



**OKLAHOMA
Medical Marijuana
Authority**

Operational Status Visit Form

Updated September 2023 (Version 3.0)

OMMA Information

Primary Inspector:	Visit Date:
Secondary Inspector:	Arrival Time:
Tertiary Inspector:	Visit Type: Initial
Other Personnel Present:	Follow Up

Business Information

OMMA License #	Facility Address:
Business Name:	
Trade Name (DBA):	City:
License Type:	Zip Code:
License Classification:	Email:

Contact Information of Business Representative Present at Inspection

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

What is the current operational status of the licensee?

OAC 442:10-1-4

- Actively Operating or Actively Conducting Business Operations (Complete Section 1)
- Working Towards Operational Status (Complete Section 2)
- Nonoperational (Complete Section 3)

1	Identify the determination that the licensee is Actively Operating or Actively Conducting Business Operations.	Comments
<input type="checkbox"/>	The licensee has medical marijuana and/or medical marijuana products on the licensed premises and documentation supporting current/prior sales, purchases, or transfers for medical marijuana or medical marijuana products.	
<input type="checkbox"/>	The licensee has medical marijuana and/or medical marijuana products on the licensed premises but does NOT have documentation supporting current/prior sales, purchases, or transfers for medical marijuana or medical marijuana products.	
<input type="checkbox"/>	The licensee provided documentation supporting current/prior sales, purchases, or transfers for medical marijuana or medical marijuana products but does NOT have medical marijuana or medical marijuana products on-site at the time of the visit.	
<input type="checkbox"/>	I was provided other evidence that the business is operational.	
<input type="checkbox"/>	The licensee is operating on a seasonal basis.	

2 Identify the determination that the licensee is Working Towards Operational Status.		Comments			
<input type="checkbox"/> The licensee has applied for additional permits, registrations, or licenses required by the Department or another Oklahoma agency, organization, or political subdivision to lawfully conduct operations at the licensed premises and is awaiting issuance.	Type of permit:				
	Name of issuer:				
	Name of city/county:				
	Date of application:				
<input type="checkbox"/> The licensee is performing construction or other material changes to the licensed premises in preparation of operations at the licensed premises.					
<input type="checkbox"/> The licensee is onboarding or training initial staff in preparation of operations at the licensed premises.					
<input type="checkbox"/> The licensee is in the process of purchasing or is awaiting receipt or delivery of physical materials essential to operations at the licensed premises (such as furniture or equipment).					
<input type="checkbox"/> The licensee is taking other additional actions that require further review by OMMA.					
3 Identify the determination that the licensee is Nonoperational.		Comments			
<input type="checkbox"/> The licensee was not present for the Operational Status Visit.					
<input type="checkbox"/> I was provided other evidence that the business is nonoperational.					
Final Observations		Potential Violation(s) Observed	No Potential Violation(s) Observed	Not Applicable	Comments
4 If the licensee is a grower, does the licensee have the required signage? (If No, Potential Violation(s) Observed) <i>OAC 442:10-6-1(c)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5 Were you threatened or harmed in any way? (If Yes, Potential Violation(s) Observed) <i>OAC 442:10-5-16(h)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The questions and selected responses within this inspection form pertain solely to the medical marijuana and documents observed, requested, and inspected by OMMA and/or its agents while at the licensed premises. They are not intended to be representative of any items not reviewed.					
Post-OSV Assessment				Comments	
Additional comments, concerns, observations, or other issues:					
Inspector Signature:			OSV Completion Time:		

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 potential violation.

Signature witnessed by authorized OMMA representative

Refusal to sign witnessed by authorized OMMA representative

Facility Contact Signature:

Facility Contact Name (Printed):