

Distributor License Inspection Sheet

This inspection form is a tool to use when conducting a Distributor License inspection.

Date:		Licensee Number:			
License Number:		Address:			
Phone Number:		Person Contacted:			
CCR 5039 License Posted	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Licenses held: _____	Exterior Windows Closed	<input type="checkbox"/> Yes <input type="checkbox"/> No Windows open:		
CCR 5045 Security Guard(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Guards: _____ Company: _____	Guard Card(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No How Many Without: _____ Name(s) Without:		
Security Armed	<input type="checkbox"/> Yes <input type="checkbox"/> No Firearms Qualification Card:	Exterior Doors Locked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Restricted Area Locked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage	Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No		Failed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Separate and Distinct Areas of Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Awaiting Test Results: <input type="checkbox"/> Yes <input type="checkbox"/> No		Passed Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CCR 5044 Security Surveillance System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Security Surveillance System Meets Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCR 5044(h) Surveillance 90-Day Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras Cover Entire Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No Areas not covered:
CCR 5305 (c) Testing Sample Video Retention	90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	CCR 5314 Shipping Manifest	<input type="checkbox"/> Yes <input type="checkbox"/> No
BPC 26070(j)(3) CCR 5300-5301 Cannabis Products stored in Vault/Secure Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Secure Storage Meet Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Vault/Secured Storage Locked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Employees in Restricted Area	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:
CCR 5043 Employee(s) Wearing Name Badges with Photograph	<input type="checkbox"/> Yes <input type="checkbox"/> No Number Without: _____ Names of Employees/Licensee Without Proper Badge:		
BPC 26200 Consumption Occurring in Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No How Many: _____ Consumption Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No Who/Where:		
Records			

Branding/Packaging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inventory Logs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shipping Manifests	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle/Trailer Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality Assurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warehouse Receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Payment Records	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cultivators	\$9.25prOz (Dry Flower) \$2.75 prOz (Dry Leaf) \$1.29 prOz (Fresh)
Retailers	15% Excise tax Collected from Retailers
Manufacturers	Cultivation Tax collected from Cultivators
CDTFA Cannabis Tax Prmt	<input type="checkbox"/> Yes <input type="checkbox"/> No
CDTFA Sellers Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCR 5301	
BPC 26013/26110/26160	
Revenue and Tax Code 34011/34012	
Storage Batches for testing/Unique labeling	<input type="checkbox"/> Yes <input type="checkbox"/> No--- Batches clearly marked with license number of cultivator and/or Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No---Date of entry into Distributors storage area <input type="checkbox"/> Yes <input type="checkbox"/> No---Unique identifiers and batch number associated with Batch <input type="checkbox"/> Yes <input type="checkbox"/> No---A description of Cannabis goods with sufficient detail <input type="checkbox"/> Yes <input type="checkbox"/> No---Weight or quantity of units in batch
BPC 26013/26110/26120	
CCR 5302	
	Comments:

Number of Employees		Board of Equalization Sellers Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Packaging On-site Manufacturer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Labels	Do labels meet requirements
Onsite Cultivation	<input type="checkbox"/> Yes <input type="checkbox"/> No	CDFA License	<input type="checkbox"/> Yes <input type="checkbox"/> No
Testing Arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		
Testing/Sampling Video	<input type="checkbox"/> Yes <input type="checkbox"/> No:		
Distributor present	<input type="checkbox"/> Yes <input type="checkbox"/> No:		
Chain of Custody Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No:		
CCR 5305			
BPC 26013/26104/26110			
Laboratory Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail:		
Corrective Action Plan Documented	In the event of failure		
Documented Procedures for destruction	<input type="checkbox"/> Yes <input type="checkbox"/> No:		
CCR 5306/5727			
BPC 26013/26070/26104/26110			
Certificate of Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
Corresponds to Batch	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
Labels Match Results	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
Packaging in Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
Packaging is Tamper Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		

<p>Weight or Count Matches Manifest/Track and Trace</p> <p>All events are properly Recorded in Track and Trace/Manifest</p> <p>CCR 5307</p> <p>BPC 26013/26070/26110/26120</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Comments:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Comments:</p>
<p>Insurance Requirements</p> <p>Qualified Insurer</p> <p>CCR 5308</p> <p>BPC 26013/26070</p> <p>Ins Code</p> <p>1765.1/1765.2/1763/1765/102/103/107/114/108/120 or 125-140</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No \$2,000,000 aggregate Commercial General Liability</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p>Comments:</p>
<p>Track and Trace Reconciliation at least every 30 days</p> <p>Inventory Log</p> <p>License Number of Manufacturer/Cultivator</p> <p>Date of Entry into Storage</p> <p>Batch Identifiers</p> <p>Detailed Description of Product</p> <p>Weight or Units Recorded</p> <p>CCR 5309</p> <p>BPC 26013/26070/26160</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p> <p>Comments:</p>
<p>Transportation</p> <p>Motor Carrier Permit</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Cannabis Not Visible from exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secured Container/Cage/Box	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Use/Medical Designations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Ownership (vehicle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recorded in Database Year/Make/Model	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
No Person Under 21 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shipping Manifest	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCR 5313/5314	
BPC 26013/26070/26067	
VC Section 34620, Division 14.85	
	Comments:

REQUIREMENT	COMPLIANCE
BPC 26120(a) Packages Properly Sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
BPC 26120(c)(2) Packages Labeled with Weight	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
BPC 26120(c)(1)(A)-(B) Packages Labeled with Warning Labels	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Random Sample Shows Product was Tested	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Untested Cannabis Products on the Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Diverted Cannabis Products on the Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
CCR 5055 Cannabis Products to be Destroyed on the Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Timely Destruction of Cannabis Product	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Random Sample Transaction Records Match Track and Trace	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Proper Sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comments:
Possession of Controlled Substances other than Cannabis Products	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comments:
BPC 26200(g)(3) Possession or Sales of Tobacco Products	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comments:
CCR 5008	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Premises Possesses the Required Bond	Comments:
Unsecured Cannabis Products	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comments:
CCR 5037 Training Records for Employees	
Track and Trace Unique Identifiers Applied	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Engineer Name:
Track and Trace Tags Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comment:
Distribution Vehicles List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Packaging: Marketed to Children	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comments:
Packaging: In shape of Animal or Human	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comment:
Packaging: Appearance of Another Product	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Tax Collected	Number of Vehicles Type/Make/Model
Scale Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comment:
Testing Lab in premises	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Licensee/Employee Signature

Date

Investigator Signature/Badge Number

Date