



Cannabis Receipt Record

Please complete all applicable sections of this form when receiving cannabis or cannabis products. Maintain this form, along with all associated original documentation in the lab's cannabis safety binder.

Name of supplier:

Address of supplier:

Name of receiver:

University license number:

Cannabis

Date received:

Address where cannabis was received:

Storage location (building and room)

Description of cannabis/cannabis product:

Lot/batch number, if applicable:

Quantity received:

Intended use/project number: