MOFGA Certified Clean Cannabis (MC3) APPLICATION – PART 2 - INDOOR GROWN RAW PRODUCT

Please use this form to describe your management techniques and materials used to produce your certified indoor grown product. If needed, use a separate piece of paper with the section number to provide additional information.

Name: ____________________________

Compliance with State Law

1. What is your license number and expiration date?

2. How many patients do you currently have?

SECTION 1: SEEDS

☐ NOT APPLICABLE- No seeds used. Please go to Section 2.

1.1. Please identify your seed strain/s. (e.g. mother plant strain, lineage).

1.2. Please identify your seed source/s.

1.3. Do you use feminized seed? ☐ Yes ☐ No

List strain and seed source. Describe the seed source’s process to produce feminized seed so we may confirm compliance. NOTE: documentation from seed source may be required.
1.4. Do you save seed?  □ Yes  □ No  If yes, list strains.

1.5. Do you sell saved seed?  □ Yes  □ No  If yes, list strains and include a process flow chart.

Note: If you sell feminized seed, the process used must be included in your flow chart for approval.

SECTION 2: SEEDLINGS, CLONES

□ NOT APPLICABLE- No seedlings used. Please go to Section 3.

2.1 Do you use clones?  □ Yes  □ No
2.1.1 Do you sell clones?  □ Yes  □ No

2.2 Please provide strain, lineage (mother plant history)

2.3 Please indicate the cloning method:

□ Plugs, pea pods, rock wool
□ Aeroponic
□ Tissue culture
□ Other (describe)

2.4. List all materials and products used in the cloning process. Include hormones and pest and disease control products used on either clone cuttings or mother plant.

2.5. If pesticide/fungicide used, please list target.
SECTION 3: SOIL and CROP FERTILITY MANAGEMENT

Note: Only soil based growing will be certified by MC3

3.1. Do you use a commercial soil mix product?  ☐ Yes  ☐ No

If YES, identify the source/brand.  Note: Your soil mix must be approved by MCS before you use it.

3.2. Do you make your own soil/seedling mix?  Yes  No.  If YES, please complete this table:

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>% of whole mix by volume</th>
<th>Source</th>
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<tbody>
<tr>
<td>Example:</td>
<td>Peat</td>
<td>25%</td>
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<tr>
<td></td>
<td></td>
<td>Agway brand (peat--nothing added)</td>
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3.3 What management techniques do you use to improve soil fertility?

3.4 Watering/irrigation:
   a. What is the source of your water?

   b. What is your method for watering/irrigation?
3.5. What type of container/s do you use for soil containment? (e.g. plastic pots, cloths pots, beds, etc.). Please list brand.

3.6. Do you use un-composted manure? □ Yes  □ No  If NO, go to question 4.1.

3.7. What forms of manure do you use?
- Liquid or semi-liquid
- Solid & Fresh
- Aged Pile
- Pelleted
- Bagged dehydrated

3.8. What is the manure source?
- Own animals
- Commercial product, please list product name and manufacturer:
- Other farm(s), please list farm name and address:

3.9. Where is manure stored before it is spread?

3.10. What precautions do you take to prevent contamination of adjacent water bodies?

3.11. How do you use manure? Check all that apply.
- Incorporated at least 90 days prior to harvest (edible parts of crops not in contact with soil)
- Other: __________________________
SECTION 4: ENVIRONMENTAL

4.1 Is your system:  □ Sealed Room   □ Not Sealed

4.2 Air Quality  
   a. What is your method to maintain good air flow?

   b. How do you monitor humidity (e.g. heat pump, dehumidifier, etc.)?

   c. How do you control temperature (e.g. air conditioner, outside air, etc.)?

   d. How do you control Carbon Dioxide levels (CO2 generator, pilot lights, CO2 tanks, etc.)?

4.3 What other environmental controls are used?

4.4 Do you need to control pests (rodents, insects) in your growing, storage or handling areas?  □ Yes   □ No

If YES, please describe how you manage them; check all that apply.

□ Mechanical traps, sounds, lights

□ Lures and repellants. Please include materials used.

□ Materials such as bait stations. Please include materials used.

□ Other. Please describe:
4.5 What pests/diseases have you encountered in the past year?

4.6 If applicable, do have a current Agricultural Basic Pesticide License?

**SECTION 5: HARVESTING**

5.1 Trimming
   a. By hand or by machine? If machine, please identify.

   b. What materials (e.g., lubricants) are used on shears?

   c. How are sugar leaves processed?

   d. Is there a separate dedicated room used for trimming?  ☐ Yes  ☐ No

5.2 Drying/Curing
   a. Do you have a dedicated holding area (place to hang plants)?  ☐ Yes  ☐ No

   b. How do you store processed buds?  Separate curing room?  ☐ Yes  ☐ No

   c. What are the environmental controls (humidity, temperature) for drying area?

   d. What type of containers do you use to store the finished product?

5.3 Flushing prior to harvest. Please describe any flushing of your crop performed prior to harvest.
SECTION 6: MAINTAINING CERTIFIED INTEGRITY

6.1 Commingling

6.1(a) Is any other agricultural production occurring on your farm? ☐ Yes ☐ No  
If NO, continue to question 6.2.

6.1(b) What procedures will/do you use to prevent the commingling of non-certified and certified and transitional crops? (Include how you identify and separate allowed and prohibited materials.)

6.2. Contamination

6.2(a) Identify all potential point and non-point sources of chemical and biological contamination that could affect your crops.

Check all that apply:

☐ Agricultural chemical drift & runoff
☐ Powerline management
☐ Frontage on roads
☐ Shared equipment (including tools) used on non-certified crops or land
☐ Purchase of second-hand or used equipment
☐ Irrigation water
☐ Flooding
☐ Treated lumber
☐ Transgenic or GE crops
☐ Contaminated feedstock for compost
☐ No sources of contamination evident
☐ Other: _____________________

6.2(b) If you identified any potential sources, please describe nature of contamination below. Identify source(s). If possible, provide the name and address of potential source.
6.2(c) Describe distances, buffer width, type of buffer, and efforts undertaken to reduce the risk of contamination (buffers must be identified on your field maps):

SECTION 7: RECORDS

Required records must be kept for five (5) years and must demonstrate compliance with MC3 standards. All records must be available at the time of inspection.

7.1 During your inspection, an inspector will examine all records related to your crop operation in order to verify compliance with the standards. Which of the following records do you keep?

- Grow activity records
- Purchase receipts
- Input records
- Spray log
- Planting records
- Harvest records
- Testing Results
- Other: ____________________

SECTION 8: LABORATORY TESTING

Compliance with growing and processing standards should eliminate the need for testing of each individual lot.

Minimum Laboratory testing can provide additional information to assure compliance with rules set forth herein. Growers/processors are encouraged to have on file analytical testing of composite samples Testing may include: Cannabinoid Profiles and broad inclusive screenings for Pesticides, Mold/Bacteria, heavy metals, residue solvents, and mycotoxins.

Refer to section 14.0 in the MOFGA Certified Clean Cannabis Standards for more information.

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1 Cannabinoid Profile:

- **D9-THC** (Delta-9 Tetrahydrocannabinol), **D8-THC** (Delta-8 Tetrahydrocannabinol),
- **THCA** (Tetrahydrocannabinol – Acid),
- **CBD** (Cannabidiol), **CBDA** (Cannabidiol - Acid), **CBC** (Cannabichromene), **CBG** (Cannabigerol),
- **CBGA** (Cannabigerol – Acid),
- **CBN** (Cannabinol).

In addition, a maximum THC level and CBD level will be computed based upon decarboxylated conversion.
8.1 Provide name and contact information for testing laboratory.

8.2 Is this lab ISO 17025 accredited?  □ Yes  □ No

8.3 MC3 standards recommend analytical tests for cannabinoids, pesticide residues, mold, bacteria and mycotoxins on every lot. Other tests of interest include heavy metals and residual solvents.

a. Please describe your system of designating lots (batch).

b. Which tests are done on each lot (batch)?

□ Cannabinoid Profile
□ Pesticide Screen. Please specify test or method: __________________________
□ Mold, Bacteria and Mycotoxin Screen
□ Heavy Metals
□ Residual Solvents
□ Other. Please specify __________________________

The inspector will ask to look at your records for lots and lab results. Please have them organized and available at your verification inspection.