

FIELD LOG	
<b>Laboratory Information</b>	
Laboratory Name: Higher Testing	Facility Address: 105 E Ray Fine Blvd Suite B2 Roland, OK 74954
OMMA License Number: LAAA-VK6A-DPMO	Sampling Standard Operating Procedures: SOP - HT-SOP-37-REV6
<b>Transport Information</b>	
Transporter Name:	Facility Address: 105 E Ray Fine Blvd Suite B2 Roland, OK 74954
Transporter Agent License #:	OMMA License Number: TAAA-EYVC-GKJB
<b>Client Information</b>	
OMMA Business Name:	OMMA License Number:
Facility Address:	Samplers Name:
Phone Number:	Samplers Title:
<b>Sample Information</b>	
Sampling Start Date/Time:	Sampling End Date/Time:
Batch Number For Which Sample Was Obtained:	Total Batch Size: (weight or unit count)
Sample Matrix:	
Sampling Conditions:	Temperature:
	Product Type: Flower Concentrate Edibles
Requested Analyses: Potency Terpenes Pesticides Microbials Mycotoxins Heavy Metals Solvents	
<b>Primary Sample</b>	<b>Reserve Sample</b>
Unique Sample ID:	Unique Sample ID:
Total Wt or Unit Ct:	Total Wt or Unit Ct:
Were any problems encountered during the sampling process?      YES      NO	
If Yes, describe problems encountered and corrective actions taken, if any.	
Other Sampling Observations (Include major inconsistencies in color, size or smell):	
Are there additional samples continued on a second page?      YES      NO	

FIELD LOG (Continued)	
<b>Client Information</b>	
<b>OMMA Business Name:</b>	<b>OMMA License Number:</b>
<b>Sample Information</b>	
Sampling Start Date/Time:	Sampling End Date/Time:
Batch Number For Which Sample Was Obtained:	Total Batch Size: (weight or unit count)
Sample Matrix:	
Sampling Conditions:	Temperature:
	Product Type:    Flower    Concentrate    Edibles
Requested Analyses: Potency    Terpenes    Pesticides    Microbials    Mycotoxins    Heavy Metals    Solvents	
<b>Primary Sample</b>	<b>Reserve Sample</b>
Unique Sample ID:	Unique Sample ID:
Total Wt or Unit Ct:	Total Wt or Unit Ct:
Were any problems encountered during the sampling process?    YES    NO	
If Yes, describe problems encountered and corrective actions taken, if any.	
Other Sampling Observations (Include major inconsistencies in color, size or smell):	
<b>Sample Information</b>	
Sampling Start Date/Time:	Sampling End Date/Time:
Batch Number For Which Sample Was Obtained:	Total Batch Size: (weight or unit count)
Sample Matrix:	
Sampling Conditions:	Temperature:
	Product Type:    Flower    Concentrate    Edibles
Requested Analyses: Potency    Terpenes    Pesticides    Microbials    Mycotoxins    Heavy Metals    Solvents	
<b>Primary Sample</b>	<b>Reserve Sample</b>
Unique Sample ID:	Unique Sample ID:
Total Wt or Unit Ct:	Total Wt or Unit Ct:
Were any problems encountered during the sampling process?    YES    NO	
If Yes, describe problems encountered and corrective actions taken, if any.	
Other Sampling Observations (Include major inconsistencies in color, size or smell):	