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  |