

CALCANNABIS COMPLIANCE AND ENFORCEMENT BRANCH CULTIVATOR INSPECTION FORM | TEMPORARY LICENSE

SECTION 1: BACKGROUND DATA

License #:	
Cultivation Name:	
Phone Number:	
Responsible Party:	
Contact Name:	
Licensee Mailing Address:	

Type of License:	
Inspection Date:	
CDFA Staff Name:	
Title of Resp. Party:	
GIS Coordinates:	
Physical Cultivation Address:	

SECTION 2: PHYSICAL INSPECTION

ITEM	YES	NO	COMMENTS
Is there anyone else at the premises besides contact?			
If yes – how many other people?			
Hazards Observed (dogs, exit barriers, slips and trips, etc.)			
Is the site located at the physical address indicated on their application?			
Is the CDFA CalCannabis License posted?			
Does the temp license type issued match type observed?			
Are there notable odors? (besides cannabis)			
Do they use/generate Co2? (look for tanks, cylinders, or burners)			
If yes to CO2 generation – do they have a monitor/alarm?			
Gasoline Containers?			
Evidence of burn piles?			
55 gallon drums?			
Propane Cylinders?			
Pesticides (herbicide, fungicides, rodenticides, insecticides, etc.)			
Is there a designated waste area? Secured receptacle of bin?			

SECTION 3: PHOTO CHECKLIST

- | | | |
|---|---|---|
| <input type="checkbox"/> Street view of premises
<input type="checkbox"/> Posted license
<input type="checkbox"/> Weighmaster Certificate
<input type="checkbox"/> Any Hazards (if safe to photograph)
<input type="checkbox"/> Water source (if not local utility) | <input type="checkbox"/> Immature plant area
<input type="checkbox"/> Flowering area
<input type="checkbox"/> Mothers
<input type="checkbox"/> Research and Development Area
<input type="checkbox"/> On-site Processing Area | <input type="checkbox"/> Shipping Manifest(s)
<input type="checkbox"/> Waste area/secure bin
<input type="checkbox"/> Harvested Cannabis Storage Area
<input type="checkbox"/> Sealed Scales |
|---|---|---|

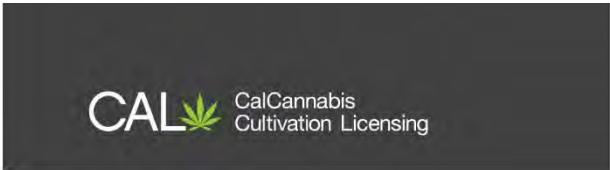
SECTION 4: QUESTIONNAIRE

What is your power source or who is your service provider?		
How do you get your water? (City, County, well, storage, etc...)		
How many harvests do you project in a calendar year?		
Do you start your plants from:	<input type="checkbox"/> Seeds <input type="checkbox"/> Clones	
Seeds: Where do you get your seeds from?		
Clones: Do you purchase your clones? <input type="checkbox"/> Yes <input type="checkbox"/> No	From where:	
Do you have Mother plants? (If so, inspect all Mother plants)	Plant Count of mothers:	Number of strain types:
How many times do you use your mother plant for clones?		
What do you do with the mothers when you are will no longer use them for clone harvesting?		
Do you plan to use any type of pesticide on your cannabis plants? If yes, what is your state operator ID #?		
How do you plan to handle your cannabis waste?		
How many employees do you have?		
Do you plan to process harvested cannabis on the licensed premises?		
Do you currently have any processed cannabis inventory on-hand? (Note whether or not the processed cannabis storage area is secure		
Have you sold or transferred any cannabis or nonmanufactured cannabis products since receiving your temporary license? (If so, gather names and license numbers below).		
How will you sell your cannabis?	<input type="checkbox"/> Flower <input type="checkbox"/> Trim/Leaf <input type="checkbox"/> Kief <input type="checkbox"/> Pre-Rolls <input type="checkbox"/> Other? _____	
Who is your certified as weighmaster?		
Are there scales sealed? Indicate the number of scales & capacity.		
How/where do you plan to store your required records?		
Do you have a flowering canopy on site?		
If yes – measure it – with the Garmin		
Do you use lights? If so, what kind of lights do you use?		
Wattage per light?	Number of lights:	

Who do you sell to (names and license numbers)?

SECTION 5: RECORDKEEPING

- Shipping Manifest Reviewed
- No Shipping Manifest Available for review – reason why _____



**CALCANNABIS COMPLIANCE AND ENFORCEMENT BRANCH
 CULTIVATOR SUBSEQUENT INSPECTION FORM | TEMPORARY LICENSE**

SECTION 1: BACKGROUND DATA

License #:		Type of License:	
Cultivation Name:		Inspection Date:	
Phone Number:		CDFA Staff Name:	
Responsible Party:		Title of Resp. Party:	
Contact Name:		GIS Coordinates:	
Licensee Mailing Address:		Physical Cultivation Address:	

SECTION 2: PREVIOUS VIOLATIONS

Date Of Last Inspection:	
<input type="checkbox"/> No Violations at Time of First Inspection	
<input type="checkbox"/> CDFA License Not Posted	Violation Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cannabis Waste Area Not Designated	Violation Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cannabis Waste Not Secured	Violation Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pest Operator ID Not Obtained	Violation Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Weighmaster Certificate Not Obtained	Violation Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Scales Not Sealed	Violation Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Incorrect License Type	Violation Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:	

SECTION 3: PHYSICAL INSPECTION

ITEM	YES	NO	COMMENTS
Is there anyone else at the premises besides contact?			
If yes – how many other people?			
Hazards Observed (dogs, exit barriers, slips and trips, etc.)			
Is the site located at the physical address indicated on their application?			
Is the CDFA CalCannabis License posted?			
Does the temp license type issued match type observed?			
Pesticides (herbicide, fungicides, rodenticides, insecticides, etc.)			
Is there a designated waste area? Secured receptacle of bin?			

SECTION 4: QUESTIONNAIRE

Previous estimate on number of harvests per calendar year?		
Current estimate on number of harvests per calendar year?		
Previously started plants from: Currently starting plants from:	<input type="checkbox"/> Seeds	<input type="checkbox"/> Clones
	<input type="checkbox"/> Seeds	<input type="checkbox"/> Clones
Seeds: Do you purchase seeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	From where:	
Clones: Do you purchase your clones? <input type="checkbox"/> Yes <input type="checkbox"/> No	From where:	
Previously had Mother plants? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently have Mother plants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plant Count of mothers:	Number of strain types:
	Plant Count of mothers:	Number of strain types:
Do you plan to use any type of pesticide on your cannabis plants? If yes, what is your state operator ID #?		
How do you plan to handle your cannabis waste?		
Do you plan to process harvested cannabis on the licensed premises?		
Do you currently have any processed cannabis inventory on-hand? (Note whether the processed cannabis storage area is secure)		
Have you sold or transferred any cannabis or nonmanufactured cannabis products since receiving your temporary license? (If so, gather names and license numbers below).		
Who is your certified weighmaster (if none at previous inspection)?		
Are the scales sealed (if none at previous inspection)?		
Are required records stored onsite or accessible electronically?		
Total canopy measurement (if applicable)?		
Previous lights used/wattage/quantity (if applicable):		
Current lights used/wattage/quantity (if applicable):		

Who do you sell to (names and license numbers)?

SECTION 5: RECORDKEEPING

Shipping Manifest Reviewed

No Shipping Manifest Available for review – reason why _____

SECTION 6: INVESTIGATOR NOTES
