CONTAINER VALIDATION REQUEST (CVR)





The information captured on this form must be submitted to the BCMB through the Quality Monitoring System (QMS). Upon submission, the BCMB will review and respond to the ticket within 48 business hours. Please quarantine the containers at your depot and do not pay the customer or ship containers to the CSA until advised by the BCMB.

If the customer refuses to provide any of the below information and leaves with the containers, please still advise the BCMB and provide as much detail as possible.

Date:	Time:	Employee Name:
CUSTOMER INFORMA	ATION	
Name:		Phone Number:
Address:		
Driver's License #:		License Plate #:
REASON FOR VALIDATION REQUEST		
Containers are all the same brand and/or container type		
Containers were returned in a very large quantity		
Containers are unlabeled or appear to have never been filled		
Containers are compacted/crushed		
Vehicle with out-of-province plates		
Containers that are not	registered	
Other		
CONTAINER INFORMATION Pictures of the containers will need to be attached to the QMS ticket. Images should capture the general quantity and condition of the material, and the label information (brand, flavor, size, UPC).		
Where were the contain	ners purchased/foun	nd?
Does the customer have a receipt? Yes No (If yes, take a picture of the receipt for the QMS ticket)		
Quantity:		
Additional Details/Notes:		