

Oregon Medical Marijuana Grower: Manual Inventory and Transfer Reporting
(Please print clearly)

1. Grower information

Name: (first, middle initial last): _____

Date of Birth ____ / ____ / ____

Mailing address: _____

Apartment/Suite number: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: (____) _____ - _____

Email (*optional*): _____

Government issued photo ID # (*enclose copy*): _____

Grower signature: _____ Date: _____

2. Determination of reporting status

(Check box if statement is true)

- I am not growing for myself.
- I sell excess usable medical marijuana, seeds, or immature plants to OHA medical processors or medical dispensaries.
- * I am growing at a site which is not the patient's residence.
- * I am growing at a site address where there are more than 12 mature (flowering) plants.

If you checked one or more boxes above, you are required to report. You may use this form, or our online reporting tool at: <https://ommpsystem.oregon.gov/> If you checked a box, but did not check the third or fourth box (marked with a *), then proceed to section 4. If you did check either the third or fourth box (marked with a *), please continue to section 3.

3. Inventory on hand

Month of Report: _____

Year: _____

- I verify that during the month listed above, I had no inventory. This means no immature plants, no mature plants, no marijuana leaves or flowers being dried, and no usable marijuana.

If you checked this box, proceed to section 4. Otherwise, please continue filling out this section.

Onsite Inventory:

This is completed one time during the month being reported. Please report a “snap-shot” of what you have on-hand on a day of your choosing, as long as it falls within the month for which you are reporting.

Mature Plants (*total count*): _____

Immature Plants (*total count*): _____

Usable Marijuana (*indicate grams or kilograms*):

Leaves/Flowers being dried (*indicate grams or kilograms*):

Seeds (*total count*): _____

Dry trim (*indicate grams or kilograms*): _____

Wet trim (*indicate grams or kilograms*): _____

Destroyed (*description*):

Comments (*reason/explanation*):

Discarded (*description*):

Comments (*reason/explanation*):

4. Transfers

Month of Report: _____

Year: _____

- I verify that during the month listed above, I made no transfers of usable marijuana, seeds, trim, immature plants, mature plants, or any other marijuana products to anyone.

If you checked this box, you are finished. Otherwise, continue filling out this section until you have accounted for all transfers you made for the month, and leave the rest blank. **Please report monthly totals, not individual transactions.**

*If you have more transfers to report than the space below allows, please photocopy as many copies of the next page(s) as necessary, or visit our website to print out additional copies. **All transfers you made for the reporting month must be included.***

Transfers to (*circle one*): Patient / Caregiver / Processor / Dispensary

Name and Unique ID number of recipient (Patient Card #, Dispensary #, etc.):

Usable marijuana (*indicate grams or kilograms*):

Mature Plants (*total count*): _____

Immature Plants (*total count*): _____

Seeds (*total count*): _____

Other: (*indicate grams, kilograms, or count*): _____

Comments (optional):

Transfers to (*circle one*): Patient / Caregiver / Processor / Dispensary

Name and Unique ID number of recipient (Patient Card #, Dispensary #, etc.):

Usable marijuana (*indicate grams or kilograms*):

Mature Plants (*total count*): _____

Immature Plants (*total count*): _____

Seeds (*total count*): _____

Other: (*indicate grams, kilograms, or count*): _____

Comments (optional):

Transfers to (*circle one*): Patient / Caregiver / Processor / Dispensary

Name and Unique ID number of recipient (Patient Card #, Dispensary #, etc.):

Usable marijuana (*indicate grams or kilograms*):

Mature Plants (*total count*): _____

Immature Plants (*total count*): _____

Seeds (*total count*): _____

Other: (*indicate grams, kilograms, or count*): _____

Comments (optional):

Transfers to (*circle one*): Patient / Caregiver / Processor / Dispensary

Name and Unique ID number of recipient (Patient Card #, Dispensary #, etc.):

Usable marijuana (*indicate grams or kilograms*):

Mature Plants (*total count*): _____

Immature Plants (*total count*): _____

Seeds (*total count*): _____

Other: (*indicate grams, kilograms, or count*): _____

Comments (optional):
