

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.

	Transpor	tation Type: Standard Deliver	у
	Origin Licer	se Information	The following the second
Date:	4/11/23	License #:	416538
Origin License Name:	DOGTOWN PIONEERS	Licensee Phone:	5092765659
Licensee Address:	4645 D N Swenson RD CLAYTON, WA 991109705	Licensee E-mail Address:	orders@rayslemonade.com
Transnort	ation License Information	(complete only if using	a Transporter)
License Name:	ation License information	Licensee #:	a Hansporter)
Licensee E-mail:		Licensee Phone:	
nies Rec'd & Verified Initials		Jame	Lauman
	Estimated De	parture / Arrival	
Departure Date/Time: mm/dd/yyyy hh:mm AM/PM	04/11/2023 08:30 am	Arrival Date/Time: mm/dd/yyyy hh:mm AM/PM	04/12/2023 08:30 am
		icle Information	
Driver Name:	Jim Bowman	VIN #:	1HGEM21541L043967
Vehicle License Plate:	BMZ4080	Vehicle Color	Green
Vehicle Make:	Honda	Vehicle Model	Civic



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Destination License Information						
Destination License Name:	Green Grower Labs #3242088918	Licensee Phone:	and the part of the second			
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
- ExternalIdentifier (optional)

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

- Strain
- Externalldentifier (optional)

Inventory ID / Plant ID	Description	Quantity	UoM	
16134161281622643	Rays - Pineapple Lemonade 100mg THC - 100mg CBD	1.00	Each	

Samples Rec'd & Verified

Date 4.11.23 Initials M.

Manifest ID: 16134161312329106

2

Green source: Dytown SAMPL	ENAME: Piheapple SAMPLE#:	2643		
Labs DATE: 4.11.23 SAMPL	ETYPE: Liquid LOT#:			
Initials		Initials		
GENERAL ANALYSIS	TERPENES NEEDED			
Sample Mass (Whole) Grams:				
Sample Mass (Trimmed) Grams:		Initials		
% Stems:	RESIDUALS NEEDED			
Foreign Matter:				
% Moisture:	Propane:			
Water Activity:	Butanes: Cyclohexane:			
IN OUT	Methanol:			
POTENCY ANALYSIS 65 65	Pentanes:			
THC: 0.28 · 355 = 99 ms/nnit	Acetone:			
THCA: (0.10	Isopropanol:			
MaxTHC:	Methylene Chloride:			
CBD: 0.30.355 = 107 mg/unif	Hexanes:			
CBDA: 40.10	Ethyl Acetate:			
MaxCBD: Total Cannabinoids: 207	Chloroform:			
· IN OUT	Benzene:	C ID:		
MICRO SCREEN	Heptane:			
Yeast + Mold: O Bile-Tolerant Gram Negative:	Toluene: GLOBA	L / LAB ID:		
E.Coli: O	Xylenes:			
Salmonella Sp: Initials	LEA	AF CC		
MYCOTOXINS	Received / Accessioned			
Total AF:	Tieceived/Accessioned			
Total OCH:	Uploaded/Checked/Sent	1		
Total S OI I.	Results reviewed by	my		
	Lab Directior or Designee	1114		