



**FAILED MANDATORY TESTING: APPROVED REMEDIATION METHOD NOTIFICATION FORM**

Per 19 CSR 100-1.110(10)(B), all product that fails mandatory testing must be reanalyzed, remediated, or destroyed within three (3) months of initial test failure. Within fifteen (15) days of test failure, licensees must notify the Division of Cannabis Regulation (DCR) of the intent to proceed in one of the following ways:

- Reanalysis of previously tested sample.
- **Remediation of the harvest or process lot through remediation actions specifically allowed by rule.**
- Destruction of the harvest or process lot.
- Submission of a request to perform remediation not specifically allowed by rule.

This form is **only** for the purpose of notifying DCR of the intent to perform approved remediation processes **specifically allowed by 19 CSR 100-1.110(11)**.

If multiple products fail mandatory testing, a separate remediation notification form must be submitted for each product that failed mandatory testing. This form must be completed in its entirety to be accepted by DCR.

**Submit this form to: [CannabisCompliance@health.mo.gov](mailto:CannabisCompliance@health.mo.gov) and licensee’s compliance officer. Subject: [Licensee Number] Failed Mandatory Testing Approved Remediation Method Notification.**

The licensee shall not proceed with remediation until product is removed from administrative hold.

**Note:** Additional information on how to complete this form can be found at the bottom of this form.

**LICENSEE INFORMATION**

LICENSEE ENTITY LEGAL NAME [1]		
LICENSE NUMBER [2]	FACILITY PHONE NUMBER	
FACILITY STREET 1	FACILITY STREET 2	
FACILITY CITY	STATE	ZIP CODE

**Designated Contact Information [3]**

DESIGNATED CONTACT NAME		
PHONE NUMBER	EMAIL	
STREET 1	STREET 2	
CITY	STATE	ZIP CODE

**FAILED PRODUCT INFORMATION (as recorded in statewide track and trace system) [4]**

PRODUCT NAME	ITEM CATEGORY	
FAILED TEST/ANALYTE	DATE OF FAILED TEST	PRODUCT WEIGHT/QUANTITY
TAG NUMBER	SAMPLE PACKAGE NUMBER	

**TESTING LICENSEE INFORMATION [5]**

LICENSEE NAME	LICENSE NUMBER
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**RECEIVING LICENSEE [6] (if applicable)**

LICENSE NAME	LICENSE NUMBER	
STREET	ADDRESS 2	
CITY	STATE	ZIP

**RECEIVING LICENSEE DESIGNATED CONTACT INFORMATION [3] (if applicable)**

DESIGNATED CONTACT NAME		
PHONE NUMBER	EMAIL	
STREET 1	STREET 2	
CITY	STATE	ZIP CODE

**APPROVED REMEDIATION METHOD TO BE USED (as allowed per 19 CSR 100-1.110(11))**

- (A) Failed microbial screening may be remediated through solvent-based extraction or processing, such as hydrocarbon, ethanol, or carbon dioxide.
- (B) Failed residual solvent testing may be remediated by returning the product to a purging process within the facility.
- (C) Failed water activity testing may be remediated by—
- Solvent-based extraction or processing.
  - Additional drying or curing.
- (D) Failed chemical residue screening may be remediated through solvent-based extraction or processing, such as hydrocarbon, ethanol, or CO2.

- [1] The licensee entity legal name as listed within the online registry portal.
- [2] The license number refers to the license number listed on an approved license or certificate. Approved license numbers will have one of the following prefixes: CUL, MAN, DIS, MBW, MBD, TES or TRA.
- [3] Designated contact refers to the individual designated by the licensee as responsible for receiving DCR communications. The designated contact must be the individual identified within the Missouri online registry portal.
- [4] Failed product information refers to information about the product that initially failed testing, as recorded in the statewide track and trace system.
- [5] This refers to the Testing Licensee that completed mandatory testing and failed the sample.
- [6] Receiving licensee refers to the licensee where the product will be sent for remediation. The receiving licensee name, license number, and designated contact information must match the information listed within the Missouri online registry. If remediation completed in-house (remediated by current licensee), this section does not apply and should be left blank.

DESIGNATED CONTACT SIGNATURE	DATE
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