



Department of
Agriculture

Harvest Report Instructions

Harvest Report Instructions

WHAT: In order to harvest planted material, licensees must submit a Harvest Report to ODA. The Harvest Report indicates what area(s) of the licensed growing location will be harvested and when.

Harvest Report Instructions

WHEN: A harvest report shall be submitted to ODA **at least fifteen (15) days of prior to the anticipated harvest.**

Once received, a Department Inspector will visit each growing locations to collect a sample(s) prior to harvest. No planted material may be harvested until a Department Inspector takes a sample from the requested lot.

SEPTEMBER 2020

SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	 16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



Intended Harvest Date:
September 16.

SEPTEMBER 2020

SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
		DUE				
6	7	8	9	10	11	12
13	14	15	 16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



Intended Harvest Date:
September 16.

DUE


Harvest Report Date Due:
September 1.

Harvest Report Instructions

Once the sample is collected, licensees must harvest their plant material within 15 days of the date the sample was taken. Failure to harvest within the 15-day window could result in ODA requiring a second test of the growing location at the cost of \$300 per sample.

During this window, ODA's labs will be running their analysis. No harvested material may leave either the growing location or storage location listed on their license until it has been released by ODA.

SEPTEMBER 2020

SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
		DUE				
6	7	8	9	10	11	12
			ODA SAMPLE			
13	14	15	 16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



Intended Harvest Date:
September 16.

DUE

Harvest Report Date Due:
September 1.

ODA
SAMPLE

ODA Sample Date:
September 10.

SEPTEMBER 2020

SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
		DUE				
6	7	8	9	10	11	12
			ODA SAMPLE			
13	14	15	 16	17	18	19
20	21	22	23	24	25	26
				HARVEST DUE		
27	28	29	30			



Intended Harvest Date:
September 16.

DUE

Harvest Report Date Due:
September 1.

ODA
SAMPLE

ODA Sample Date:
September 10.

HARVEST
DUE

Harvest Deadline:
September 25.

Harvest Report Instructions

HOW: To access the report, you will need to log into your dashboard here: <https://hemp.ohio.gov/>.

After logging into your dashboard, please follow the steps below to complete your Harvest Report.

Harvest Report Instructions

Copied to the right is a picture of a dashboard. Highlighted in red is where you can access the Harvest Report.



Dashboard
Welcome Jane Doe | [SignOut](#)

Personal

First Name	Jane	Middle Name		Last Name	Doe
:		:		:	

Address Detail

Mailing Address [Edit](#)

Street : 8995 E. Main Street
City : Reynoldsburg State : Ohio Zip : 43068

Contact Detail

Contact Type	Contact Value
Cell Phone	(123) 123-1234
Email	hemp8995@mailinator.com

Report Detail

Report	Submitted On
Field Planting Report	07/06/2020
Field Planting Report	
Greenhouse/Indoor Planting Report	
Harvest Report	

Application Detail

Type	Status	License
Processor	Pending	
Cultivation	Approved	
University		
New Site Modification Cultivator Application		

Other Document(s)

Link	License Number
Download License Output	39_0260C

Harvest Report Instructions

Within the Growing Address area, please locate the field or greenhouse locations associated with your filed planting reports
 Copied below is a picture of the Growing Address area of the report.



Growing Address

Planting Address	City	County
8995 E. Main Street	Reynoldsburg	Licking

Map Locations

Structure	Location ID	Address	City	State	Zip	GPS Lat	GPS Long
Outdoor Growing Locations	West Field	8995 E. Main Street	Reynoldsburg	OH	43068	39°57.047N	82°45.656W
Outdoor Growing Locations	East Field	8995 E. Main Street	Reynoldsburg	OH	43068	39°56.944N	82°45.566W
Greenhouse/Indoor Growings	ADDL	8995 E. Main Street	Reynoldsburg	OH	43068	39°57.269N	82°45.548W





Field Location


Location ID	Plant Location ID	Variety Name	Expected Initial Harvest Date	Expected Harvest Completion Date	Full Harvest?	Details	Action
West Field	West Field	Test Variety					
East Field	East Field 1	Test Variety					

Harvest Report Instructions

Select the “pencil” icon for the Field Location(s) you wish to submit a harvest report for.

Field Location

Location ID	Plant Location ID	Variety Name	Expected Initial Harvest Date	Expected Harvest Completion Date	Full Harvest?	Details	Action
West Field	West Field	Test Variety					 
East Field	East Field 1	Test Variety					 



Harvest Report Instructions

Once selected the required reporting fields will display as shown below.

Field Location ID :	West Field	Expected Initial Harvest Date : *	MM/DD/YYYY
Planting Location ID :	West Field	Expected Completion Date : *	MM/DD/YYYY
Variety Name :	Test Variety	Will this be a full harvest for this Planting Location? : *	<input type="radio"/> Yes <input type="radio"/> No

Harvest Report Instructions

Complete all required fields with the appropriate information.

Field Location ID :	West Field	Expected Initial Harvest Date : *	09/01/2020
Planting Location ID :	West Field	Expected Completion Date : *	09/07/2020
Variety Name :	Test Variety	Will this be a full harvest for this Planting Location? : *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Harvest Report Instructions

If you are not harvesting the entire planting location, please select No to the full harvest question and provide details regarding your harvested area. Examples of more details are row numbers, side of field, or other visual distinction to allow our inspectors to identify the area of the growing location you are seeking to harvest.

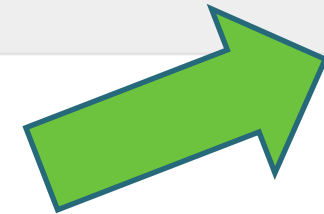
Field Location ID :	West Field	Expected Initial Harvest Date : *	09/01/2020
Planting Location ID :	West Field	Expected Completion Date : *	09/07/2020
Variety Name :	Test Variety	Will this be a full harvest for this Planting Location? : *	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Please provide more details regarding your partial harvest : *	Rows 1-10



Harvest Report Instructions





Once completed press the green “Save” button.

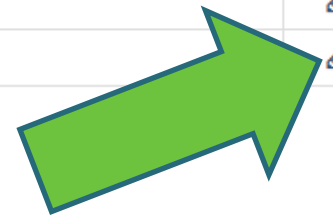
Field Location ID :	West Field	Expected Initial Harvest Date : *	09/01/2020
Planting Location ID :	West Field	Expected Completion Date : *	09/07/2020
Variety Name :	Test Variety	Will this be a full harvest for this Planting Location? : *	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Please provide more details regarding your partial harvest : *	Rows 1-10



Harvest Report Instructions

If there are additional areas you wish to indicate on this report, select the “pencil” icon for all other areas and follow the previous instructions.

Location ID	Plant Location ID	Variety Name	Expected Initial Harvest Date	Expected Harvest Completion Date	Full Harvest?	Details	Action
West Field	West Field	Test Variety	09/01/2020	09/07/2020	Yes		 
East Field	East Field 1	Test Variety					 



Harvest Report Instructions

Once you have completed entering your information please enter your name into the Acknowledgments section and press the green “Submit Report” button to complete the report.

Acknowledgements

By writing my name below, I attest that I am the license holder or the secondary contact authorized by the license holder to submit this form, and that this information is accurate and complete.

First Name : *

Middle Name :

Date : *

Last Name : *

Suffix :

Harvest Report Instructions

You will receive an email confirmation from ODA following the submission of a completed report.

ODA will contact you with 72 hours to schedule a time to come to your growing locations to take the required samples.

As always, if you have any questions regarding the harvest report – or – the program itself please contact the Hemp program at hemp@agri.ohio.gov or by calling 614.728.2101.



Department of
Agriculture