



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	
<p><i>OCP Tracking #:</i> _____</p>	
2. FACILITY INFORMATION	
<p>a. <input type="checkbox"/> Name of facility</p> <p>b. <input type="checkbox"/> Name, phone #, and email of facility owner</p> <p>c. <input type="checkbox"/> Name, phone #, and email of facility operator or licensee, and any authorized designees</p> <p>d. <input type="checkbox"/> Facility physical address</p> <p>e. <input type="checkbox"/> Facility mailing address (if different from physical address)</p>	<p>f. <input type="checkbox"/> Facility type</p> <p>g. <input type="checkbox"/> Facility hours of operation</p> <p>h. <input type="checkbox"/> Description of facility operations</p> <p>i. <input type="checkbox"/> Emergency contact information</p> <p>j. <input type="checkbox"/> Business file number(s)</p> <p>k. <input type="checkbox"/> Air permit and permit number</p>
3. Facility Odor Emissions Information	
<p>Check if: Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> <i>Instructions:</i> In the "Comment" section, describe the factors that deemed the content as sufficient or otherwise.</p> <p>a. <input type="checkbox"/> <input type="checkbox"/> Facility floor plan • <i>Comment:</i> _____</p> <p style="margin-left: 20px;">_____</p> <p>b. <input type="checkbox"/> <input type="checkbox"/> Specific odor-emitting activity/activities • <i>Comment:</i> _____</p> <p style="margin-left: 20px;">_____</p> <p>c. <input type="checkbox"/> <input type="checkbox"/> Phase (timing, length, etc.) of odor emitting activities • <i>Comment:</i> _____</p> <p style="margin-left: 20px;">_____</p>	
4a. Administrative Controls	
<p>Check if: Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> <i>Instructions:</i> In the "Comment" section, describe the factors that deemed the content as sufficient or otherwise.</p> <p>i. <input type="checkbox"/> <input type="checkbox"/> Procedural activities • <i>Comment:</i> _____</p> <p style="margin-left: 20px;">_____</p> <p>ii. <input type="checkbox"/> <input type="checkbox"/> Staff training procedures • <i>Comment:</i> _____</p> <p style="margin-left: 20px;">_____</p> <p>iii. <input type="checkbox"/> <input type="checkbox"/> Recordkeeping systems and forms • <i>Comment:</i> _____</p> <p style="margin-left: 20px;">_____</p>	



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.

