**OCP Review Checklist: Marijuana Infused Products (MIPs)**

*Instructions: Check one or more of the following in each section if sufficient info provided, unless otherwise specified.*

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OCP TRACKING NUMBER</td>
<td>OCP Tracking #: __________________</td>
</tr>
<tr>
<td>2. FACILITY INFORMATION</td>
<td>a. Name of facility</td>
</tr>
<tr>
<td></td>
<td>b. Name, phone #, and email of facility owner</td>
</tr>
<tr>
<td></td>
<td>c. Name, phone #, and email of facility operator or licensee, and any authorized designees</td>
</tr>
<tr>
<td></td>
<td>d. Facility physical address</td>
</tr>
<tr>
<td></td>
<td>e. Facility mailing address (if different from physical address)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Facility Odor Emissions Information**

Check if: Sufficient Insufficient

*Instructions: In the “Comment” section, describe the factors that deemed the content as sufficient or otherwise.*

| a. | Facility floor plan • Comment: __________________ |
| b. | Specific odor-emitting activity/activities • Comment: __________________ |
| c. | Phase (timing, length, etc.) of odor emitting activities • Comment: __________________ |

4a. **Administrative Controls**

Check if: Sufficient Insufficient

*Instructions: In the “Comment” section, describe the factors that deemed the content as sufficient or otherwise.*

| i. | Procedural activities • Comment: __________________ |
| ii. | Staff training procedures • Comment: __________________ |
| iii. | Recordkeeping systems and forms • Comment: __________________ |
Select Type: Choose only ONE of the following – sections I, II, or III:

Check if: Sufficient

I. [ ] Existing facilities WITH engineering controls in place on the date of rule adoption:
   1) [ ] Evidence that they were installed and operational on date of rule adoption;
   2) [ ] Evidence that they are sufficient to effectively mitigate odors through one of the following:
      (Circle letters A, B, C, or all that apply)
      A. Consistent with accepted and available industry-specific best control technologies;
      B. Reviewed and certified by a Professional Engineering or a Certified Industrial Hygienist;
      C. Approved by the Department as sufficient;

II. [ ] New or existing facilities WITHOUT engineering controls in place on the date of rule adoption:
    • [ ] Reviewed and certified by a Professional Engineering or a Certified Industrial Hygienist;

III. [ ] The facility chose to demonstrate that engineering controls are not needed.
    Check that the facility has met all of the following:
    1) [ ] Does not use activation processes on-site, and/or all products are made with activated oil;
    2) [ ] Does not use distillation or extraction processes on-site; or the facility has received a permit from the Fire Department to use certain distillation or extraction processes; and
    3) [ ] Does not have cultivation processes co-located on-site.

Instructions: In the “Comment” section, describe the factors that deemed the content as sufficient or otherwise.

Comment: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Components of Engineering Controls Included in the OCP:
Check if: Sufficient Insufficient Instructions: In the “Comment” section, describe the factors that deemed the content as sufficient or otherwise.

A. [ ] [ ] System design • Comment: ______________________________________________
___________________________________________________________________________
___________________________________________________________________________

B. [ ] [ ] Operational processes • Comment: _________________________________________
___________________________________________________________________________
___________________________________________________________________________

C. [ ] [ ] Maintenance plan • Comment: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

Check if: Sufficient

[ ] Engineering controls were certified by a Professional Engineer or a Certified Industrial Hygienist.
<table>
<thead>
<tr>
<th>Check if: Sufficient</th>
<th>Insufficient</th>
<th>Instructions: In the “Comment” section, describe the factors that deemed the content as sufficient or otherwise.</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. ☐ ☐</td>
<td>Implementation timeline of odor mitigation practices set-up included</td>
<td>Comment: _____________________________</td>
</tr>
<tr>
<td>d. ☐ ☐</td>
<td>Complaint tracking system documented</td>
<td>Comment: ________________________________</td>
</tr>
</tbody>
</table>

Notes:

_________________________________________________________________________
_________________________________________________________________________
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