

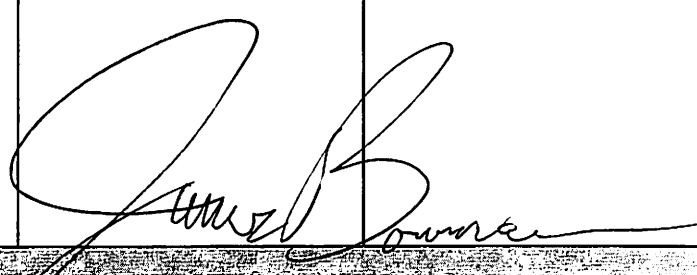


## QA Contingency Manifest

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.

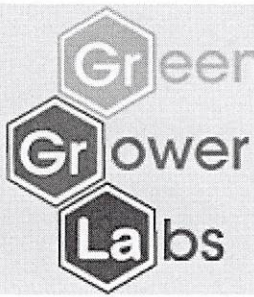
If a contingency manifest is used, the expectation is a primary CCRS will be completed as soon as possible, with the same Manifest ID. The LCB will perform checks to ensure any contingency manifest has a primary manifest uploaded to CCRS.

| Transportation Type: Standard Delivery   |  |   |                           |
|--|--|---|---------------------------|
| Origin License Information   |  |   |                           |
| Date:  | 1/31/23                                      | License #:                                      | 416538                    |
| Origin License Name:   | DOGTOWN PIONEERS                             | Licensee Phone:                                 | 5092765659                |
| Licensee Address:  | 4645 D N Swenson RD<br>CLAYTON, WA 991109705 | Licensee E-mail Address:                        | order@dogtownpioneers.com |
| Transportation License Information (complete only if using a Transporter)            |  |   |                           |
| License Name:  |  | Licensee #:                                     |                           |
| Licensee E-mail:   |  | Licensee Phone:                                 |                           |
|  |  |   |                           |
| Estimated Departure / Arrival  |  |   |                           |
| Departure Date/Time:<br>mm/dd/yyyy hh:mm<br>AM/PM                                    | 01/31/2023 08:30 am                          | Arrival Date/Time:<br>mm/dd/yyyy hh:mm<br>AM/PM | 02/01/2023 08:30 am       |
| Driver & Vehicle Information   |  |   |                           |
| Driver Name:   | Jim Bowman                                   | VIN #:  | 1HGEM21541L043967         |
| Vehicle License Plate:   | BMZ4080                                      | Vehicle Color                                   | Green                     |
| Vehicle Make:  | Honda  | Vehicle Model                                   | Civic                     |



## Contingency Manifest

| Destination License Information  |  |                                 |                           |
|--|--|---------------------------------|---------------------------|
| <b>Destination License Name:</b>   | Green Grower Labs<br>#3242088918             | <b>Licensee Phone:</b>          |                           |
| <b>Licensee Address:</b>   | 124 E. Rowan Ave. Ste B<br>Spokane, WA 99207 | <b>Licensee E-mail Address:</b> | greengrowerlabs@gmail.com |
| Travel Reminders   |  |                                 |                           |
| <p>Per <u>RCW 69.50.342</u> you must plan your route so that you remain within the State of Washington at all times. Per <u>WAC 314-55-085(f)</u> 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.</p>  |  |                                 |                           |
| Transported Items  |  |                                 |                           |
| <p>For Description, if InventoryExternalIdentifier, enter the following information related to the inventory:</p> <ul style="list-style-type: none"> <li>• ProductType</li> <li>• InventoryType</li> <li>• Description</li> <li>• IsMedical</li> <li>• WeightPerUnit</li> <li>• ServingsPerUnit</li> <li>• ExternalIdentifier (optional)</li> </ul> <p>For Description, if PlantExternalIdentifier, then enter the following information related to the inventory:</p> <ul style="list-style-type: none"> <li>• Strain</li> <li>• ExternalIdentifier (optional)</li> </ul> |  |                                 |                           |
| Inventory ID / Plant ID  | Description                                  | Quantity                        | UoM                       |
| 16133550656216890  | Rays - Mango Lemonade -<br>100mg             | 1.00                            | Each                      |



SOURCE: DT

SAMPLE NAME: Mango

SAMPLE#: #1403  
6890

DATE: 1.31.23

SAMPLE TYPE: Lemon  
Lrg.

LOT#:

## GENERAL ANALYSIS

Initials



Sample Mass (Whole) Grams:

Sample Mass (Trimmed) Grams:

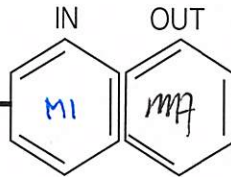
% Stems:

Foreign Matter:

% Moisture:

Water Activity:

## POTENCY ANALYSIS

THC:  $0.29 \cdot 355 = 103$ THCA:  $< 0.10$ 

MaxTHC:

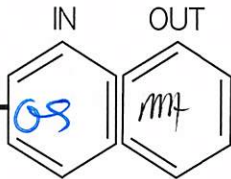
CBD:  $< 0.10$ CBDA:  $< 0.10$ 

MaxCBD:

Total Cannabinoids:

## MICRO SCREEN

40

~~Yeast + Mold~~: 0~~Bile-Tolerant Gram Negative~~:

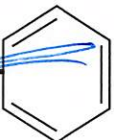
E.Coli: 0

Salmonella Sp:

Aerobic: 0

## MYCOTOXINS

Initials



Total AF:

Total OCH:

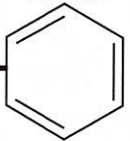
## TERPENES NEEDED

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<br>Lab Director or Designee |  |  |