OCAL FACILITY

OSP OCal H2.3

Find all forms at www.ccof.org/documents. Send completed forms to inbox@ccof.org.

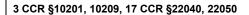
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Ор	eration Name:	Date:
>	Complete this form if you take physical possession of products you sell or distribute, or run a m Complete one form for each facility/location.	nanufacturing or handling facility.
۹.	General Information	
1)	Facility Name:	
	Facility Tax ID:	
2)	Site Address:	City:
	State/Province: Zip/Postal Code:	Country:
3)	Manufacturers are required to register with CDPH after achieving OCal certification with CCOF and cultivators. Registration in process (manufacturers) a) CDPH OCal manufacturing registration number:	
4)	a) CDPH OCal manufacturing registration number: Contact (Name/Title):	
	Dhana.	
5) c\		
6) - \	Email(s):	
7) 8)	Type of manufacturing or handling: Do you (check one):	
10)	 Own this facility ☐ Lease this facility Do you (check one or both): ☐ Own the products manufactured and/or handled here ☐ Provide manufacturing and/or handled this facility: ☐ OCal and organic only ☐ OCal/organic and non-OCal/nonorganic a) Do you manufacture or handle identical OCal and non-OCal products? ☐ Yes ☐ No b) Do you manufacture or handle organic products identical to nonorganic products? ☐ Yes ☐ No 1. If yes, list products: 	andling services
11)	Is this facility currently certified OCal by another certifier?	
12\	No ☐ Yes, provide name of certifier: Has this facility ever previously applied for or been granted OCal certification to any certification	n agonov?
12)	☐ No. Skip to section B. ☐ Yes. Complete this section and provide name of certifier:	n agency !
13)	 a) Was your certification or the certification of products or this facility ever suspended or revolt b) Did you surrender your certification with outstanding non-compliances or conditions? c) Was your application for OCal certification ever issued a denial? d) Did you withdraw your application for certification with outstanding non-compliances? If you answered yes to a, b, c, or d above, please list the years and agencies, attach a copy of all corrective actions: 	☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No
	Year(s):	Letters Attached
	Corrective actions taken:	
B. 1)	Site Plan and Product Flow Attach 8.5 x 11" site map(s) showing all OCal and organic manufacturing and/or handling and s	storage areas (may be hand drawn).

OCALB23, V1, 10/01/21







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2)	Attach either a complete written description or a schematic product flow chart that describes or shows where and how the product is received, stored, extracted, infused processed, packaged, and warehoused.		
	• The flow chart(s) must include all OCal production steps. Identify all equipment, machinery, grading stations, and storage areas, and indicate where ingredients are added or processing aids are used.		
	Submit a separate flow chart for each production type. Attached		
3)	Describe how any "work in process" (WIP) is identified as OCal and protected from prohibited substances:		
4)	For each material used in or on non-OCal and/or nonorganic products in this facility, describe below how you prevent accidental use during OCal processing, and how this can be verified at inspection:		
5)	Identify any other material used during any OCal processing step that is not yet otherwise disclosed:		

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