

**OPERATING PLAN**

SAMPLE COLLECTOR

Pursuant to Section 3.5.2 of 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 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.

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 operating documents. Although the applicant or licensee may submit additional operating documents for reference, this Operating Plan is designed to be a succinct, standalone document.

OMP recognizes that during the conditional license application process, site-specific information may not be available. An updated, site-specific Operating Plan will be required prior to active licensure.

|  |
| --- |
| **SECTION 1: Days and Hours of Operation**In the table below, indicate the operating hours of the facility. Place an “x” in the closed column if the facility will be closed on a particular day. |
|  | **Closed** | **Opening Hour** | **Closing Hour** |
| **Sunday** |  |  |  |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |

|  |
| --- |
| **SECTION 2: Vehicle Requirements**List the vehicles that will be used for authorized sample collection activities below. For each vehicle listed, complete the Sample Collector Vehicle Information Form found on the Office of Marijuana Policy’s website. If more than four vehicles will be used for authorized sample collector activities, indicate how many additional vehicles in the space provided below and complete the Sample Collector Vehicle Information Form for each additional vehicle. Each Sample Collector Vehicle Information Form is part of this Official Plan of Record. Changes to Sample Collector Vehicle Information Forms require the Office of Marijuana Policy’s approval of an application to change the Operating Plan. |
| Vehicle 1: Make | Model | VIN |
| Vehicle 2:Make | Model | VIN |
| Vehicle 3:Make | Model | VIN |
| Vehicle 4:Make | Model | VIN |
| Number of additional vehicles to be registered with the Department:  |
| **SECTION 3: General Requirements**Describe how the applicant will ensure that all individuals employed by the Sample Collector who will be collecting samples of marijuana, marijuana concentrate or marijuana products meet the following requirements: |
| Is in possession of a valid Individual Identification Card |
| Is physically able to perform the duties of a sample collector, with or without reasonable accommodations |
| Is able to pass initial and ongoing demonstrations of capability |
| Is authorized to transport the required quantity of marijuana items |
| Completes, when available, 8 hours of initial training on various sampling techniques |
| Completes, when available, 8 hours of periodic refresher training annually |

|  |
| --- |
| **SECTION 4: Notice** |
| 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 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. Field Investigators 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 enforcement action. Any significant changes to the Plan of Record must be approved by the Department. |

|  |
| --- |
| **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 lawenforcement 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: |