1. **Vendor Information- *Completed by Licensed Producer***

|  |  |
| --- | --- |
| Legal Entity Name |  |
| Name on Health Canada License |  |
| Health Canada License Number |  |
| License Expiry Date | Click or tap to enter a date. |
| OCS Vendor Number |  |
| HC License Included with Submission | Yes/ No |
| License Type | Standard Micro Processing Cultivation |
| HC Products permissible for sale- ***select all that apply*** | Cannabis Plants  Cannabis Seeds  Dried Cannabis  Fresh Cannabis  Cannabis Oil  Cannabis Topicals  Cannabis Extracts  Edible Cannabis |
| Site(s) Location(s) | *Street Address, City, Province, Postal Code* |
| **QAP Contact Information** | |
| Name, Title | *First Name, Last Name, Position Title* |
| Contact Information | Tel #:  Fax#:  Email: |

1. **Manufacturing Information - *Completed by Licensed Producer***

|  |  |
| --- | --- |
| Product manufactured by license holder? | Yes/No |
| Production process flow chart attached? | Yes/No |
| Manufacturing Description:  *Provide an overview of how the product is manufactured and provided to OCS.* |  |
| * 1. **Quality Management System Documentation Provide electronic copies of the following** | |
| Product manufacturing process | *Standard Operating Procedure Number, Title and Revision* |
| Finished batch release process | *Standard Operating Procedure Number, Title and Revision* |
| Complaints process attached | Yes/No |
| Recall process attached | Yes/No |
| Finished product testing | *Standard Operating Procedure Number, Title and Revision* |
| Product specification documents | *Standard Operating Procedure Number, Title and Revision* |
| Finished product labelling and barcode samples provided? | Yes/No |

1. **Product Information -*Completed by OCS Merchandising.***

|  |  |
| --- | --- |
| Existing Vendor | Yes/No |
| Current Approved Categories (List all) | *List all approved categories here* |
| Proposed OCS Product Categories (List all) | *List all proposed categories here* |
| Last audit inclusive of proposed categories? (Y/N) | Yes/No |
| Product call submission attached (Y/N) | Yes/No |

1. **OCS Merchandising Category Approval**

|  |  |
| --- | --- |
| Completed by: *Name, Title* | Signature, Date: |
| Approval: *Name, Title* | Signature, Date: |

1. **OCS Vendor Compliance Review**

|  |  |
| --- | --- |
| Risk Classification | Low, Medium, High |
| Audit Required | Yes/No |
| Rationale: *Provide a rationale for the risk rating decision and audit requirement here.* | |
| Completed By  Name, Title | Signature, Date |
| Approval  Name, Title | Signature, Date |