



COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH
 CANNABIS COMPLIANCE AND ENFORCEMENT PROGRAM
 5050 COMMERCE DRIVE, BALDWIN PARK, CA 91706
 Telephone: (626) 430-5635 Email: ccep@ph.lacounty.gov



PRELIMINARY COMMERCIAL CANNABIS FACILITY PLAN REVIEW CHECKLIST

FACILITY NAME:	FACILITY ADDRESS:
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SUBMIT REQUIRED DOCUMENTS	YES	NO	N/A
Copy of approval letter from the City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of State license(s) /completed State application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three (3) sets of complete and identical plans drawn to scale (eg. ¼" = 1')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan check application form and fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Plans			
a. Odor Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Waste Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Training Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Recall Protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Standard Operating Procedures (SOPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Track and Trace System Access/Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL REQUIREMENTS FOR PLAN REVIEW			
Site Plan - cannabis and non-cannabis waste disposal location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plan – employee change room/lockers, toilet rooms, janitorial sink, and storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finish Schedule – floors, cove base, walls and ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Schedule/Layout with mfg spec sheets labeled and numbered to match the equipment schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing Plan – waste and vent, hot and cold water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflective ceiling Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door and window schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL REQUIREMENTS FOR CULTIVATION			
Plumbing plan – including backflow devices, nutrient tanks, water storage tanks, industrial/domestic water lines, reverse osmosis system, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plan – cultivation/trim/dry rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL REQUIREMENTS FOR MANUFACTURING			
Mechanical plans – hood/make up air with micro activated switch to the hood, elevations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation sink (if applicable), Three (3) compartment sink, Hand washing sink at preparation areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plan – processing room (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL REQUIREMENTS FOR A REMODEL			
Copy of remodel permit from city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed scope of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing floor plan and proposed floor plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational letter (see attached example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE: _____

DATE: _____