MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR MEDICAL MARIJUANA REGULATION
MEDICAL MARIJUANA REGULATORY PROGRAM

MEDICAL MARIJUANA FACILITY LICENSE & COMPLIANCE REMEDIATION REQUEST FORM

Per 19 CSR 30-95.040(4)(J), medical marijuana that fails testing or is subject to a recall must either be destroyed by any facility in possession of that medical marijuana or, at the election of the facility from which the failed test or recalled item originated, and with approval of the Department, may be remediated, if possible. Remediated medical marijuana must pass all testing required by 19 CSR 30-95.070. Facilities may only elect to remediate any particular medical marijuana once.

Requests for approval from the Department to remediate medical marijuana must be submitted using this form. The licensee is **NOT** authorized to remediate any medical marijuana product until written approval from the Department has been received. Please note any medical marijuana product that fails testing for heavy metals is **NOT** eligible for remediation.

Multiple requests for remediation should be submitted separately. This form must be completed in its entirety.

Submit this form to: ComplianceInspections@health.mo.gov Attention: Remediation Request.

FACILITY INFORMATION

FACILITY NAME [1]	FACILITY LICENSE ID [2]	DATE FORM SUBMITTED

FACILITY PRIMARY CONTACT NAME [3]	PRIMARY CONTACT EMAIL	PRIMARY CONTACT PHONE #

FACILITY ADDRESS 1	FACILITY ADDRESS 2

FACILITY CITY	STATE	ZIP

RECEIVING FACILITY INFORMATION [4]

RECEIVING FACILITY NAME	RECEIVING FACILITY LICENSE ID

RECEIVING FACILITY PRIMARY CONTACT NAME	PRIMARY CONTACT EMAIL	PRIMARY CONTACT PHONE #

RECEIVING FACILITY ADDRESS 1	RECEIVING FACILITY ADDRESS 2

RECEIVING FACILITY CITY	STATE	ZIP

PRODUCT INFORMATION [5]

PRODUCT NAME	PRODUCT TYPE

DATE OF PRODUCT RECALL OR FAILED TEST	PRODUCT WEIGHT

PACKAGE TAG NUMBER(S)

LABORATORY TESTING FACILITY INFORMATION [6]

LABORATORY TESTING FACILITY NAME	FACILITY LICENSE ID

REASON FOR REMEDIATION [7]

REMEDIATION METHOD [8]

☐ DRY AND CURE LONGER ☐ HIGH HEAT & HYDROCARBON BASED SOLVENT ☐ REPACKING/REMIXING
☐ OTHER (PLEASE EXPLAIN) _____

REMEDIATION STEPS [9]

SIGNATURE	DATE

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[1] The facility name refers to the name listed on the approved license.

[2] The facility license ID number refers to the number listed on the approved license.

[3] Primary contact refers to the facility's designated primary contact listed on the approved license. The Department will only provide approval or denial of the remediation request to the primary contact.

[4] Receiving facility refers to the facility where the product will be sent for remediation. The receiving facility name, facility license ID number, and primary contact information should match the information listed on the receiving facility's approved license. Please enter "Not Applicable," if remediation is being done in-house and the product will not be sent to another facility for remediation.

[5] Product information refers to the name, type, weight, and package tag numbers of the product to be remediated.

[6] Laboratory testing facility information refers to the laboratory testing facility that tested the product.

[7] Identify the reason for remediation (i.e., test(s) failed).

[8] Select an option for the method in which the product will be remediated - if "Other" is the selected method, an explanation **must** be entered - a form submitted with "Other" as the remediation method with no explanation will be returned to the facility as incomplete.

[9] Identify the steps that will be taken to remediate the product.

AGENCY USE ONLY

COMPLIANCE UNIT RECOMMENDATION

COMPLIANCE OFFICER OR MANAGER NAME	EXPLANATION FOR RECOMMENDATION
RECOMMENDATION ☐ APPROVE ☐ DENY	

FACILITY LICENSE AND COMPLIANCE DIRECTOR APPROVAL

REMEDIATION REQUEST STATUS	SIGNATURE	DATE
☐ APPROVED ☐ DENIED		