

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. 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 <u>WAC 314-55-085</u>. This does not meet a license's reporting responsibilities as outlined in <u>WAC 314-55-083</u>. 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						
Origin License Information						
Date:	2/8/23	License #:	416538			
Origin License Name:	DOGTOWN PIONEERS	Licensee Phone:	5092765659			
Licensee Address:	4645 D N Swenson RD CLAYTON, WA 991109705	Licensee E-mail Address:	order@dogtownpioneers.com			
Transports	ation License Information	(complete only if using a	[ranenorter]			
License Name:	ation License information	Licensee #:	ransportery			
Licensee E-mail:	Expedite	Licensee Phone:	Sarpram			
Let 4	Estimated De	parture/ Arrival	a la			
Departure Date/Time: mm/dd/yyyy hh:mm AM/PM	02/08/2023 08:30 am	Arrival Date/Time: mm/dd/yyyy hh:mm AM/PM	02/09/2023 08:00 pm			
Driver & Vehicle Information						
Driver Name:	Jim Bowman	VIN #:	1HGEM21541L043967			
Vehicle License Plate:	BMZ4080	Vehicle Color	Green			
Vehicle Make:	Honda	Vehicle Model	Civic			

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Destination License Information					
Destination License Name:	Green Grower Labs #3242088918	Licensee Phone:			
Licensee Address:	124 E. Rowan Ave. Ste B Spokane, WA 99207	Licensee E-mail Address:	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
- Externalldentifier (optional)

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

- Strain
- Externalldentifier (optional)

Inventory ID / Plant ID	Description	Quantity	UoM	
16133619940339711	Rays - Pineapple Lemonade 10mg THC: 100mg CBD -	1.00	Each	PS.TJ.

Samples Rec'd & Verified

Green source: Dogto	win SAMPL	ENAME: Pineapple	SAMPLE#: 9711
Grower			
Labs DATE: 2/8/2	3 SAMPLI	Edible	LOT#:
	nitials		Initials
GENERAL ANALYSIS		TERPENES NEEDEL	
Sample Mass (Whole) Grams:			
Sample Mass (Trimmed) Grams:			Initials
% Stems:		RESIDUALS NEEDE	
Foreign Matter:		D	
% Moisture:		Propane: Butanes:	
Water Activity:		Cyclohexane:	
POTENCY ANIALYCIC	IN OUT	Methanol:	
	m	Pentanes:	
THC: $0.027 \cdot 355 = 9.6$		Acetone:	
THCA: 20.10		Isopropanol:	
MaxTHC:		Methylene Chloride:	
CBD: $0.28 \cdot 355 = 99$ CBDA: < 0.10		Hexanes:	
MaxCBD:		Ethyl Acetate:	
Total Cannabinoids:		Chloroform:	
	IN OUT	Benzene:	CC ID:
MICRO SCREEN 56	mA]	Heptane:	
Yeas + Mold: () Bile-Tolerant Gram Negative:		Toluene:	GLOBAL / LAB ID:
E.Coli: 0		Aylelles.	
Salmonella Sp: Ir	nitials		LEAF CC
MYCOTOXINS		Received/Accessione	ed
Total AF:	>//	Librardad /Chankad /C	
Total OCH:		Uploaded/Checked/S	sent
		Results reviewed by Lab Directior or Desig	