**PRODUCER SAMPLE**

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| --- | --- | --- |
| **Operator Number:**  \_\_\_\_     \_\_\_\_\_ | **Operation Name:**  \_\_\_     \_\_\_\_ | |
| Collected by:  \_\_\_     \_\_\_\_ | **Collection Date:**  \_\_\_\_     \_\_\_\_ | Collection Time: \_     \_\_\_\_ |

**Field Locations, Conditions and Methodology:**

|  |  |  |
| --- | --- | --- |
| **Product/Commodity:** \_\_\_     \_\_\_\_ | Variety:  \_\_\_\_     \_\_ | **Field ID:**  \_     \_\_ |
| Field Location/GPS:  \_\_     \_\_\_ | | Original Lot# (if applicable): \_\_     \_\_ |
| Sample ID (Note this on lab form. **Must begin with OCIA Operator #**):  \_\_\_\_     \_\_\_ | | |

**Sampling Method:**  
Please describe how the samples were gathered according to the instructions received from OCIA and the methodology used.

1. Please provide a brief description of how the sample was taken. Please include the methodology used to gather the sample:

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2. Please list all equipment used and explain how they were cleaned or sterilized, as applicable. Equipment may include new gloves, scoops, etc.

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3. If equipment or tools were used, did you make sure the collection containers were new or sterilized? Did you make sure to use new disposable gloves?

Yes  No Comments:

4. Please attach a photo of the sample(s) after labeling.  Attached

5. Also provide any other applicable comments and additional information you deem necessary:

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**Site Map:**Please indicate what is planted in surrounding fields, major structures or land marks (e.g. roads or ditches), approximate distance (in feet) that the sample field is from surrounding fields, an “X” for each sampling point location.

**Acknowledgement:**I agree the sample was taken in the conditions noted on this form.

Collector signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Operator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_     \_\_\_\_

A copy of this completed form has been provided to the Operator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Packaging/Shipping:**

**Please describe how the sample is packaged and shipped:**

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|  |

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**Chain of Custody:  
Please note: the sample must be shipped by the sample taker or taken to the lab. If this is not possible, please contact OCIA before handing the sample to anyone else. *Please include a copy of the tracking information from the courier for the shipment when submitting sample documentation to OCIA*.**

Lab Shipped to: \_\_\_\_     \_\_\_\_

Date Shipped: \_\_\_\_\_     \_\_\_\_ Shipping service/Courier: \_\_\_\_     \_\_\_\_

**For office use only:** It is preferred inspectors mail samples directly to the lab. In the event OCIA staff sends them, document the transfer here:  
**Receipt of sample:** Collector signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received Date: \_\_\_     \_\_\_

**Shipment to lab by staff:**Lab Shipped to: \_\_\_\_     \_\_\_\_ Date Shipped: \_\_\_\_\_     \_\_\_\_ Shipping service/Courier: \_\_\_\_     \_\_\_\_

**Handler/Processor Sample**

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| --- | --- | --- |
| **Operator Number:**  \_\_\_\_     \_\_\_\_\_ | **Operation Name:**  \_\_\_     \_\_\_\_ | |
| Collected by:  \_\_\_     \_\_\_\_ | **Collection Date:**  \_\_\_\_     \_\_\_\_ | Collection Time: \_     \_\_\_\_ |

**Processed Products and/or Storage Information:**

|  |  |
| --- | --- |
| **Product/Commodity**:  \_\_     \_\_\_\_ | Storage/Container ID:  \_\_\_     \_\_\_ |
| Location/GPS:  \_\_\_     \_\_\_\_ | Original Lot# (if applicable):  \_\_\_\_     \_\_\_ |
| Sample ID (Note this on lab form. **Must begin with OCIA operator #**):  \_\_\_     \_\_\_\_ | |

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3. If equipment or tools were used, did you make sure the collection containers were new or sterilized? Did you make sure to use new disposable gloves?

Yes  No Comments:

4. Please attach a photo of the sample(s) after labeling.  Attached

5. Also provide any other applicable comments and additional information you deem necessary:

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**Acknowledgement:**I agree the sample was taken in the conditions noted on this form.

Collector signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Operator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_     \_\_\_

A copy of this completed form has been provided to the Operator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Shipment to lab by staff:**Lab Shipped to: \_\_\_\_     \_\_\_\_ Date Shipped: \_\_\_\_\_     \_\_\_\_ Shipping service/Courier: \_\_\_\_     \_\_\_\_