



**OKLAHOMA
Medical Marijuana
Authority**

Waste Disposal Facility Inspection Form

Updated June 2024 (Version 1.0)

OMMA Information

Primary Inspector:	Visit Date:
Secondary Inspector:	Arrival Time:
Tertiary Inspector:	Inspection Type: Compliance
Other Personnel Present:	CEI #
	BC #

Business Information

OMMA License #	Facility Address:
Business Name:	
Trade Name (DBA):	City:
E-Mail:	Zip Code:

Contact Information of Business Representative Present at Inspection

First Name:	Contact Phone:
Last Name:	Contact E-mail:

NOTES

- When potential violation(s) are observed, evidence of such potential violation should be collected, unless it is not possible.
- Not Applicable includes not at the time of inspection, licensee doesn't perform or hasn't performed action at the time of inspection.

General Observations & Premises	Potential Violation(s) Observed	No Potential Violation(s) Observed	Not Applicable	Comments
<p>1 Are the records and information maintained in the licensee's online OMMA license account correct, including, but not limited to, the following:</p> <p>(a) Physical address of licensed premises (b) Mailing address (c) Contact information (d) Ownership information (e) Certificate of Compliance (f) Using a different trade name or DBA (g) Certificate of Occupancy, Site Plan(s), etc.</p> <p>(If No, Potential Violation(s) Observed) <i>OAC 442:10-5-1.1(7); OAC 442:10-5-3(d)(2)-(7); OAC 442:10-9-1.1; OAC 442:10-9-3(e)(9)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2 Is the current OMMA license or permit conspicuously posted on the premises?</p> <p>(If No, Potential Violation(s) Observed) <i>OAC 442:10-5-1.1(1); OAC 442:10-9-1.1</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3 Does the licensee have security measures to deter and prevent unauthorized entrance into areas containing marijuana and the theft and diversion of marijuana?</p> <p>(If No, Potential Violation(s) Observed) <i>OAC 442:10-9-6(a)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inventory Tracking	Potential Violation(s) Observed	No Potential Violation(s) Observed	Not Applicable	Comments
<p>4 Does the licensee use the state inventory tracking system or a system that is integrated with the state inventory tracking system that is reporting to the Authority accurately and in real time?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-9-7(b)-(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5 Is an owner or manager of the OMMA license the inventory tracking system administrator?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-5-6(g)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6 Does the licensee maintain an accurate and complete list of all inventory tracking system administrators and employee users?</p> <p>Note: The commercial licensee shall change or assign a new inventory tracking system administrator within thirty (30) business days.</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-9-7(e)(2)-(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7 Does the licensee ensure all packages are properly tagged and that each RFID tag is properly assigned to medical marijuana and medical marijuana products?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-5-6(f)(3)(A); OAC 442:10-5-6(f)(8); OAC 442:10-9-7(d)(3)(A); OAC 442:10-9-7 (d)(8)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8 Are all RFID tags properly and securely affixed or fastened to medical marijuana waste packages?</p> <p>(a) Inventory must have a RFID tag properly affixed to all medical marijuana products during storage and transfer in one of the following manners: individual units of medical marijuana products shall be individually affixed with a RFID tag; or medical marijuana products may only be combined in a single wholesale package using one RFID tag if all units are from the same production batch.</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-5-6(f)(3)(D)-(F); OAC 442:10-5-6(f)(4); OAC 442:10-9-7(d)(3)(D)-(F), OAC 442:10-9-7(d)(5)-(8)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste Processing	Potential Violation(s) Observed	No Potential Violation(s) Observed	Not Applicable	Comments
<p>9 Does the licensee have a valid permit with the Oklahoma Department of Environmental Quality?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-9-4(c)(3); OAC 442:10-9-3(e)(8); OAC 442:10-9-4(c)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>10 Does the licensee only use methods or materials permitted under their licensure with the Oklahoma Department of Environmental Quality or the Oklahoma Department of Agriculture?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-9-9(c)(2)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<p>11 Does the waste facility dispose of waste through a process that the waste facility is authorized to conduct?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-9-9(b)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<p>12 Has the licensee reported any losses of in-transit shipments to the Authority immediately in writing and through the electronic inventory system?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-9-6(e)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<p>Transportation & Vehicles</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Potential Violation(s) Observed</td> <td style="width: 33%;">No Potential Violation(s) Observed</td> <td style="width: 33%;">Not Applicable</td> </tr> </table>	Potential Violation(s) Observed	No Potential Violation(s) Observed	Not Applicable	<p>Comments</p>
Potential Violation(s) Observed	No Potential Violation(s) Observed	Not Applicable			
<p>13 Is each transport vehicle equipped with GPS trackers that are capable of storing and transmitting GPS data?</p> <p><i>Note: The use of cell phones for GPS tracking does not meet this requirement.</i></p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-3-2(b)(1); OAC 442:10-9-6 (c)(1)(B)(i)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<p>14 Does the licensee maintain updated and accurate transportation and GPS records at licensed premises and readily accessible?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-3-2(c); OAC 442:10-5-4(h); OAC 442:10-9-6(c)(1)(C)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<p>15 Do the licensee and transporter agent(s) implement security measures to deter and prevent theft/diversion of marijuana during transportation?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-3-2(e); OAC 442:10-6-1(b); OAC 442:10-9-6(c)(1)(D)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<p>16 Are all medical marijuana and medical marijuana products transported:</p> <p>(a) In a locked shipping container (b) Shielded from public view (c) Clearly labeled "Medical Marijuana Waste " (d) In a secure area of the vehicle that is not accessible by the driver during transit</p> <p><i>Note: With the exception of a lawful transfer between medical marijuana businesses that are licensed to operate at the same physical address.</i></p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-9-6(c)(1)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

<p>17 Does the licensee utilize the state inventory tracking system to create and maintain inventory manifests?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-9-6(d)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>18 Does the licensee have shipping manifests for each instance of shipping, transferring or receiving medical marijuana to or from other licensees that include all of the following:</p> <p>(a) Printed names, signatures, and transporter agent license numbers of personnel accompanying the transport;</p> <p>(b) Notation of the commercial transporter, grower, processor, dispensary, laboratory, research facility, or education facility authorizing the transport.</p> <p>(c) Inventory of waste transported including weight or unit.</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-3-6(b)(1)-(2); OAC 442:10-9-6(d)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>19 Excluding the below permitted changes, do any transportation manifests appear to have been altered after departure from the originating licensed premises?</p> <p>Permitted Changes:</p> <p>(a) Name(s) of any personnel accepting delivery on behalf of the receiving licensee</p> <p>(b) Title(s) of any personnel accepting delivery on behalf of the receiving licensee</p> <p>(c) Signature(s) of any personnel accepting delivery on behalf of the receiving licensee</p> <p>(d) Documented refusal to accept delivery</p> <p>(e) Documented impossible to deliver</p> <p>(If Yes, Potential Violation(s) Observed) OAC 442:10-3-6(g); OAC 442:10-3-6(i)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>20 If a licensee refuses to accept delivery or if delivery is impossible of medical marijuana and medical marijuana products, did the licensee document the following:</p> <p>(a) The license number, business name, address, and contact information of the licensee to which the medical marijuana or medical marijuana products were to be delivered;</p> <p>(b) A complete inventory of the medical marijuana or medical marijuana products being returned, including batch number;</p> <p>(c) The date and time of attempted delivery and the refusal;</p> <p>(d) Documentation establishing the medical marijuana or medical marijuana products were returned in accordance with OAC 442:10-3-6(i).</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-3-6(g)(2); OAC 442:10-3-6(i)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>21 Has the licensee sold, purchased, obtained, transferred, or otherwise accepted medical marijuana from the following:</p> <p>(a) an out-of-state individual/entity or</p> <p>(b) an individual/entity that does not have a current, valid OMMA license</p> <p>(If Yes, Potential Violation(s) Observed) OAC 442:10-5-16(l)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<p>22 Does the licensee maintain copies on site and readily accessible of all inventory manifests for medical marijuana for at least 7 years from the date of receipt?</p> <p><i>Note: This includes originating manifests for items transported by the licensee and received manifests for items transported to the licensee.</i></p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-3-6(f); OAC 442:10-5-6(b)(3)(G); OAC 442:10-9-6(e)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Final Observations	Potential Violation(s) Observed	No Potential Violation(s) Observed	Not Applicable	Comments
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<p>23 Were you given access to enter and inspect the licensed premises?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-5-1.1(3); OAC 442:10-5-4(a); OAC 442:10-9-1.1</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<p>24 Did you observe or encounter any evidence of onsite consumption of alcohol or the smoking/vaping of medical marijuana or medical marijuana products?</p> <p>(If Yes, Potential Violation(s) Observed) OAC 442:10-5-16(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<p>25 Are all employees observed at least 18 years of age or older?</p> <p>(If No, Potential Violation(s) Observed) OAC 442:10-5-16(b)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<p>26 Were any minors under eighteen (18) present at the licensed premises without a parent or legal guardian?</p> <p>(If Yes, Potential Violation(s) Observed) OAC 442:10-5-15</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<p>27 Did you observe any evidence of medical marijuana or medical marijuana products being grown, processed, or sold onsite?</p> <p>(If Yes, Potential Violation(s) Observed) OAC 442:10-1-4</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<p>28 Were you threatened or harmed in any way?</p> <p>(If Yes, Potential Violation(s) Observed) OAC 442:10-5-16(h)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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The questions and selected responses within this inspection form pertain to the observations and documents observed by OMMA and/or its agents while at the licensed premises. They are not intended to be representative of any items not reviewed.

Post-Inspection Assessment

<p>Were potential violation(s) observed? (List Question #s of potential violation(s) observed.)</p>	<p>YES</p>	<p>NO</p>	
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Additional comments, concerns, observations, or other issues:

<p>Inspector Signature:</p>	<p>Inspection Completion Time:</p>
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By signing below, either electronically or otherwise, I hereby attest, affirm and/or acknowledge the following.

1. I am a duly authorized representative of the OMMA licensee identified herein. I acknowledge that an OMMA licensed business inspection was conducted at the premises, date, and time identified above.
2. I acknowledge that the signing of this form does not indicate that I agree evidence exists of a possible violation.
3. I acknowledge that I may request a copy of this inspection report by submitting an Open Records Request to OMMA. I acknowledge that such request may be submitted in writing by email to OMMAOpenRecords@omma.ok.gov. I acknowledge OMMA has made available an Open Records Request form on its website.
4. I acknowledge the findings in this inspection report relate to the collection of evidence of potential violations and this report does not make legal conclusions as to whether a violation or violations exist(s).
5. I acknowledge that any Compliance Inspector who performed the inspection conducted at the premises, date, and time identified above lacks the authority to make unauthorized commitments or promises of any kind purporting to bind OMMA, including, but not limited to, any commitments or representations:
 - a. Regarding the existence of any violation or potential violation or providing any interpretation of law;
 - b. Regarding the correctable nature and/or method to correct any violation or potential violation;
 - c. Regarding the type, nature, and/or potential resolution of any administrative action related to any violation or potential violation; and/or
 - d. The type, scope, and/or nature of any potential penalty, fine or other administrative action related to any violation or potential violation.

Signature witnessed by authorized OMMA representative

Refusal to sign witnessed by authorized OMMA representative

Facility Contact Signature:

Facility Contact Name (Printed):