# OCP Review Checklist: Marijuana Cultivation

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

## 1. OCP TRACKING NUMBER

<table>
<thead>
<tr>
<th>OCP Tracking #: __________________</th>
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</table>

## 2. FACILITY INFORMATION

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>□</td>
<td>Name of facility</td>
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<tr>
<td>□</td>
<td>Name, phone #, and email of facility owner</td>
</tr>
<tr>
<td>□</td>
<td>Name, phone #, and email of facility operator or licensee, and any authorized designees</td>
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<tr>
<td>□</td>
<td>Facility physical address</td>
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<tr>
<td>□</td>
<td>Facility mailing address (if different from physical address)</td>
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<tr>
<td>□</td>
<td>Facility type</td>
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<tr>
<td>□</td>
<td>Facility hours of operation</td>
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<tr>
<td>□</td>
<td>Description of facility operations</td>
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<tr>
<td>□</td>
<td>Emergency contact information</td>
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<tr>
<td>□</td>
<td>Business file number(s)</td>
</tr>
<tr>
<td>□</td>
<td>Air permit and permit number</td>
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## 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.

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<thead>
<tr>
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<tbody>
<tr>
<td>□ □</td>
<td>Facility floor plan • <em>Comment:</em> ______________________________________________________________________</td>
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<tr>
<td>□ □</td>
<td>Specific odor-emitting activity/activities • <em>Comment:</em> __________________________________________________________</td>
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<tr>
<td>□ □</td>
<td>Phase (timing, length, etc.) of odor emitting activities • <em>Comment:</em> ________________________________________________</td>
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## 4a. Administrative Controls

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

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<thead>
<tr>
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<tbody>
<tr>
<td>□ □</td>
<td>Procedural activities • <em>Comment:</em> ______________________________________________________________________</td>
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<tr>
<td>□ □</td>
<td>Staff training procedures • <em>Comment:</em> ____________________________________________________________</td>
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<tr>
<td>□ □</td>
<td>Recordkeeping systems and forms • <em>Comment:</em> __________________________________________________________</td>
</tr>
</tbody>
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OCP Review Checklist: MJ Cultivation

4b. Engineering Controls

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 Engineer or a Certified Industrial Hygienist;
      C. Approved by the Department as sufficient;

Check if: Sufficient

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

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

III. ☐ ☐ Reasons provided on why engineering controls are not needed at their location.
    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.
### OCP Review Checklist: MJ Cultivation

#### 4c.-d. Implementation Timeline & Complaint Tracking System

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<td>c.</td>
<td>☐</td>
<td>☐</td>
<td>Implementation timeline of odor mitigation practices set-up included • <strong>Comment:</strong> _________</td>
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<tr>
<td>d.</td>
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<td>☐</td>
<td>Complaint tracking system documented • <strong>Comment:</strong> _______________________________</td>
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**Notes:**

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