



CANNABIS COMPLIANCE BOARD STATE OF NEVADA

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Chair

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TYLER KLIMAS
Executive Director

Failed Cannabis Batch/Lot Request for Laboratory Retesting

Requests are to be submitted via email to:

CCBInvestigations@CCB.nv.gov

**** ALL REQUESTS MUST INCLUDE LABORATORY TESTING RESULTS ****

Date: _____ CE ID Number (4-character): _____

Requestor Information

Facility Name: _____

Person requesting: _____ Number of batches/lots: _____

Email: _____ Phone: _____

Additional Information

Date of failure: _____ Testing Laboratory: _____

Failed Batch/Lot ID #: _____ Weight of Product: _____

Reason(s) for failure (LIST ALL): _____

Additional samples were secured by the independent testing laboratory at the time the original sample was collected (Check one): Yes. No

For Internal Use Only

Received by CCB Agent/date:	Approved: Yes / No Date:
E-filed & hard copy in establishment folder: Yes/No	Laboratory for Retesting (If none, write N/A):
Inspection Required: Yes / No	CCB Agent Signature: