cannabis products within the I-502 market. When you complete the contingency manifest, the manifest must be sent to [manifest@lcb.wa.gov](mailto:manifest@lcb.wa.gov). Once CCRS is working again, the license will need to submit the exact same information on a regular CCRS manifest. Any contingency manifest that is completed, requires the license to still complete a regular CCRS manifest, the contingency manifest is primarily to assist with the transportation of cannabis and should not be used in place of the primary CCRS manifest.

This contingency manifest can be used to transport Cannabis products to their destination. Completion and use of the contingency manifest meets the expectations as laid out in [WAC 314-55-085](#). This does not meet a license's reporting responsibilities as outlined in [WAC 314-55-083](#). To maintain those requirements, it is expected that the license will submit a Manifest.CSV to CCRS **with the same information** provided on the contingency manifest as soon as reasonably allowed by CCRS.

If a contingency manifest is used, the expectation is a primary CCRS will be completed as soon as possible, with the same Manifest ID. The LCB will perform checks to ensure any contingency manifest has a primary manifest uploaded to CCRS.

Transportation Type: Standard Delivery			
<b>Origin License Information</b>			
<b>Date:</b>	1/23/23	<b>License #:</b>	412217
<b>Origin License Name:</b>	Phat N Sticky	<b>Licensee Phone:</b>	5098791221
<b>Licensee Address:</b>	2611 N WOODRUFF RD STE A SPOKANE VALLEY, WA 992064138	<b>Licensee E-mail Address:</b>	TransportManifest@phatnsticky.com
<b>Transportation License Information (complete only if using a Transporter)</b>			
<b>License Name:</b>		<b>Licensee #:</b>	
<b>Licensee E-mail:</b>		<b>Licensee Phone:</b>	
<b>Estimated Departure / Arrival</b>			
<b>Departure Date/Time:</b> mm/dd/yyyy hh:mm AM/PM	01/23/2023 12:10 pm	<b>Arrival Date/Time:</b> mm/dd/yyyy hh:mm AM/PM	01/24/2023 12:31 pm
<b>Driver &amp; Vehicle Information</b>			
<b>Driver Name:</b>	James Comfort	<b>VIN #:</b>	JTDEPRAE1LJ093092
<b>Vehicle License Plate:</b>	BSR7991	<b>Vehicle Color:</b>	White
<b>Vehicle Make:</b>	Toyota	<b>Vehicle Model:</b>	Corolla

*James Comfort*



## Contingency Manifest

### Destination License Information

<b>Destination License Name:</b>	Green Grower Labs #3242088918	<b>Licensee Phone:</b>	
<b>Licensee Address:</b>	124 E. Rowan Ave. Ste B Spokane, WA 99207	<b>Licensee E-mail Address:</b>	greengrowerlabs@gmail.com

### Travel Reminders

Per [RCW 69.50.342](#) you must plan your route so that you remain within the State of Washington at all times. Per [WAC 314-55-085\(f\)](#) vehicle transporting cannabis or cannabis products must travel directly from the shipping licensee to the receiving licensee and must not make any unnecessary stops in between except to other facilities receiving product.

### Transported Items

For Description, if InventoryExternalIdentifier, enter the following information related to the inventory:

- ProductType
- InventoryType
- Description
- IsMedical
- WeightPerUnit
- ServingsPerUnit
- ExternalIdentifier (optional)

For Description, if PlantExternalIdentifier, then enter the following information related to the inventory:

- Strain
- ExternalIdentifier (optional)

<b>Inventory ID / Plant ID</b>	<b>Description</b>	<b>Quantity</b>	<b>UoM</b>
11623488994890144	Rosin Oil for Edibles - Red	2.00	Gram
11623488994890335	Rosin Oil for Edibles - Blue	2.00	Gram

Samples Rec'd & Verified  
Date 1-23-23 Initials MI

Samples Rec'd & Verified  
Date \_\_\_\_\_ Initials \_\_\_\_\_



SOURCE: *Phat N Sticks*SAMPLE NAME: *Red*SAMPLE#: *0144*DATE: *1/23/23*SAMPLE TYPE: *FCS*

LOT#:

## GENERAL ANALYSIS

Sample Mass (Whole) Grams:

Sample Mass (Trimmed) Grams:

% Stems:

Foreign Matter:

% Moisture:

Water Activity:

Initials



## POTENCY ANALYSIS

THC: *77*THCA: *<0.10*

MaxTHC:

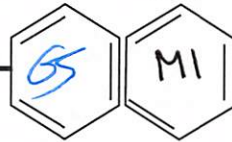
CBD: *3.9*CBDA: *<0.10*

MaxCBD:

Total Cannabinoids:

IN

OUT



## MICRO SCREEN

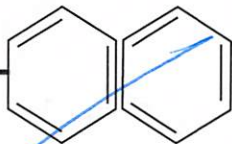
Bile-Tolerant Gram Negative:

E.Coli:

Salmonella Sp:

IN

OUT

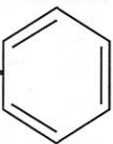


## MYCOTOXINS

Total AF:

Total OCH:

Initials



## TERPENES NEEDED

Initials



## RESIDUALS NEEDED

Initials



Propane:

Butanes:

Cyclohexane:

Methanol:

Pentanes:

Acetone:

Isopropanol:

Methylene Chloride:

Hexanes:

Ethyl Acetate:

Chloroform:

Benzene:

Heptane:

Toluene:

Xylenes:

CC ID:

GLOBAL / LAB ID:

LEAF

CC

Received / Accessioned		
Uploaded / Checked / Sent		
Results reviewed by Lab Director or Designee	<i>mf</i>	

*1/23/23 NM*

SOURCE: *Phat N Sticky* SAMPLE NAME: *Blue*SAMPLE#: *0335*DATE: *1/23/23*SAMPLE TYPE: *FGS*

LOT#:

## GENERAL ANALYSIS

Sample Mass (Whole) Grams:

Sample Mass (Trimmed) Grams:

% Stems:

Foreign Matter:

% Moisture:

Water Activity:

## POTENCY ANALYSIS

THC: *77*THCA: *<0.10*

MaxTHC:

CBD: *2.4*CBDA: *<0.10*

MaxCBD:

Total Cannabinoids:

## MICRO SCREEN

Bile-Tolerant Gram Negative:

E.Coli:

Salmonella Sp:

## MYCOTOXINS

Total AF:

Total OCH:

Initials



## TERPENES NEEDED

Initials



## RESIDUALS NEEDED

Initials



Propane:

Butanes:

Cyclohexane:

Methanol:

Pentanes:

Acetone:

Isopropanol:

Methylene Chloride:

Hexanes:

Ethyl Acetate:

Chloroform:

Benzene:

Heptane:

Toluene:

Xylenes:

CC ID:

GLOBAL / LAB ID:

LEAF

CC

Received / Accessioned			
Uploaded / Checked / Sent			
Results reviewed by Lab Director or Designee	<i>mf</i>		

*1/23/23 NM*