MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Cannabis Manufacturer: Final Plans of Record (FPOR) Questions

This document provides an overview of the questions included on the four (4) final plans of record forms for the cannabis manufacturer license. **You *must* submit your answers to these questions on their corresponding online fillable forms.**

The four online fillable forms outlined in this document include:

1. **Accounting and Tax Compliance Standard Operating Procedure (SOP) form** – Page 2 (https://officeofcannabismanagement.formstack.com/forms/accounting_tax_compliance)
2. **Inventory Control, Storage, and Diversion Prevention Standard Operating Procedure (SOP) form** – Page 3 (https://officeofcannabismanagement.formstack.com/forms/inventory_control_storage_and_diversion_prevention)
3. **Quality Assurance Standard Operating Procedure (SOP) form** – Page 5 (https://officeofcannabismanagement.formstack.com/forms/quality_assurance)
4. **Site, Security, and Operations Plan form** – Page 8 (https://officeofcannabismanagement.formstack.com/forms/site_security_and_operations_2026)

After completing and submitting the online form, you will receive a confirmation email from "no-reply@webmerge.me" with a PDF attachment containing your answers. To finalize your submission, you'll need to submit that PDF to Accela.

Accounting and Tax Compliance Standard Operating Procedure (SOP) Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk (*).

1a. Legal business name*
[text field]

1b. Facility address*
[Address Line 1]
[Address Line 2]
[City] [State] [ZIP Code]

1c. Accela application number*
To find your application number, check your email for messages from noreply@accela.com. Your application number will be in the subject of the email. Include the dashes in your application number.
[text field]

1d. Email*
[text field]

Section 2: Accounting and Tax Compliance SOP

Required fields are marked with an asterisk (*).

2a. Describe specific procedures for how your business will adhere to GAAP (Generally Acceptable Accounting Principles) standards.* [M.R. P. 9810.1100, subp. 3A(2)]
[text field]

2b. Describe specific procedures for how your business will ensure the timely filing of taxes.* [M.S. § 342.14, subd. 1(a)(9)(iii)]
[text field]

2c. Does the applicant have a policy for adhering to the sales restrictions in MN Statutes section 270c.726 regarding the Minnesota Department of Revenue's posting of tax delinquency?* [M.S. § 270c.726, subd. 2]
[text field]

Inventory Control, Storage, and Diversion Prevention Standard Operating Procedure (SOP) Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk (*).

1a. Legal business name*
[text field]

1b. Doing business as (DBA) or assumed name*
[text field]

1c. Primary contact: First name*
[text field]

1d. Primary contact: Middle initial
[text field]

1e. Primary contact: Last name*
[text field]

1f. Primary contact: Suffix
[text field]

1g. Phone number*
[text field]

1h. Email*
[text field]

1i. Accela application number*
To find your application number, check your email for messages from noreply@accela.com. Your application number will be in the subject of the email. Include the dashes in your application number.
[text field]

1j. Endorsement and activity types for license (select as many as apply)*

- ☐ *Production of consumer products endorsement*
- ☐ *Edible cannabinoid product handler endorsement*
- ☐ *Cannabis extraction and concentration endorsement*
- ☐ *Hemp extraction and concentration endorsement*
- ☐ *Creation of artificially derived cannabinoids endorsement*
- ☐ *Medical cannabis manufacturer endorsement*

1k. Primary facility address*
[Address Line 1]
[Address Line 2]
[City] [State] [ZIP Code]

Section 2: Inventory Control, Storage, and Diversion Prevention SOP

Required fields are marked with an asterisk (*).

2a. Describe specific procedures for how your business will manage stock/inventory of regulated products.* [M.S. § 324.14 subd. 1(9)(ii); M.S. § 342.24, subds. 3, 5; M.R. P. 9810.1500, subp. 2]
[text field]

2b. Describe specific procedures for how your business will securely store and control access to cannabis plants, product, and waste.* [M.S. § 342.23, subd. 3; M.S. § 342.14, subd. 1(9)(ii), 1(c)(3); M.S. § 342.25, subd. 7; M.R. P. 9810.1100, subp. 2A; M.R. P. 9810.1104]
[text field]

2c. Describe specific procedures for how your business will ensure the accurate and timely entry of data into the statewide tracking system.* [M.S. § 324.14, subd. 1(9)(ii); M.S. § 342.24, subd. 5; M.R. P. 9810.1100, subp. 2A(4); M.R. P. 9810.1300-1302]
[text field]

2d. Describe specific procedures for how your business will ensure proper designation of authorized personnel for issuing employee identification badges.* [M.S. § 342.14, subd. 1(9)(ii); M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2; M.R. P. 9810.1500, subp. 6]
[text field]

2e. Describe specific procedures for how your business will ensure proper designation of authorized personnel protocols for employee access to restricted access areas.* [M.S. § 342.14, subd. 1(9)(ii); M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2]
[text field]

2f. Describe specific procedures for how your business will ensure proper designation of authorized personnel protocols for employee access to private and non-public computer data.* [M.S. § 342.24 subd. 3; M.S. § 342.59, subd. 2; M.R. P. 9810.1100, subp. 2]
[text field]

2g. Describe specific procedures for how your business will maintain records of an individual accessing a product storage area, including the date and time of access, the name of the individual, and any regulated products that were added to or removed from the product storage area.* [M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2; M.R. P. 9810.1104, subp. 1]
[text field]

2h. Describe specific procedures for how your business will manage inventory audits.* [M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2]
[text field]

2i. Describe specific procedures for how your business will manage inventory audits and any necessary reporting after an incident of theft or another security breach.* [M.S. § 342.23, subd. 3(d); M.R. P. 9810.1302, subp. 5E]
[text field]

Quality Assurance Standard Operating Procedure (SOP) Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk (*).

1a. Legal business name*
[text field]

1b. Doing business as (DBA) or assumed name*
[text field]

1c. Primary contact: First name*
[text field]

1d. Primary contact: Middle initial
[text field]

1e. Primary contact: Last name*
[text field]

1f. Primary contact: Suffix
[text field]

1g. Phone number*
[text field]

1h. Email*
[text field]

1i. Accela application number*
To find your application number, check your email for messages from noreply@accela.com. Your application number will be in the subject of the email. Include the dashes in your application number.
[text field]

1j. Endorsement and activity types for license (select as many as apply)*

- ☐ *Production of consumer products endorsement*
- ☐ *Edible cannabinoid product handler endorsement*
- ☐ *Cannabis extraction and concentration endorsement*
- ☐ *Hemp extraction and concentration endorsement*
- ☐ *Creation of artificially derived cannabinoids endorsement*
- ☐ *Medical cannabis manufacturer endorsement*

1k. Primary facility address*
[Address Line 1]
[Address Line 2]
[City] [State] [ZIP Code]

Section 2: Quality Assurance SOP

Required fields are marked with an asterisk (*).

2a. Describe specific procedures for how your business will ensure the safe and sanitary storage of regulated products in a controlled environment that is used *only* for the storage of regulated products.* [M.S. § 342.14, subd. 1(9); M.R. P. 9810.2000, subp. 12; M.R. P. 9810.1104]
[text field]

2b. Describe specific procedures for how your business will manage proper segregation and disposal of a regulated product that is damaged, contaminated, or expired.* [M.S. § 342.26, subd. 3(d)(2); M.S. § 342.23, subd. 3; M.R. P. 9810.1200]
[text field]

2c. Describe specific procedures for how your business will manage proper segregation and disposal of product that is the subject of a recall.* [M.S. § 342.14, subd. 1(9); M.S. § 342.23, subd. 3; M.R. P. 9810.1100, subp. 6; M.R. P. 9810.1200]
[text field]

2d. Describe specific procedures for how your business will provide samples of regulated products for testing.* [M.S. § 342.61, subd. 1; M.R. P. 9810.2102, subp. 3B]
[text field]

2e. Describe specific procedures for how your business will manage cannabis waste storage.* [M.R. P. 9810.1104, subp. 5; M.R. P. 9810.1200; M.R. P. 9810.2102, subp. 2A(5); M.S. § 342.08, subd. 3; M.S. § 342.31, subd. 3(1)]
[text field]

2f. Describe specific procedures for how your business will manage cannabis waste disposal.* [M.R. P. 9810.1104, subp. 5; M.R. P. 9810.1200; M.R. P. 9810.2102, subp. 2A(5); M.S. § 342.08, subd. 3]
[text field]

2g. Describe specific procedures for how your business will manage cannabis waste tracking and entry into the statewide tracking system.* [M.R. P. 9810.1104, subp. 5; M.R. P. 9810.1200; M.R. P. 9810.2102, subp. 2A(5); M.S. § 342.08, subd. 3]
[text field]

2h. Describe specific procedures for how your business will report all solvents and foreign materials (including but not limited to catalysts) used in the production of products to a testing facility licensed under Chapter 342 for batch safety testing.* [M.S. § 342.61, subd. 4(b-c); M.S. § 342.26, subd. 3(b); M.R. P. 9810.3100, subp. 5B; M.R. P. 9810.2102, subp. 9A(1)]
[text field]

2i. Describe specific procedures for how your business will ensure consistent and accurate use of weighing and measuring equipment for mandatory controls, and the accurate entry of weights and measures into the statewide tracking system.* [M.R. P. 9810.1300, subp. 2; M.R. P. 9810.1100, subp. 7]
[text field]

2j. Describe the batch numbering system used by your business and how your business will track product batches from intake, through manufacturing, sampling/testing, packaging, and rework/remediation, if necessary, in the statewide tracking system.* [M.S. § 342.63, subds. 2(3), 3(a)(5); M.R. P. 9810.1302, subp. 2C; M.R. P. 9810.2102, subps. 2A(11), 8, 11B(5)]
[text field]

2k. Describe specific procedures for how your business will clean, sanitize or disinfect manufacturing areas and equipment where product is stored.* [M.S. § 342.26, subd. 4(c); M.R. P. 9810.1100, subp. 2A(5); M.R. P. 9810.1104, subp. 2; M.R. P. 9810.2102, subp. 19]
[text field]

2l. Describe specific procedures for how your business will clean, sanitize or disinfect areas and equipment where product is processed and cured.* [M.S. § 342.26, subd. 4(c); M.R. P. 9810.1100, subp. 2A(5); M.R. P. 9810.1104, subp. 2]
[text field]

2m. Describe specific procedures for how your business will clean, sanitize or disinfect areas and equipment where product is packaged.* [M.S. § 342.26, subd. 4(c); M.R. P. 9810.1100, subp. 2A(5)]
[text field]

2n. Describe what sanitizers will be used and how the correct titration will be verified (if applicable). [M.R. P. 9810.2102, subp. 10]
[text field]

2o. Describe specific procedures for sanitary handling of ingredients.* [M.R. P. 9810.2102, subp. 10; M.S. § 342.26, subd. 4(c)]
[text field]

2p. Describe specific procedures for sanitary handling of in-process product.* [M.R. P. 9810.2102, subp. 10; M.S. § 342.26, subd. 4(c)]
[text field]

2q. Describe specific procedures for sanitary handling of finished products.* [M.R. P. 9810.2102, subp. 10; M.S. § 342.26, subd. 4(c)]
[text field]

2r. Describe specific procedures for sanitary handling of packaging materials.* [M.R. P. 9810.2102, subp. 10; M.S. § 342.26, subd. 4(c)]
[text field]

2s. Describe your annual training plan for management and employees.* [M.S. § 342.14, subd. 1(a)(11); M.S. § 342.18, subd. 3(a)(2); M.R. P. 9810.1100, subp. 2A(2); M.R. P. 9810.1102, subp. 2]
[text field]

Site, Security, and Operations Plan Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk (*).

1a. Legal business name*
[text field]

1b. Doing business as (DBA) or assumed name*
[text field]

2. Primary contact: Legal first name*
[text field]

3. Primary contact: Middle initial
[text field]

4. Primary contact: Legal last name*
[text field]

5. Primary contact: Suffix
[text field]

6. Accela application number*
To find your application number, check your email for messages from noreply@accela.com. Your application number will be in the subject of the email. Include the dashes in your application number.
[text field]

7a. Phone number*
[text field]

7b. Email*
[text field]

8. Endorsement and activity types for license (select as many as apply)*

- ☐ *Production of consumer products endorsement*
- ☐ *Edible cannabinoid product handler endorsement*
- ☐ *Cannabis extraction and concentration endorsement*
- ☐ *Hemp extraction and concentration endorsement*
- ☐ *Creation of artificially derived cannabinoids endorsement*
- ☐ *Medical cannabis manufacturer endorsement*

9. Do you have a business banking account with a bank or credit union?*

- ○ *Yes, with a bank*
- ○ *Yes, with a credit union*
- ○ *No, cash only*

10. Pursuant to Minnesota Statutes, section 176.182, you are required to provide to the Office of Cannabis Management proof of workers' compensation insurance coverage in compliance with section 176.181, subdivision 2, or provide an attestation that you are exempted from obtaining workers' compensation insurance coverage in compliance with section 176.041.

To provide proof of workers' compensation insurance coverage, you must provide:

- the name of the insurance company
- the policy number or self-insurance identification number
- dates of coverage or self-insurance effective dates

The office is required to withhold licensure, renewal, or permission to operate your business if you do not provide the required information. Failure to report or falsely report the required information may also result in a penalty.

Select your workers' compensation insurance coverage.*

- *Insured by an insurance company*
- *Self-insured*
- *Exempted from obtaining workers' compensation insurance*

If ***Insured by an insurance company*** is selected:

Name of the insurance company*
[text field]

Policy number or self-insurance identification number*
[text field]

Dates of coverage or self-insurance effective dates*
[text field]

I attest that the information provided is accurate; and acknowledge that failure to obtain and provide to the Office of Cannabis Management evidence of all required insurance, or applicable exclusion approvals from the Minnesota Department of Labor and Industry, will result in regulatory actions on my application and license up to and including application denial or license revocation.*

☐ *I confirm this attestation.*

If ***Self-insured*** is selected:

Upload a copy of your permit to self-insure from the Minnesota Department of Commerce.*
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Policy number or self-insurance identification number*
[text field]

Dates of coverage or self-insurance effective dates*
[text field]

I attest that the information provided is accurate; and acknowledge that failure to obtain and provide to the Office of Cannabis Management evidence of all required insurance, or applicable exclusion approvals from the Minnesota Department of Labor and Industry, will result in regulatory actions on my application and license up to and including application denial or license revocation.*

☐ *I confirm this attestation.*

If ***Exempted from obtaining workers' compensation*** is selected:

I attest that, pursuant to Minnesota Statutes, section 176.041, I am not required to obtain workers' compensation insurance required under Minnesota Statutes, section 176.181 because one or more exceptions in Minnesota Statutes, section 176.041 apply to me and/or my business.*

- ☐ *I confirm this attestation.*

I attest that the information provided is accurate; and acknowledge that failure to obtain and provide to the Office of Cannabis Management evidence of all required insurance, or applicable exclusion approvals from the Minnesota Department of Labor and Industry, will result in regulatory actions on my application and license up to and including application denial or license revocation.*

- ☐ *I confirm this attestation.*

11. Number of facilities*
[text field]

12. Facility 1 name*
[text field]

13. Facility 1 address*
[Address Line 1]
[Address Line 2]
[City] [State] [ZIP Code]

14. Endorsement and activity types utilized at facility 1*

- ☐ *Production of consumer products endorsement*
- ☐ *Edible cannabinoid product handler endorsement*
- ☐ *Cannabis extraction and concentration endorsement*
- ☐ *Hemp extraction and concentration endorsement*
- ☐ *Creation of artificially derived cannabinoids endorsement*
- ☐ *Medical cannabis manufacturer endorsement*

15. Facility 2 name
[text field]

16. Facility 2 address
[Address Line 1]
[Address Line 2]
[City] [State] [ZIP Code]

17. Endorsement and activity types utilized at facility 2

- ☐ *Production of consumer products endorsement*
- ☐ *Edible cannabinoid product handler endorsement*
- ☐ *Cannabis extraction and concentration endorsement*
- ☐ *Hemp extraction and concentration endorsement*
- ☐ *Creation of artificially derived cannabinoids endorsement*
- ☐ *Medical cannabis manufacturer endorsement*

Note: Questions 18-35 is not on the Site, Security and Operations form for cannabis manufacturers.

Section 2: Diagram of Facility Layout

Required fields are marked with an asterisk (*).

[M.S. § 342.31, subd. 3(1)]

Upload a detailed facility diagram for the location listed in Section 1, in accordance with Chapter 342 of Minnesota Statutes and OCM regulations 9810. The diagram must include the following:

- Fire and smoke detection systems [M.R. P. 9810.1102, subp. 3A]
- Carbon monoxide detection systems [M.R. P. 9810.1102, subp. 3B]
- Enclosed toilet facilities [M.R. P. 9810.1100, subp. 6A]
- Hand-washing facilities
- Product storage areas [M.R. P. 9810.1104]
- Limited-access areas and restricted-access areas [M.S. § 342.24, subd. 3]
- Ventilation and filtration systems [M.S. § 342.24, subd. 4; M.R. P. 9810.2102, subp. 2A(3)]
- Planned square feet of space for licensed activities [M.S. § 342.14, subd. 1(a)(5)]
- Planned square feet or acres of space for cultivation [M.R. P. 9810.2000, subp. 3A(1)]
- Planned square feet or acres of plant canopy [M.R. P. 9810.2000, subp. 3A(1)]
- All points of ingress and egress [M.S. § 342.14, subd. 1(a)(6)]
- Windows and doors, with identification of locks [M.R. P. 9810.1500, subp. 12]
- Alarm systems, including control panels and alarm sensors [M.R. P. 9810.1500, subp. 8]
- Video surveillance cameras and storage devices, including identification of video area coverage [M.R. P. 9810.1500, subp. 9]
- Lighting [M.R. P. 9810.1500, subp. 10]
- Lock keypads [M.R. P. 9810.1500, subp. 12]
- Fencing or locked gates (if applicable) [M.R. P. 9810.1500, subp. 14]

If the property is also used for non-cannabis activity (e.g., a residence or non-cannabis business):

- Identification of separate points of ingress and egress for licensed property and other property [M.R. P. 9810.2000, subp. 8]

36.1. Upload your first facility diagram.*
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

36.2. Upload your second facility diagram.
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

36a. Describe how the business will ensure both building and fire codes are met by pre-license inspection. [M.R. P. 9810.1100, subp. 6(B)]

Both building and fire code must be addressed:

- **Building code – must meet one:**
  - The applicant has documentation from their local certified building official certifying building code compliance (in the form of a certificate of occupancy or other official documentation) or an agricultural exemption, or
  - The applicant has official documentation from a private certified building official certifying building code compliance.
- **Fire code – must meet one:**
  - The applicant has a certificate of occupancy or other official documentation from their local fire code official certifying fire code compliance, or
  - The applicant has official documentation from a State Fire Marshall inspector certifying fire code compliance.

[text field]

Section 3: Certifications

Required fields are marked with an asterisk (*).

37. If creating cannabis concentrate, hemp concentrate, or artificially derived cannabinoids, attach with this checklist all certifications from an independent third-party industrial hygienist or professional engineer that approve:* [M.R. P. 9810.2205]

- ☐ *Electrical systems*
- ☐ *Gas systems*
- ☐ *Fire suppression systems*
- ☐ *Exhaust systems*
- ☐ *Plans for safe storage and disposal of hazardous substances, including volatile chemicals*
- ☐ *N/A, I do not plan to use processes that require certifications from an independent third-party industrial hygienist or professional engineer***

*** If you intend to use processes that do not require certification from an independent third-party industrial hygienist or professional engineer, please provide a report from a qualified independent third party confirming that such certification is not required.*

If ***Electrical systems*** is selected:

37a. Upload certification for electrical systems.*
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, tif, pdf, doc, docx.]

If ***Gas systems*** is selected:

37b. Upload certification for gas systems.*
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, tif, pdf, doc, docx.]

If ***Fire suppression systems*** is selected:

37c. Upload certification for fire suppression systems.*
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, tif, pdf, doc, docx.]

If ***Exhaust systems*** is selected:

37d. Upload certification for exhaust systems.*
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, tif, pdf, doc, docx.]

If ***Plans for safe storage and disposal of hazardous substances, including volatile chemicals*** is selected:

> **37e. Upload certification for safe storage and disposal of hazardous substance, including volatile chemicals.***
> *[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, tif, pdf, doc, docx.]*

If ***N/A, I do not plan to use processes that require certifications from an independent third-party industrial hygienist or professional engineer**** is selected:

> **37f. Upload a report from a qualified independent third party confirming that such certification is not required.***
> *[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, tif, pdf, doc, docx.]*

Section 4: Site Requirements

Required fields are marked with an asterisk (*).

38. Describe the facility's access to electrical services.* [M.S. § 342.30, subd. 3(1); M.S. § 342.28, subd. 3(1); M.S. § 342.29, subd. 3(1); M.S. § 342.37, subd. 2(1); M.R. P. 9810.2000, subp. 3A(3)]
[text field]

39. Describe the facility's access to water services.* [M.S. § 342.30, subd. 3(1); M.S. § 342.28, subd. 3(1); M.S. § 342.29, subd. 3(1); M.S. § 342.37, subd. 2(1); M.R. P. 9810.2000, subp. 3A(3)]
[text field]

40. Describe the facility's access to sewer services.* [M.S. § 342.30, subd. 3(1); M.S. § 342.28, subd. 3(1); M.S. § 342.29, subd. 3(1); M.S. § 342.37, subd. 2(1); M.R. P. 9810.2000, subp. 3A(4)]
[text field]

41. Describe the facility's ventilation and filtration system, including humidity and temperature controls.* [M.S. § 342.28, subd. 3(1); M.S. § 342.29, subd. 3(1); M.S. § 342.37, subd. 2(1); M.S. § 342.30, subd. 3A(1); M.R. P. 9810.2102, subp. 6A(3)]
[text field]

42. Describe the facility's product storage area(s), including methods of ensuring that regulated products are free from contamination.* [M.R. P. 9810.1104; M.R. P. 9810.2000, subp. 12]
[text field]

43. Describe the facility's product storage area(s), including methods of ensuring no mixing between batch numbers or different types of regulated products.* [M.R. P. 9810.1104, subps. 1A, 4]
[text field]

44. Describe the facility's product storage area(s), including methods of storing products at least six inches above the ground.* [M.R. P. 9810.1104, subp. 2]
[text field]

45. Describe how the business will record and maintain verification that cannabis workers are following the storage procedures.* [M.R. P. 9810.1104, subp. 1; M.S. § 342.25, subd. 2]
[text field]

46. Describe how the business will record when the storage area(s) was accessed and by whom, and which regulated products were added or removed from the storage area.* [M.R. P. 9810.1104, subp. 1B]
[text field]

47. Describe how the business will maintain these storage area records and make them available for inspection.* [M.R. P. 9810.1104, subp. 1B]
[text field]

48. Provide a description of the signage the business will post at all points of access to areas containing cannabis.* [M.R. P. 9810.1104, subp. 3]
[text field]

Note: Question 49 is not on the Site, Security and Operations form for cannabis manufacturers.

50. Describe the facility's pest prevention and control measures, including integrated pest management principles, pesticides, traps, and physical barriers such as screening.* [M.R. P. 9810.2000, subp. 3A(6); M.R. P. 9810.2102, subp. 10 A(3), C(1); M.S. § 342.25, subd. 4(4); M.S. § 342.34, subd. 3(b); M.S. § 342.27, subd. 8(b)]
[text field]

51. Describe the facility's sanitation facilities. These must include hand-washing facilities in all cultivation or manufacturing areas where unpackaged product is handled, that supply hot and cold water, and sanitary drying functions (such as electronic drying devices, single-use towels, or sanitary towel service).* [M.R. P. 9810.2102, subp. 10A(2), 6A(6); M.R. P. 9810.2000, subp. 12D]
[text field]

Note: Questions 52-57 are not on the Site, Security and Operations form for cannabis manufacturers.

58. Describe the facility's floors, walls, and ceilings, including their ability to be easily cleaned and maintained in good repair.* [M.R. P. 9810.2102, subp. 6A(5)]
[text field]

59. Describe the facility's chemical control program, including practices for storing toxic cleaning compounds, sanitizing agents, and other potentially harmful chemicals.* [M.R. P. 9810.2102, subp. 10D]
[text field]

60. Describe the facility's plans for recycling supplies, inputs, ingredients, and work-in-progress (rework) for manufacturing, including water and packaging materials.* [M.R. P. 9810.2102, subp. 2A(6)]
[text field]

61. Describe the facility's methods to secure inputs, ingredients, and in-process products.* [M.R. P. 9810.2102, subp. 2A(12)]
[text field]

62. Describe the equipment you will use to manufacture consumable items including tables or countertops, mixing bowls, utensils, food storage units, etc. Surfaces must be corrosion-resistant and made of materials approved for food contact.* [M.R. P. 9810.2102, subp. 10A(6-7)]
[text field]

63. Describe the surfaces used to manufacture consumable items, which must be corrosion-resistant and made of materials approved for food contact.* [M.R. P. 9810.2102, subp. 10A(6-7)]
[text field]

64. Identify all methods of extraction, concentration, and/or conversion to create artificially derived cannabinoids intended to take place at the facility.* [M.S. § 342.28, subd. 3(3); M.S. § 342.29, subd. 3(3); M.S. § 342.26, subd. 3(b)]
[text field]

65. Identify the hazards (biological, chemical, and physical) and controls for each product and process.* [M.R. P. 9810.2102, subp. 2A(9)]
[text field]

66. Are you going to be manufacturing cannabis products while also planning to receive product from unlicensed individuals to process for those individuals?* [M.S. § 342.26, subd. 3(e)]

- *Yes*
- *No*

*If **Yes** is selected:*

> **66a. Describe the facility's procedures for storing, processing, and returning cannabis flower, hemp plant parts, and cannabis concentrates received from unlicensed individuals. Include details on the use of separate storage areas, separate processing equipment, and the protocols for ensuring the product is returned to the individual in compliance with applicable regulations.*** [M.S. § 342.26, subd. 3(e)]
> *[text field]*

67. List all volatile chemicals and/or catalysts that will be involved in extraction, concentration, and/or conversion (for artificially derived cannabinoids) activities.* [M.S. § 342.28, subd. 3(3); M.S. § 342.29, subd. 3(3); M.S. § 342.26, subd. 3(b)]

Catalyst/Chemical 1 (Repeat questions below—for up to 20 catalysts/chemicals—to answer question 67.)

Product Name*
[text field]

Active Ingredient (if applicable)
[text field]

Product Type/Use (catalyst, solvent, etc.)*
[text field]

Vendor Name*
[text field]

Vendor Address/Phone*
[text field]

Add another chemical/catalyst?*

- *Yes*
- *No*

68. Identify and describe all products the business intends to manufacture. Fill out a separate entry for each product. Products with multiple flavors may be listed on the same entry, but you must list each flavoring ingredient separately.* [M.R. P. 9810.2102, subp. 2A]

Product 1 (Repeat questions below—for up to 20 products—to answer question 68.)

Product Name*
[text field]

Product Description*
[text field]

Ingredients*
[text field]

Flavoring Ingredients*
[text field]

Ingredient Brand/Product Name(s)*
[text field]

Ingredient Vendor Name(s), Address(es), and Phone Number(s)*
[text field]

Packaging Used*
[text field]

Intended Use*
[text field]

Intended Consumers*
[text field]

Shelf Life*
[text field]

Labeling Instructions Related to Safety (e.g. product will be ready to eat, must be cooked by the consumer, intended to be smoked or vaporized, etc.)**
[text field]

Storage and Distribution*
[text field]

Planned Annual Volume*
[text field]

Add another product?*
- *Yes*
- *No*

Section 4A: Site Requirements for Businesses with a Medical Cannabis Manufacturer Endorsement

Required fields are marked with an asterisk (*).

The questions in this section are only required for cannabis businesses with a medical cannabis manufacturer endorsement.

69. Describe how the facility will utilize separate spaces for the manufacture of medical cannabis and adult-use cannabis.* [M.R. P. 9810.2102, subp. 12B]
[text field]

70. Describe how the business will track all adult-use cannabis and medical cannabis manufacturing, packaging, and inventory management.* [M.R. P. 9810.2102, subp. 2A(13)]
[text field]

Note: Questions 71-80 are not on the Site, Security and Operations form for cannabis manufacturers.

Section 5: Security Plan

If you have multiple locations, provide responses for each facility in all prompts within this section.

Required fields are marked with an asterisk (*).

Secure Access Procedures and Related Equipment

Describe the facility's secure access procedures and related equipment.

81. Describe any commercial-grade locks. * [M.R. P. 9810.1500, subp. 12]
[text field]

82. Describe any lockable product storage areas and restricted-access areas.* [M.R. P. 9810.1104, subp. 3]
[text field]

83. Describe any lockable entrance and exit doors and windows.* [M.R. P. 9810.1500, subp. 12]
[text field]

84. All cannabis workers must have an employment identification badge (issued by the cannabis business) that implements a visual coding system indicating the activities the worker may perform and the areas the worker may access. Describe your plans for meeting this requirement.* [M.S. § 342.24, subd. 3; M.S. § 342.59, subd. 2; M.R. P. 9810.1100, subp. 2; M.R. P. 9810.1500, subp. 6]
[text field]

85. Describe the presence of electronic locks and keypads on all perimeter entry doors.* [M.R. P. 9810.1500, subp. 12]
[text field]

86. Describe the secure storage of electronic and paper customer and business records in a locked room.* [M.R. P. 9810.1500, subp. 7C-D]
[text field]

87. Describe any fencing that might be used for the facility. [M.R. P. 9810.1500, subp. 14]
[text field]

Alarm System

[M.R. P. 9810.1500, subp. 8]

88. Describe how you'll ensure your alarm system has an operational status of 24 hours per day, seven days per week.* [M.R. P. 9810.1500, subp. 8A]
[text field]

89. Describe how the facility's alarm system will be monitored by a security company or an employee of the licensed business.* [M.R. P. 9810.1500, subp. 8A]
[text field]

90. Describe the facility's alarm system's capability of immediately alerting local law enforcement and the business for any unauthorized breaches or a system failure.* [M.R. P. 9810.1500, subp. 8A(1)]
[text field]

91. Describe the presence of a back-up alarm system that activates immediately and automatically upon the loss of electricity.* [M.R. P. 9810.1500, subp. 8A(3)]
[text field]

92. Describe the alarm system's audible alarm capable of being heard within a 100-foot radius from all facility entrances and exits.* [M.R. P. 9810.1500, subp. 8A(4)]
[text field]

93. Describe the ability of the audible alarm to be remotely disabled by authorized personnel.* [M.R. P. 9810.1500, subp. 8A(5)]
[text field]

Security Personnel

[M.R. P. 9810.1500, subp. 16]

94. Describe any security personnel that may be utilized, including acknowledging that they must be at least 21 years of age. * [M.R. P. 9810.1500, subp. 16]
[text field]

95. If employing a security company, ensure they are licensed by the State of Minnesota. Provide information on the security company (if applicable).
[text field]

Testing and Inspection of Security Measures

[M.R. P. 9810.1500, subp. 3]

96. Describe the plan for repairing alarm system failures within 72 hours of system failure.* [M.R. P. 9810.1500, subp. 3A(2)]
[text field]

97. Describe periodic testing and inspection of security measures (that must occur at least every 90 days).* [M.R. P. 9810.1500, subp. 3A(1)]
[text field]

Video Surveillance System

[M.R. P. 9810.1500, subp. 9]

98. Describe how you'll ensure your video surveillance system has an operational status of 24 hours per day, seven days per week.* [M.R. P. 9810.1500, subp. 9B]
[text field]

99. Describe how cameras will allow for clear recording of activity within a radius of at least 20 feet from all entrances and exits.* [M.R. P. 9810.1500, subp. 9C(1)]
[text field]

100. Describe how cameras will allow for the clear identification of all individuals entering and exiting the facility, all limited-access areas, and all restricted-access areas.* [M.R. P. 9810.1500, subp. 9C(2)]
[text field]

101. Describe how cameras will allow for the viewing of all areas where cannabis is stored, packaged and labeled, prepared for transfer, prepared for sale, sold, where samples are collected, or where cannabis waste is destroyed.* [M.R. P. 9810.1500, subp. 9D(3-8)]
[text field]

102. Describe the facility's video surveillance system's ability to produce video files that are stored in a secure place for at least 90 days and saved in an industry standard file format that can be played without the purchase of specialized software or equipment.* [M.R. P. 9810.1500, subp. 9E(1), F(1-3)]
[text field]

103. Describe how the cameras are capable of recording at a minimum of 15 frames per second and with a minimum resolution of 720p.* [M.R. P. 9810.1500, subp. 9E(2-3)]
[text field]

104. Describe the cameras' ability to display an accurate date and time stamp on all recordings that do not obscure the image.* [M.R. P. 9810.1500, subp. 9E(4)]
[text field]

105. Describe the facility's video surveillance system's capability to record for an additional eight hours during a power outage.* [M.R. P. 9810.1500, subp. 9E(5)]
[text field]

Lighting

[M.R. P. 9810.1500, subp. 10-11]

106. Describe the lighting for both the interior and exterior of the facility.* [M.R. P. 9810.1500, subp. 10]
[text field]

107. Describe how the lighting will ensure that observers can see and cameras can clearly record activity within at least 20 feet of all entrances and exits.* [M.R. P. 9810.1500, subp. 10]
[text field]

108. Describe how the lighting will not disturb surrounding businesses or neighbors.* [M.R. P. 9810.1500, subp. 10]
[text field]

109. Describe how deficient or inoperable lighting will be repaired within 48 hours of detection.* [M.R. P. 9810.1500, subp. 10]
[text field]

110. Will motion sensors be used with lighting? If so, describe.* [M.R. P. 9810.1500, subp. 11]
[text field]