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**OFFICIAL PLAN OF RECORD**

**Maine Adult Use of Cannabis Program**

**Cultivation Facility Plan**

The Facility Plan is an official Plan of Record. This document and use of this template are required. The Office of Cannabis Policy (OCP) understands that an applicant or licensee may have prepared other facility documents. Although the applicant or licensee may submit additional facility documents for reference, this Facility Plan is designed to be a succinct, standalone document.

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| **Section 1: Maine Adult Use Cannabis Establishment – Applicant/Licensee Information** |

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| Legal Business Name:  | License Number:  |
| Physical Address of Facility:  | City:  | State:  | Zip:  |

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| **Notice** |
| OCP shall keep on file a copy of all facility plans, as well as copies of certifications of testing facilities. The most recent plan, whether submitted with the application for a cannabis establishment license, or by the subsequent approval of an application to change, shall be the Plan of Record with which the licensee must comply. OCP’s Compliance Division will have access to all plans and will review all plans prior to an inspection or investigation. Failure to comply with the Plan of Record may lead to enforcement action. Any changes to the Facility Plan must be approved. The licensee shall submit an Application to Change an Official Plan of Record to OCP 14 days prior to any material change. OCP may deny an Application for Change to an Official Plan of Record if the changes requested are in violation of 28-B MRS, this Rule, conditions required for local approval or other applicable laws or rules.  |
| **Signature – This Plan of Record cannot be accepted without a signature** |
| Any information contained within this Plan of Record or otherwise found, obtained, or maintained by OCP, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country. |
| Authorizing Business Representative’s Signature: | Date:  |
| Printed Name:  | Email Address:  | Phone Number: |

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| **Section 2: Facility Site Specific Information** |
| 1. **Ownership of the Premises**
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| Legal Name of Property Owner:  |
| Mailing Address of Property Owner:  | City:  | State:  | Zip: |
| Property Owner Phone Number:  | Property Owner Email:  |

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| 1. **Tax Map**
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| Attach a copy of a tax map clearly indicating an area of 1000 feet in all directions from the premises, or in cases where a municipality or the Land Use Planning Commission has reduced the setback to no less than 500 feet, then showing the distance in all directions required by local authority, and indicating that the area around the premises does not include a pre-existing public or private school, as defined in 28-B MRS§§402(2)(A) and 403(2)(A). |
| 1. **Plant Canopy**
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| 1. Provide total plant canopy, as defined in 28-B MRS§102-A(49):
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| 1. **Facility Diagram**
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| 1. Attach a diagram of the layout of the facility, that includes:
2. All limited access areas. (Limited access area means a building, room or other area within the licensed premises of a cannabis establishment where a licensee is authorized to cultivate, store, weight, manufacture, package or otherwise prepare for sale adult use cannabis and adult use cannabis products.)
3. Cultivation areas where the licensee cultivates mature cannabis plants. If the surface area of the plant canopy consists of noncontiguous areas, please identify the boundaries of each component area.
4. Cultivation areas where the licensee cultivates matures cannabis plants solely for propagating seedlings, immature cannabis plants or collecting seeds, seedlings and immature cannabis plants.
5. Square footage of the establishment and of the separate areas listed above in a, b and c, including the dimensions of the perimeter of each cultivation area.
6. Waste disposal area.
7. Points of entry.
8. Windows and doors, designating which are lockable.
9. Alarm control panels and alarm sensors.
10. Video surveillance cameras and storage devices.
11. Communication devices (internet/telephone).
12. Fences.
13. Any other additional security measures.
14. Legal ingress onto the property from the closest maintained public way.
15. If the property is also used as a residence, clearly indicate on the facility diagram, the location of that residence within the property and plans for complete separation of the residence from the facility, including:
16. Entirely separate entrances to the residence and any portion of the property that is part of the licensed premises; and
17. That no solvent extraction using potentially hazardous extraction methods or inherently hazardous extraction methods are in the same building or structure as the residence.
18. If an outdoor cultivation area neighbors or abuts another cultivation facility, indicate the space that separates the outer boundary of the outdoor cultivation area within the licensed premises from that of the other cultivation facility.
19. If the licensee co-locates adult use and medical use operations, clearly indicate the following:
* The areas of the premises that will contain adult use cannabis plants, cannabis, cannabis products or cannabis concentrate;
* The areas of the premises that will contain medical use cannabis plants, cannabis, cannabis products or cannabis concentrate;
* The areas of the premises, if any, that will contain equipment, chemicals or other items that may be used for both adult use and medical use cannabis plants, cannabis or cannabis products.
1. For clarity, the use of numbering, labeling, and/or a diagram legend or key should be used to incorporate the information requested.
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| **Section 3: Co-Location of Adult Use and Medical Use Operations** |
| 1. Is this Adult Use facility co-located with any other Adult Use facilities?

 [ ]  Yes [ ]  No  If yes, with who? Adult Use Establishment Licensee Name:  Adult Use Establishment License Number:  Adult Use Establishment Licensee Name:  Adult Use Establishment License Number:  Adult Use Establishment Licensee Name:  Adult Use Establishment License Number:  |
| 1. Is this Adult Use facility co-located with any medical use operations?

 [ ]  Yes [ ]  No  If yes, with who? Medical Registered Caregiver or Dispensary Name:  Registry Card/Certificate Number:  Medical Registered Caregiver or Dispensary Name:  Registry Card/Certificate Number:  Medical Registered Caregiver or Dispensary Name:  Registry Card/Certificate Number:  |
| 1. If the licensee co-locates adult use and medical use operations, describe how the shared areas of the facility in which adult use cannabis is cultivated and cannabis for medical use is cultivated are separated in a manner that provides for visually conspicuous delineation of the physical cultivation space.
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| 1. If the licensee co-locates adult use and medical use operations, describe the plans to ensure that all cannabis, finished cannabis concentrate and other cannabis products are correctly packaged and labeled for medical use or adult use.
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| 1. If the licensee co-locates adult use and medical use operations, describe how the licensee will separately track, including input to the tracking system, cannabis, cannabis concentrate and cannabis products for medical use separately from adult use cannabis, cannabis concentrate and cannabis products and will otherwise keep them from becoming intermixed.

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| 1. Describe how the licensee will ensure that each piece of equipment is not used simultaneously on medical cannabis and adult use cannabis, with the purpose of ensuring that medical cannabis, cannabis concentrate, and other cannabis products will remain separate from adult use cannabis, cannabis concentrate, and other cannabis products.
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| **Section 4: Security Measures**All cannabis establishments must enact security measures to prevent the diversion of cannabis or cannabis products that are being cultivated, manufactured, tested, packaged, stored, displayed or transported. Provide sufficient detail so that OCP may determine whether the requirements are met. |
| 1. **Lights**
 |
| 1. Do gates and/or perimeter entry points have lighting sufficient for observers to see, and cameras to record, any activity within 10 feet of the gate or entry?

 [ ]  Yes [ ]  No  |
| 1. Describe perimeter lighting at any point of entry or exit, whether it is a gate or access from a building.

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| 1. List equipment and provide rating for all lights as depicted and numbered/labeled in the facility diagram.

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| 1. **Doors and Windows**
 |
| 1. Do all perimeter entry doors and all doors separating limited access areas from areas open to visitors and customers have commercial grade locks, appropriate for facilities requiring high levels of physical security?

 [ ]  Yes [ ]  No  |
| 1. Are all external entrances to indoor facilities on the licensed premises lockable?

 [ ]  Yes [ ]  No  |
| 1. List equipment and describe commercial grade locks on all perimeter and limited access doors as depicted and numbered/labeled in the facility diagram.

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| 1. Are all perimeter windows in good condition and lockable?

 [ ]  Yes [ ]  No  |
| 1. List equipment and describe locks on each perimeter window as depicted and labeled in the facility diagram.

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| 1. **Alarm System**
 |
| 1. Do you have an alarm system(s) monitored by a licensed security company capable of contacting the licensee and, if necessary, law enforcement?

 [ ]  Yes [ ]  No  |
| 1. Does the system include an audible alarm, which is capable of being disabled remotely by the security company?

 [ ]  Yes [ ]  No  |
| 1. List equipment and describe the alarm system.

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| 1. Concerning your licensed security company, provide the following:
2. Name of the licensed security company:
3. Specific point of contact:
4. Point of contact’s phone number:

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| 1. Do you have monitored sensors on all perimeter entry points and perimeter windows, or perimeter windows protected by appropriately located motion sensors?

 [ ]  Yes [ ]  No  |
| 1. List equipment and describe monitored sensors on all perimeter entry points and perimeter windows, or perimeter windows protected by appropriately located motion sensors as depicted and numbered/labeled in the facility diagram.

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| 1. **Video Surveillance**
 |
| 1. Do you have a video surveillance system that meets the following minimum requirements? Check all that apply.

[ ]  Minimum resolution of 720p [ ]  Internet protocol capability [ ]  One of the following recording requirements: [ ]  Continuous recording 24 hours per day at a minimum of 15 frames per second, or [ ]  Motion activated cameras at a minimum of 15 frames per second and capturing and storing footage of no  less than 120 seconds prior to motion activation and 120 seconds following the cessation of motion[ ]  Clear and accurate display of the time and date on all recorded images  [ ]  Ability to copy and provide video surveillance recordings to OCP or law enforcement upon request |
| 1. List equipment and describe, in detail, the video surveillance system, including the number and location of all permanently fixed cameras as depicted and numbered/labeled in the facility diagram.

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| 1. Check each box below to confirm the following requirements are met and reflected in the facility diagram and corresponding description(s) above.

[ ]  Cameras must be permanently fixed inside each entry/exit point (perimeter and limited access area) to allow identification of persons entering the premises and limited access areas.[ ]  Cameras must be permanently fixed outside each entry/exit point (perimeter and limited access area) to allow identification of persons exiting the premises and limited access areas.[ ]  A sufficient number of cameras must be permanently fixed to allow the viewing, in its entirety, of any area where cannabis, cannabis plants, immature cannabis plants, seedlings, seeds, cannabis concentrate or cannabis products are cultivated, manufactured, stored or prepared for transfer or sale or where samples for mandatory testing are collected, and prepared and sealed for transport to a cannabis testing facility.  \*Except indoor cultivation areas, including each grow room and each drying room, must have only a sufficient number of cameras permanently fixed to allow the viewing of all points of ingress and egress to and from the cultivation area. \*Except outdoor cultivation areas must have only a sufficient number of cameras permanently fixed to allow the viewing of the entirety of the perimeter of the cultivation area inside of the exterior fence; and indoor cultivation areas, including each grow room and each drying room, only need a sufficient number of cameras permanently fixed to allow the viewing of all point of ingress and egress to and from the cultivation area.[ ]  A sufficient number of cameras must be permanently fixed to allow the viewing, in its entirety, of any area where cannabis waste is stored before being made unusable, or where cannabis waste is made unusable.[ ]  For nursery cultivations with retail sales, a camera must be permanently fixed at each point of sale to monitor the identity of the purchaser and ensure facial identity. |
| 1. The video surveillance storage device must be secured. Indicate below which of the following approved methods will be used to meet this requirement.

[ ]  On premise or [ ]  Off premise, third-party server[ ]  Lockbox[ ]  Cabinet[ ]  Closet [ ]  Secured in another manner to protect from employee tampering or theft |
| 1. If the video surveillance storage device is secured on premise, list equipment and describe the manner in which it is secured. \*Must be reflected in facility diagram.

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| 1. If the video surveillance storage device is secured off premise with a third-party server, provide the following:
2. Name of the third-party server:
3. Specific point of contact:
4. Point of contact’s phone number:

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| 1. Describe the video surveillance records retention policy, including the minimum 45 days video surveillance records are maintained on the licensee's recording device.

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| 1. Describe how the applicant/licensee shall maintain a list of all persons with access to the video surveillance recordings and procedures for controlling access to the recordings.

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| 1. **Fencing and Lighting Requirements for Cultivation Facilities.**

This section applies to cultivation facilities that cultivate seedlings, immature plants, or mature plants in outdoor areas or in greenhouses or other structures that do not meet all security requirements for buildings. |
| 1. Are all fencing and gates secure, at least 6 feet high, security grade and obscure, or have a cover that obscures the limited access area from being readily viewed from outside of the fenced in area.

 [ ]  Yes [ ]  No  |
| 1. List equipment and describe secure fencing and all gates, including height and material used to obscure the limited access area from being readily viewed from outside of the fenced in area as depicted and numbered/labeled in the facility diagram.

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| 1. Is there sufficient lighting to illuminate a perimeter of at least 10 feet around any point of entry, whether it is a gate or access from the building?

 [ ]  Yes [ ]  No  |
| 1. List equipment and describe all lighting as depicted and numbered/labeled in the facility diagram.

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| 1. Are there a sufficient number of cameras permanently fixed to allow recording of all areas outside of the premises within 10 feet of the exterior fence and gates of a cultivation facility with outdoor growing.

 [ ]  Yes [ ]  No  |
| 1. List equipment and describe all video cameras as depicted and numbered/labeled in the facility diagram.

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| **Section 5: Controlling Access** |
| 1. **Public Access to the Cannabis Establishment**
 |
| 1. Are all entry points designed so that no person under 21 years of age is allowed entry to the licensed premises?

 [ ]  Yes [ ]  No   |
| 1. Describe all entry points designated as the place where the licensee or licensee’s employee will verify the age and identity of all persons entering the premises as depicted and numbered/labeled in the facility diagram.

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| 1. Describe all entry points designated as a place where the licensee or licensee’s employees will receive mail or other deliveries as depicted and numbered/labeled in the facility diagram.

 |
| 1. Describe how licensee will ensure that licensee and all of it’s employees and security guards maintain compliance with all laws and regulations related to firearms and other weapons in and around the cannabis establishment.

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| 1. **Employee Access**
 |
| 1. Describe all entry points designated as employee entrances, including the manner in which employees gain access to the cannabis establishment (e.g. badge scanner or key locked doors), as depicted and numbered/labeled in the facility diagram.

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| 1. Describe how the licensee will ensure all owners, managers, and employees display valid individual identification cards at all times.

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| 1. Describe any additional security measures aimed to prevent employee theft.

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| 1. **Controlling Access to Limited Access Areas**
 |
| 1. Are the following security measures in place for all limited access areas? Check all that apply.

[ ]  Identification checks[ ]  Locked doors[ ]  Video surveillance [ ]  Required signage |
| 1. Describe how the licensee will utilize the security measures listed above to control access to all limited access areas as depicted and numbered/labeled in the facility diagram.

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| 1. Are security measures in place to control access to limited access areas by contractors and visitors, 21 years of age or older, who will not handle cannabis plants, cannabis or cannabis products?

 [ ]  Yes [ ]  No  |
| 1. Are security measures in place to control access to limited access areas by sample collector and cannabis testing facility licensees or their employees displaying valid individual identification cards?

 [ ]  Yes [ ]  No  |
| 1. Describe all designated areas where contractors, visitors and other licensees will be required to provide proof of identification, sign a visitor entry log, and receive a visitor identification badge by establishment staff as depicted and numbered/labeled in the facility diagram.

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| 1. **Additional Security Measures for Nursery Cultivation Only**
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| 1. At which point will the licensee or licensee’s employee check for a valid government issued form of identification:

 [ ]  Prior to allowing access to areas of the premises designated for retail sales; or [ ]  Prior to initiating a sale in the area of the premises designated for retail sales.  |
| 1. Are display cases lockable and secure to prevent the public from handling cannabis plants, cannabis or cannabis products without direct supervision of a licensee or employee?

 [ ]  Yes [ ]  No   |
| 1. Are counters of sufficient height to prevent the public from handling cannabis plants, cannabis or cannabis products without direct supervision of a licensee or employee?

 [ ]  Yes [ ]  No  |
| 1. Describe all security measures taken to ensure compliance with the above requirements.

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| **Section 6: Cultivation Facility Operation Specific Information** |
| 1. **License Type**
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| [ ]  Cultivation Facility, Tier 1 (Plants) – No more than 30 mature cannabis plants. [ ]  Cultivation Facility, Tier 1 (Canopy) – No more than 500 square feet of mature cannabis plants. [ ]  Cultivation Facility, Tier 2 – No more than 2,000 square feet of mature cannabis plants. [ ]  Cultivation Facility, Tier 3 – No more than 7,000 square feet of mature cannabis plants. [ ]  Cultivation Facility, Tier 4 – No more than 20,000 square feet of mature cannabis plants. [ ]  Cultivation Facility, Nursery – No more than 1,000 square feet of mature cannabis plants.  |

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| 1. **Days and Hours of Operation**
 |
| Business Hours mean 9A.M. to 5P.M. Monday through Friday. List any hours during Monday through Friday between 9A.M. and 5P.M. the facility will **NOT** be conducting authorized activities.  |
| 1. **Equipment and Approval Listing**
 |
| List all lights, irrigation system(s), greenhouse(s) and all other equipment to be used specific to the cultivation of cannabis within the cultivation facility. |
| 1. **Pesticides, Fungicides, Insecticides and Fertilizers**
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| 1. List all pesticides, fungicides, insecticides and fertilizers that will be present or used, as defined by 7 MRS Section 604.

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| --- | --- | --- | --- |
| Product Name: | Use: (pesticide, fungicide, insecticide, fertilizer, cleaner) | EPA#: | Manufacture Name: |
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| 1. List your licensed pesticide applicator(s):

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| Applicator Name: | Applicator License #: | IIC #: |
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| 1. **Utility Plans**
 |
| 1. Describe plans for providing electricity, water, and other utilities necessary for the normal operation of the facility.

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| 1. Describe plans for ventilation and filtration systems that prevent cannabis plant odors from significantly altering the environmental odor outside, while addressing the potential for mold.

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| 1. **Plans for Compliance with Cannabis Legalization Act and the Adult Use Program Rules**
 |
| 1. Describe plans for shipping and receiving of cannabis and cannabis products.

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| 1. Describe plans to dispose of or destroy used, unused and waste cannabis and cannabis products.

 |
| 1. Describe how the facility plans to conduct a background screening process for employees and vendors.

 |
| 1. Describe plans for physically separating areas where mature cannabis plants will be grown, from where cannabis solely used for propagation, seedlings and immature cannabis plants will be grown.

 |
| 1. If the surface area of the plant canopy consists of noncontiguous areas, identify how each component area will be separated by identifiable boundaries, such as permanent fencing or clearly delineated raised beds.

 |
| 1. If the Plan of Record is for a Cultivation Nursery Facility, indicate whether the facility intends to sell cannabis seeds, seedlings, or immature plants to adults, 21 years of age or older, indicate so by selecting this box.

[ ]  Yes [ ]  No  |

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| **Section 7: Reports of Non-Compliant Conduct** |
| Describe how the licensee will ensure any incident of non-compliance with the cannabis establishment licensee’s authorized conduct will be reported in writing to OCP within 24 hours. |