



# OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## OFFICIAL PLAN OF RECORD

### Maine Adult Use of Cannabis Program Manufacturing 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.

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

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

#### 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 30 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: |

#### Section 2: Facility Site Specific Information

##### A. Ownership of the Premises

|                                    |                       |        |      |
|------------------------------------|-----------------------|--------|------|
| Legal Name of Property Owner:      |                       |        |      |
| Mailing Address of Property Owner: | City:                 | State: | Zip: |
| Property Owner Phone Number:       | Property Owner Email: |        |      |

**B. Tax Map**

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).

**C. Facility Diagram**

1. Attach a diagram of the layout of the facility, including:
  - (a) 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.)
  - (b) Commercial kitchen areas.
  - (c) Square footage of the establishment and of the separate areas listed above in a and b.
  - (d) Storage location of any solvent (excluding water), chemical or potentially hazardous substance.
  - (e) Waste disposal area.
  - (f) Utility distributions, including electrical, water and other utilities, especially gases and other materials used for inherently hazardous substance extraction.
  - (g) Points of entry.
  - (h) Windows and doors, designating which are lockable.
  - (i) Alarm control panels and alarm sensors.
  - (j) Video cameras and surveillance storage devices.
  - (k) Communication devices (internet/telephone).
  - (l) Fences.
  - (m) Any other additional security measures.
  - (n) Legal ingress and egress onto and from the property from the closest maintained public way.
  
2. If the property is also used as a residence, clearly indicate on the diagram above, the location of that residence within the property and plans for complete separation of the residence from the facility, including:
  - (a) Entirely separate entrances to the residence and any portion of the property that is part of the licensed premises; and
  - (b) That no solvent extraction using potentially hazardous extraction methods or inherently hazardous extraction methods are in the same building or structure as the residence.
  
3. 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.
  
4. For clarity, the use of numbering, labeling, and/or a diagram legend or key should be used to incorporate the information requested.

**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?

AU Licensee Name:

AU License Number:

AU Licensee Name:

AU License Number:

AU Licensee Name:

AU License Number:

|  |                                   |                                   |                          |                                   |                          |                                   |
|--|-----------------------------------|-----------------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------------------|
| <p>2. Is this Adult Use facility co-located with any medical use caregivers or dispensaries?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, with who?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Medical Registrant Name:</td> <td style="width: 50%; border: none;">Registry Card/Certificate Number:</td> </tr> <tr> <td style="border: none;">Medical Registrant Name:</td> <td style="border: none;">Registry Card/Certificate Number:</td> </tr> <tr> <td style="border: none;">Medical Registrant Name:</td> <td style="border: none;">Registry Card/Certificate Number:</td> </tr> </table> | Medical Registrant Name:          | Registry Card/Certificate Number: | Medical Registrant Name: | Registry Card/Certificate Number: | Medical Registrant Name: | Registry Card/Certificate Number: |
| Medical Registrant Name:   | Registry Card/Certificate Number: |                                   |                          |                                   |                          |                                   |
| Medical Registrant Name:   | Registry Card/Certificate Number: |                                   |                          |                                   |                          |                                   |
| Medical Registrant Name:   | Registry Card/Certificate Number: |                                   |                          |                                   |                          |                                   |
| <p>3. 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.</p>  |                                   |                                   |                          |                                   |                          |                                   |
| <p>4. 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.</p>   |                                   |                                   |                          |                                   |                          |                                   |
| <p>5. 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.</p>   |                                   |                                   |                          |                                   |                          |                                   |

**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.

**A. Lights**

|   |
|---|
| <p>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?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
| <p>2. List and describe perimeter lighting at any point of entry or exit, whether it is a gate or access from a building, as depicted and labeled in the facility diagram.</p>  |

**B. Doors and Windows**

|   |
|---|
| <p>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?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|---|

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| <p>2. Are all external entrances to indoor facilities on the licensed premises lockable?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  |
| <p>3. List equipment and describe commercial grade locks on all perimeter and limited access doors as depicted and numbered/labeled in the facility diagram.</p>   |
| <p>4. Are all perimeter windows in good condition and lockable?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |
| <p>5. List equipment and describe locks on each perimeter window as depicted and labeled in the facility diagram.</p>  |
| <p><b>C. Alarm System</b></p>  |
| <p>1. Does the licensee have an alarm system(s) monitored by a licensed security company capable of contacting the licensee and, if necessary, law enforcement?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |
| <p>2. Does the system include an audible alarm, which is capable of being disabled remotely by the security company?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  |
| <p>3. List equipment and describe the alarm system.</p>  |
| <p>4. Concerning the licensee's licensed security company, provide the following:<br/> a. Name of the licensed security company:<br/> b. Specific point of contact:<br/> c. Point of contact's phone number:</p>   |
| <p>5. Does the licensee have monitored sensors on all perimeter entry points and perimeter windows, or perimeter windows protected by appropriately located motion sensors?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |
| <p>6. 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.</p>  |
| <p><b>D. Video Surveillance</b></p>  |
| <p>1. Does the licensee have a video surveillance system that meets the following minimum requirements? Check all that apply.</p> <p><input type="checkbox"/> Minimum resolution of 720p</p> <p><input type="checkbox"/> Internet protocol capability</p> <p><input type="checkbox"/> One of the following recording requirements:</p> <p>    <input type="checkbox"/> Continuous recording 24 hours per day at a minimum of 15 frames per second, or</p> <p>    <input type="checkbox"/> 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</p> |

|  |
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| <input type="checkbox"/> Clear and accurate display of the time and date on all recorded images<br><input type="checkbox"/> Ability to copy and provide video surveillance recordings to OCP or law enforcement upon request   |
| <p>2. 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.</p>  |
| <p>3. Check each box below to confirm the following requirements are met and reflected in the facility diagram and corresponding description(s) above.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> |
| <p>4. The video surveillance storage device must be secured. Indicate below which of the following approved methods will be used to meet this requirement.</p> <p><input type="checkbox"/> On premise            or            <input type="checkbox"/> Off premise, third-party server</p> <p><input type="checkbox"/> Lockbox</p> <p><input type="checkbox"/> Cabinet</p> <p><input type="checkbox"/> Closet</p> <p><input type="checkbox"/> Secured in another manner to protect from employee tampering or theft:</p>  |
| <p>5. 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.</p>   |
| <p>6. If the video surveillance storage device is secured off premise with a third-party server, provide the following:</p> <p>a. Name of the third-party server:</p> <p>b. Specific point of contact:</p> <p>c. Point of contact's phone number:</p>  |
| <p>7. Describe the video surveillance records retention policy, including the minimum 45 days video surveillance records are maintained on the licensee's recording device.</p>  |
| <p>8. 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.</p>   |

**Section 5: Controlling Access**

**A. Public Access to the Cannabis Establishment**

1. Are all entry points designed so that no minor is allowed entry to the licensed premises, except in the case of emergency, when accompanied by an individual identification cardholder who is the minor's parent, legal guardian or custodian?  
 Yes     No
2. 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.
3. 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.
4. Describe how licensee will ensure that licensee and all of its employees and security guards maintain compliance with all laws and regulations related to firearms and other weapons in and around the cannabis establishment.

**B. 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.
2. Describe how the licensee will ensure all owners, managers, and employees display valid individual identification cards at all times.
3. Describe any additional security measures aimed to prevent employee theft.

**C. 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
2. 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.

3. Are security measures in place to control access to limited access areas by contractors and visitors, who are not minors and who will not handle cannabis plants, cannabis or cannabis products?

Yes  No

4. 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

5. 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.

**Section 6: Products Manufacturing Facility Operation Specific Information**

**A. 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.

**B. Equipment and Approval Listing**

List and describe all equipment with approval listings to be used specific to the manufacturing, packaging and storage of cannabis within this facility.

| Item | UL, ETL or CSA Listing | Intended Use |
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**C. Utility Plans**

1. Describe plans for providing electricity, water, and other utilities necessary for the normal operation of the facility.
2. Describe plans for ventilation and filtration systems that prevent cannabis plant odors from significantly altering the environmental odor outside, while reducing the risk of fire or respiratory harm within the facility.

**D. Facility Personnel**

1. Describe what qualifies the person in charge of food safety requirements to perform the job duties, including the education and relevant experience of the individual.
2. Describe what qualifies the person who will oversee of day-to-day food safety procedures, including the education and relevant experience of the individual.

**E. Processes, Methods and Materials**

1. Does the licensee intend to do cannabis extraction using inherently hazardous substances?  Yes  No  
If yes, complete the Inherently Hazardous Substances Manufacturing Supplemental Facility Plan.
2. Does the licensee intend to make sales of adult use cannabis or cannabis products via delivery to consumers?  
 Yes  No  
If yes, complete the Delivery Supplemental Facility Plan.
3. Does the licensee intend to use the portion of its licensed premises that is licensed as a food establishment by the Department of Agriculture, Conservation and Forestry for the manufacture of any products containing neither cannabis nor hemp (collectively referred to as “non-cannabis products” for the purposes of the Facility Plan)?  
 Yes  No  
If yes, complete the Manufacture of Non-Cannabis Products Supplemental Facility Plan.
4. Describe the manufacturing processes that will occur on the premises. Have the standard operating procedures for each process on premises for inspection by OCP.
5. What class of products will the products manufacturing facility be producing? Select all that are applicable.  
 Edible  
 Inhaled  
 Topical  
 Suppository  
 Other:



6. Describe, or attach a document with, each individual product to be made, including, but not limited to, all ingredients, color, shape, and size. Any changes of ingredients and/or process could constitute a change in this Plan of Record. Prior to implementation, the licensee must submit an application to change the Plan of Record.

**F. 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.

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

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

4. Describe how the facility plans to refrigerate any cannabis products or ingredients requiring refrigeration.

5. Describe plans for compliance with packaging, labeling and other requirements.

**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.