

**OPERATING PLAN TEMPLATE FOR CONDITIONAL APPLICATION**

MARIJUANA TESTING FACILITY

Pursuant to the Adult Use Marijuana Program Rule, the Department shall keep on file a copy of all facility plans, security plans, operating plans and cultivation plans, as well as copies of certifications of testing facilities. The most recent plan, whether submitted with the application for a marijuana establishment license, or by the subsequent approval of an application to change, shall be the Plan of Record with which the licensee must comply.

The Operating Plan is an official Plan of Record. This document and use of this template are required. The Office of Marijuana Policy (OMP) 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 Operating Plan is designed to be a succinct, standalone document.

Any changes to the Facility Plan must be approved. The licensee shall submit a revised Facility Plan to the Department 14 days prior to any material change. The Department may deny an Application for Changes to a 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.

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| **SECTION 1: Maine Adult Use Marijuana Establishment – Applicant/Licensee Information** |

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| Legal Business Name | Maine Adult Use Marijuana Establishment License Number |
| Trade Name/DBA (if applicable)  | Federal Taxpayer ID/EIN |
| Point of Contact Name  | Point of Contact Phone Number | Point of Contact Email Address |
| Physical Address of Facility | City | State | ZIP |

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| **SECTION 2: Marijuana Testing Facility Premise**For clarity, the use of numbering, labeling, and/or a diagram legend or key should be used to incorporate the information requested below. |
| 1. Provide a diagram of the layout of the Marijuana Testing Facility, including without limitation activities related to sample receiving, sample storage, record storage, microbiological and chemical analysis and office space. Also include in the diagram limited access area(s) and the location where marijuana samples will be received.

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| 1. Provide a brief statement of the principal activity to be conducted in each room or partitioned area, including without limitation activities related to sample receiving, sample storage, record storage, microbiological and chemical analysis and office space.

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| **SECTION 3: Operating Days and Hours**Indicate in the table below the operating hours of the marijuana testing facility. If the facility will remain closed for a certain day of the week, simply mark an “X” in the “Closed” column. |
|  | **Closed** | **Facility Opening Hour** | **Facility Closing Hour** |
| **Sunday** |  |  |  |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **SECTION 4: Accreditation and Certification Status** |
| 1. List of all mandatory tests, including technology and analyte, for which the applicant has received or is applying for ISO/IEC 17025 accreditation at the time of the application for a conditional license from the Department:

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| 1. List of all mandatory tests, including technology and analyte, for which the applicant has received or is applying for full or provisional certification from the Maine Center for Disease Control and Prevention (MCDC):

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| 1. List all nonstandard test methods and technologies for which the applicant has received or requested CDC certification for any mandatory test:

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| **SECTION 5: Applicable Codes**If the marijuana testing facility currently holds of the applicable licenses or permits required below, prove with documentation. |
| 1. Describe the workplace safety plan consistent with 29 CFR 1910 as applicable:

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| 1. List and attach the marijuana testing facility’s Standard Operating Procedure(s) and/or plan(s) for disposal of marijuana waste and marijuana product waste:

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| **SECTION 6: Notice** |
| The Department shall keep on file a copy of all Plans of Record, as well as copies of certifications of testing facilities. The most recent plan, whether submitted with the issuance of the marijuana establishment license, or by the subsequent approval of an application to change, shall be the Plan of Record with which the licensee must comply. Department staff will have access to all plans and will review all plans prior to an on-site assessment. Failure to comply with the Plan of Record may lead to an enforcement action. |

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|  **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 the Department, 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:  |