**Supplier Checklist (Pre-Visit & Site Visit Preparation)**

\*Please have copies of documentation in one package emailed to us 48 Hours in advance to scheduled visit. Please compile all documents/ information into 1 (one) single PDF file.

Please note ***“We will not be signing any non-disclosure agreements for the purposes of the facility evaluation (Site Visit).  Any rooms or areas of the facility that cannot be evaluated due to this will be noted and omitted from the evaluation accordingly"***

**COMPANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH CANADA LICENSE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_**

**CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LICENCES, CERTIFICATES & OTHER DOCUMENTS**

**(\*Please have copies of documentation e-mailed to us)**

|  |  |
| --- | --- |
| Health Canada LP License\* | **Y/N** |
| * Cultivation License\* |  |
| * Selling License\* |  |
| * Production/ Sale of Fresh Oil (If Applicable)\* |  |
| QA Testing: Sample of Certificate of Analysis that would be attached to an order\* |  |
| QA Personnel: Name, contact information & certificate\* |  |

**GOOD PRODUCTION PRACTISES BELOW**

**(To be available upon visit, do not submit via e-mail)**

|  |  |
| --- | --- |
| * SOPs and/or flow charts, including those to control THC/CBD range variances |  |
| * Microbial Sanitation Process & Certification, Certificate of Analysis |  |
| * Recall & Traceability Procedures |  |
| * Recalls & Adverse Reaction Summary Report (for the past 12 months) |  |

The below section is to assist in preparation for OCS’ visit to your facility. We will be reviewing with you the below:

**PRODUCTION OUTPUT CAPACITY- *Please circle and fill in***

|  |  |
| --- | --- |
| Current Inventory on hand allocated to OCS for March 1, 2019 | \_\_\_\_\_\_\_kg |
| Production Schedule Chart by Month\*  Jan through to Dec 2019 **(Please attach to e-mail)** | |
| Annual Facility Output Capacity in total grams per sq/ft | \_\_\_\_\_gm/sq ft |
| Growing format: Tables | Racks | Floor | Pots | Other: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Greenhouse | Indoor | Hybrid | Outdoor | |
| Growing method: Dirt | Coco fibre | Rock wool | Hydroponics | Aeroponics | Other | |
| Single tier | Multi-tiers (i.e. double stacked tables, vertical racking) | |

**PROCESSING ROOM (EFFICIENCY OF OUTPUT) –*Please Circle and fill in***

|  |  |
| --- | --- |
| Drying Method: Hang Dry | Rack & Tray | Other | |
| Trimming: Automatic trimming/de-bud | Hand trim | |
| Extraction (if applicable): (i.e. CO2 or ethanol etc.)\_\_\_\_\_\_\_\_\_\_\_ output capacity |  |

**GROW ROOMS**

|  |  |
| --- | --- |
| Fill in Charts attached\* |  |

**PRODUCTION GRID\***

Please ensure this is filled in and attached in the package that will be sent back to OCS.

**COMPANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH CANADA LICENSE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_**

**CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LOCATION /FACILITY** | **GROW ROOM #** | **DIMENSIONS** | **TOTAL SQFT** | **PRODUCTION CAPACITY (gm/sq ft/yr)** | **INDOOR/ OUTDOOR/ HYBRID| GREENHOUSE** |
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| --- | --- | --- |
| **STRAIN NAME** | **NUMBER OF MOTHERS** | **LOCATION (ADDRESS)** |
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