



HE

Example Program Action Harvest Report

License Number:

Inspector:

Name:

Address:

City, State, ZIP:

County:

HARVEST REPORT FOR GROW AREA

Harvest (#1)

Harvest Date:

* FSA Number:

* Lot Number:

Grow Area

Indoor/ Outdoor

Unit of Measure

Variety

Harvested (Sq Ft or Acres)

Lost (Sq Ft or Acres)

Amount Disposed

Method of Disposal for Non-Compliance

Explanation of Discrepancies

Additional Information

Company Representative

Company Representative Signature

CLEAR SUBMIT