



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.

1. OCP TRACKING NUMBER

OCP Tracking #: _____

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

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:* _____



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 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.

