



# CANNABIS COMPLIANCE BOARD STATE OF NEVADA

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*Executive Director*

## Failed Cannabis Batch/Lot Request for Laboratory Retesting

This request should be submitted through the facility's [Accela Account](#) as an amendment.

These requests will not be processed via email for established accounts.

If you do not have an established account, you may email this form to [Auditspections@ccb.nv.gov](mailto:Auditspections@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: \_\_\_\_\_

Package Tag # \_\_\_\_\_

Reason(s) for failure (LIST ALL) \_\_\_\_\_

### 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: