MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Cannabis Testing Facility:
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 testing facility 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]

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)*

- ☐ *Testing activity*

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 your sample receiving, handling and disposal procedures including how you integrate with the statewide tracking system.* [M.R. P. 9810.1300-1302]
[text field]

2b. Describe specific procedures for how your business will securely store and control access to samples.* [M.S. § 324.14, subd. 1(9)(ii); M.S. § 342.24, subd. 3; M.R. P. 9810.1500, subp. 2]
[text field]

2c. Describe the facility's sample storage area(s).* [M.R. P. 9810.1104; M.R. P. 9810]
[text field]

2d. Describe your process for maintaining identity and integrity of all samples handled from time of receipt by the testing facility to reporting the analytical results and disposal of untested sample.* [M.R. P. 9810.3000, subp 4.]
[text field]

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

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

2g. 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]

2h. Describe specific procedures for how your business will ensure proper designation of authorized personnel for training of employees to perform the assigned activities (lab testing, safety, etc.).* [M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2]
[text field]

2i. 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. 1B]
[text field]

2j. Describe specific procedures for how your business will manage inventory audits.* [M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2; M.R. P. 9810.1104, subp. 1]
[text field]

2k. 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)*

- ☐ *Testing activity*

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 your quality management system (QMS), provide a link to your QMS SOP, or upload your QMS SOP below. Specifically address how your QMS meets the ISO 17025 requirements.* [M.R. P. 9810.3000, subp. 4A; M.S. § 324.14, subp. 1(9)]
[text field]

2a. Upload your QMS SOP (if applicable). [M.R. P. 9810.3000, subp. 4A; M.S. § 324.14, subp. 1(9)]
[Upload up to 1 document. Max file size 2GB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

2b. Describe your conflict of interest/impartiality policy or upload a PDF.* [Minnesota Cannabis Technical Authority, Section 8.1.a]
[text field]

2b. Upload your conflict of interest/impartiality policy (if applicable). [Minnesota Cannabis Technical Authority, Section 8.1.a]
[Upload up to 1 document. Max file size 2GB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

2c. Describe how you will ensure quality of the reported results through training.* [M.R. P. 9810.3000, subps. 4B, 8-10; M.S. § 342.14, subds. 1(a)(9)(i), 1(a)(11)]
[text field]

2d. Describe how you will ensure quality of the reported results through quality assurance checks.* [M.R. P. 9810.3000, subps. 4B, 8-10; M.S. § 342.14, subds. 1(a)(11), 1(a)(9)(i); Minnesota Cannabis Technical Authority, Section 8.1.f]
[text field]

2e. Describe how you will ensure quality of the reported results through reanalysis and retesting policy and procedures.* [M.R. P. 9810.3000, subps. 4B, 8-10; M.S. § 342.14, subds. 1(a)(9)(i), 1(a)(11); Minnesota Cannabis Technical Authority, Section 7.1.c.1]
[text field]

2f. Describe how you will ensure quality of the reported results through certificate of analysis (COA) correction policy and procedures.* [M.R. P. 9810.3000, subps. 8-10; M.S. § 342.14, subd. 1(a)(11); Minnesota Cannabis Technical Authority, section 8.2]
[text field]

2g. Describe your proficiency testing plan.* [M.R. P. 9810.3000, subps. 1B, 4B; Minnesota Cannabis Technical Authority, Section 8.1.e]
[text field]

2h. Submit results from proficiency testing for each test category on your scope of certification.* [M.R. P. 9810.3000, subp. 7E]
[Upload up to 1 document. Max file size 2GB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Repeat question 2h up to 10 times.

Submit another result from proficiency testing?*
- *Yes*
- *No*

2i. Describe the instrument calibration and qualification process for each instrument used in the cannabis testing program. Include the plan for ongoing instrument maintenance, qualification and calibration.* [M.S. § 342.61, subd. 2(b); M.R. P. 9810.1100, subp. 3B(1)(h)]

Instrument 1 (Repeat questions below—for up to 20 instruments—to answer question 2i.)

Name of instrument*
[text field]

Calibration process*
[text field]

Qualification process*
[text field]

Maintenance process*
[text field]

Add another instrument?*
- *Yes*
- *No*

2j. Describe your method for maintaining analytical test records specifically around instrument and equipment records.* [M.R. P. 9810.3000, subps. 3, 4D, 7E, 9B, 10D(5); M.R. P. 9810.1100, subp. 3B(1)(h)]
[text field]

2k. Describe your method for maintaining analytical test records specifically around analytical testing records, including analyst's name, date of analysis, approver of the COA, relevant data package, reference to the standard/validated test followed for each test method, and materials used.* [M.R. P. 9810.3000, subps. 3, 4D, 7E, 9B, 10D(5); M.R. P. 9810.1100, subp. 3B(1)(h)]
[text field]

2l. Describe your method for maintaining analytical test records specifically around records relating to handling of complaints, corrective action, etc.* [M.R. P. 9810.3000, subps. 3, 4D, 7E, 9B, 10D(5); M.R. P. 9810.1100, subp. 3B(1)(h)]
[text field]

2m. Describe your method for maintaining analytical test records specifically around internal and external audit records.* [M.R. P. 9810.3000, subps. 3, 4D, 7E, 9B, 10D(5); M.R. P. 9810.1100, subp. 3B(1)(h)]
[text field]

2n. Describe your method for maintaining analytical test records specifically around proficiency testing records.* [M.R. P. 9810.3000, subps. 3, 4D, 7E, 9B, 10D(5); M.R. P. 9810.1100, subp. 3B(1)(h)]
[text field]

2o. Describe any other method for maintaining analytical test records not included already.* [M.R. P. 9810.3000, subp. 3]
[text field]

2p. Describe your annual training plan for management and employees specifically around protocols for employee access to the statewide tracking system.* [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]

2q. Describe your annual training plan for management and employees specifically around training of employees to perform lab testing.* [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]

2r. Describe your annual training plan for management and employees specifically around training of employees to perform laboratory safety activities.* [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]

2s. Describe your annual training plan for management and employees specifically around training of employees to perform statewide tracking system activities.* [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]

2t. Describe your annual training plan for management and employees specifically around training of employees to perform sample handling.* [M.S. § 342.14, subd. 1(a)(11); M.S. § 342.18, subd. 3(a)(2); M.R. P. 9810.3000, subp. 8; M.R. P. 9810.1100, subp. 2A(2); M.R. P. 9810.1102, subp. 2]
[text field]

2u. Describe any other aspects of your annual training plan for management and employees not included already.* [M.S. § 342.14, subd. 1(a)(11); M.S. § 342.18, subd. 3(a)(2); M.R. P. 9810.3000, subp. 8; M.R. P. 9810.1100, subp. 2A(2); M.R. P. 9810.1102, subp. 2]
[text field]

2v. Describe specific procedures for how your business will ensure accurate and consistent actions by assigned staff.* [M.R. P. 9810.3000, subp. 8; M.R. P. 9810.3100, subp. 3]
[text field]

2w. Describe specific procedures for how your business will ensure the accurate and timely creation and entry of data into the statewide tracking system.* [M.R. P. 9810.3000, subp. 9A]
[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)*

- ☐ *Testing activity*

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.*

Note: Question 11 is not on the Site, Security and Operations form for cannabis testing facilities.

12. Facility 1 name*
[text field]

Note: Questions 13-35 are not on the Site, Security and Operations form for cannabis testing facilities.

Section 2: Diagram of Facility Layout

Required fields are marked with an asterisk (*).

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. 3]
- Carbon monoxide detection systems [M.R. P. 9810.1102, subp. 3A]
- 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]
- Planned square feet of space for licensed activities
- Sample collection areas
- Laboratory testing equipment
- 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]

If the property is also used for non-cannabis activity (e.g., a residence or non-cannabis business): [M.R. P. 9810.1100, subp. 4]

- Identification of separate points of ingress and egress for licensed property and other property

36. Upload your 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: Site Accreditation

Required fields are marked with an asterisk (*).

37. Upload proof of laboratory accreditation under International Standards Organization (ISO) 17025 standards obtained through a laboratory-accrediting organization or upload a signed agreement with an ISO accrediting body that demonstrates that you are working towards ISO 17025 accreditation.*
[Upload up to 1 document. Max file size 2GB. File types accepted: jpg, jpeg, gif, png, bmp, 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. 3(1); M.R. P. 9810.2102, subp. 6A(3)]
[text field]

42. Describe the facility's sample storage area(s) and methods of ensuring that samples are free from contamination.* [M.R. P. 9810.1104, subp. 1]
[text field]

43. Describe the facility's process for receiving samples and uploading results accurately and in a timely manner in the statewide tracking system.* [M.R. P. 9810.3000, subp. 4C; M.R. P. 9810.3000, subp. 9A]
[text field]

44. Describe the facility's sample receiving and handling plan.* [M.R. P. 9810.3000, subp. 4C]
[text field]

45. Describe the facility's chain of custody procedure.* [M.R. P. 9810.3000, subp. 4C]
[text field]

46. Describe the facility's procedure for ensuring aseptic conditions for any subsampling for testing that may be required.* [M.R. P. 9810.3100, subp. 7B(5)]
[text field]

47. Describe the facility's procedure for secure storage.* [M.R. P. 9810.1104]
[text field]

48. Describe your methods for reporting any cannabinoid detected during the analyses that are not among the targeted analytes and are unknown, unidentified, or tentatively identified, and how they will be reported on the Certificates of Analysis.* [M.R. P. 9810.3000, subp. 10; Minnesota Cannabis Technical Authority, Section 6.7.c and d]
[text field]

49. Describe the reporting system you will use to communicate testing results through the statewide tracking system.* [M.R. P. 9810.3000, subp. 10]
[text field]

50. Attach a sample Certificate of Analysis from your testing laboratory demonstrating that all reporting criteria are included in the document.* [Minnesota Cannabis Technical Authority, Section 8.2]
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

51. Describe the procedures for subcontracting for testing analytes that will not be on the requested scope of certification (if applicable).
[text field]

52. Complete the following questions to describe your overall testing program, including what test methods will be submitted for certification. Repeat for each field of testing they request to certify. For example: microbial, mycotoxins, heavy metals, pesticides, residual solvents, foreign matter, or potency.* [M.R. P. 9810.3000, subp. 6; M.R. P. 9810.3100, subp. 3-5; Minnesota Cannabis Technical Authority]

Field of Testing 1 (Repeat questions below—for up to 20 fields of testing—to answer question 52.)

Field of testing*
[text field]

Analyte the testing facility will request to certify*
[text field]

Testing method: Upload a PDF indicating the testing method used. If your file is larger than 10MB, please upload it directly to the Accela Citizens Portal under Site Registration, and upload a blank document here.*
[Upload up to 1 document. Max file size 2GB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Testing Method Validation or Method Verification report: Upload the report for this method validation or verification. If your file is larger than 10MB, please upload it directly to the Accela Citizens Portal under Site Registration, and upload a blank document here.*
[Upload up to 1 document. Max file size 2GB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Does the method validation include a demonstration of testing in the relevant matrices?*

- *Yes*
- *No*

Does the method validation include a demonstration of Limit of Detection (LOD)/Limit of Quantification (LOQ)?*

- *Yes*
- *No*

Were all relevant quality control parameters included and evaluated for each method?* [Minnesota Cannabis Technical Authority, Section 8.1.f]

- *Yes*
- *No*

Add another field of testing?*

- *Yes*
- *No*

Note: Questions 53-80 are not on the Site, Security and Operations form for cannabis testing facilities.

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]