

**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 <a href="mailto:manifest@lcb.wa.gov">manifest@lcb.wa.gov</a>. 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.

	Transpo	rtation Type: Standard Delivery	
	Origin Licer	nse Information	1
Date:	3/9/23	License #:	416538
Origin License Name:	DOGTOWN PIONEERS	Licensee Phone:	5092765659
Licensee Address:	4645 D N Swenson RD CLAYTON, WA 991109705	Licensee E-mail Address:	darylp@phatnsticky.com
Transpor	tation License Information	(complete only if using a	Transporter)
License Name:		Licensee #:	
Licensee E-mail:		Licensee Phone:	Junan
	Estimated De	parture / Arrival	
Departure Date/Time: mm/dd/yyyy hh:mm AM/PM	03/09/2023 08:30 am	Arrival Date/Time: mm/dd/yyyy hh:mm AM/PM	03/10/2023 08:30 am
		icle 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					
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	
16133870489964515	lil' Rays Pineapple Lemonade - 100mg	1.00	Each	
16133876564148135	lil' Rays Strawberry Lemonade - 100mg	1.00	Each	

Green source: Dogtown SAMPL	ENAME: 1:1 Pinapple SAMPLE#: 4515		
Grower  DATE: 3/9/23 SAMPL	ETYPE: Liquid LOT#: E din)e		
GENERAL ANALYSIS Sample Mass (Whole) Grams:	TERPENES NEEDED		
Sample Mass (Trimmed) Grams:  % Stems:  Foreign Matter:	RESIDUALS NEEDED Initials		
% Moisture:  Water Activity:  IN OUT	Propane:  Butanes:  Cyclohexane:		
THC: 2.0.50 = 100 mg/unit	Methanol: Pentanes: Acetone:		
MaxTHC: CBD: <0.10 CBDA: <0.10	Isopropanol:  Methylene Chloride:  Hexanes:		
MaxCBD: Total Cannabinoids:  IN OUT	Ethyl Acetate: Chloroform: Benzene: CC ID:		
MICRO SCREEN  Yeast + Mold  Bile-Tolerant Gram Negative:  E.Coli:	Heptane: Toluene:  Xylenes:  GLOBAL / LAB ID:		
Salmonella Sp: Aerola C  MYCOTOXINS  Initials	LEAF CC  Received/Accessioned		
Total AF:  Total OCH:	Uploaded/Checked/Sent  Results reviewed by		
	Results reviewed by Lab Directior or Designee		

