

**Colorado Department of Revenue
Medical Marijuana Enforcement Division**



**Forms Packet
Revised
August 1, 2011**

This Packet contains information and revised forms to give Applicants guidance necessary for compliance to rules which are effective July 1, 2011. Additionally, we have provided documents that you may choose to use or you may use as an indication of what records or data you are expected to keep in order to be in compliance. You may already capture this information and can generate a report and therefore the use of the specific MMED form may not be necessary. This is a work in progress and any one of these forms may be modified in the future, so please ensure you are using the current version of the form by checking our web site – dates posted will be reflected next to the link to the form. Specifically, the form revisions include: additional instructions, removal of unnecessary information and clarification of required information. If you have already submitted the old version of the forms, you do **not** have to resubmit them, but please use the new forms going forward.

All Center, Infused Product Manufactures and Cultivation businesses are required to submit two forms on a monthly basis: their employee list (form 1000) and patient list (form 1010). If your employees have not obtained their licenses prior to submittal of this list enter *pending* on the License Number column. The employee list and patient lists must be submitted to the MMED on a monthly basis thereafter. Please do **not** submit any personal data about patients; include only the fields shown on the forms. In addition, effective July 1, 2011, all centers must use the Medical Marijuana Transportation Manifest Form (form 1020), the Employee Status Change Form (form 1030), and the Patient Status Change Form (form 1040). See Form Matrix or individual forms for more detailed instructions.

The past few weeks we have had two issues that have been legitimate problems for businesses trying to come into compliance and the MMED has determined to make accommodations which do not affect our regulation capabilities those accommodations are:

10.400 3. Specific Standards, IP Camera Table Housing Rating) After consideration of concerns from the industry, an accommodation for Exterior Fixed Cameras to move from a Housing Rating of IP67 to an IP66 is allowed *with the understanding* that we may require the installation of a Heater and/or Blower on each camera affected, should the functionality be below our standards.

10.400 4. Equipment, Paragraph g) the 9600 dpi requirement has been reinterpreted to read “The licensee must be able to immediately produce a clear color still photo from any camera image (live or recorded). Each facility shall have a minimum of one color printer that produces a high quality, recognizable image of video surveillance images

As we have had before and will say again, we focused on building a fair, unambiguous and transparent regulatory system for the Colorado Medical Marijuana Industry and we appreciate your willingness to work with us as we all move forward together.

Form may be faxed to 303-205-2398 or emailed to mmedmanifest@dor.state.co.us. If you email the forms, please put the form name in the subject line. Manifest forms must be emailed separately from other forms.



MMED investigators will soon begin visiting Medical Marijuana Centers (MMC's), Optional Premise Cultivations (OPC's) and Marijuana Infused Product (MIP's) establishments to conduct inspections for licensing. Listed below is a list of some of the areas of concern that investigators will be focusing on. This list is not all-inclusive and all Medical Marijuana industry owners and employees are encouraged to become thoroughly familiar with all provisions of the statutes and rules promulgated by the State Licensing Authority. **The rules promulgated by the state licensing authority go into effect on July 1, 2011.** The MMED investigators will be conducting both announced and unannounced visits on establishments throughout Colorado.

- Limited Access Areas Identified (Proper signs posted)
- Properly displayed license(s) (local & state-issued medical marijuana licenses and sale tax license(s) as well as any other required license(s))
- All employees displaying proper MMED-Issued credentials
- MMED investigators will be making observations regarding on-premise use of cannabis by patients and/or employees
- Security Alarm System, which is compliant with MMED rules
- Commercial-grade, non-residential locks, which is compliant with MMED rules
- Video surveillance of all required areas, including areas where marijuana is possessed, stored, grown, harvested, cultivated, cured, sold, entrances and exits with logging and limited access to equipment, which is compliant with MMED rules
- List of all licensed employees
- Diagram of licensed area
- Proper record-keeping of patients and inventory related to patients (both plant count and finished product). Ability to demonstrate compliance with 70%-30% rule
- Proper record-keeping of all sales (both to primary patients and other sales to non-primary patients)
- Employees conform to hygienic practices
- Preparation areas; surfaces, utensils and equipment are adequately cleaned and kept clean
- Inspection of cleaning compounds, sanitizing agents, pesticides and insecticides to ensure that no banned and / or hazardous chemicals are on the premise
- Waste is stored and secured in a manner which is compliant with MMED rules
- Waste that is rendered unusable should be grinded with non-consumable solid waste and disposed of, which is compliant with MMED rules
- All product is properly labeled and identified for retail sales
- Labeling standards from 7/1/11 rules must be met
- Complete all sales between 8:00AM and 7:00PM (7:05PM is not acceptable)
- Do not transport Medical Marijuana without a MMED approved Manifest in place

Additional information can be found at:

<http://www.colorado.gov/cs/Satellite/Rev-Enforcement/RE/1251575119584>

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
FORM MATRIX**

INSTRUCTIONS: Required forms must be faxed (303-205-2398) or emailed to mmedmanifest@dor.state.co.us. If you email the forms, please put the form name in the subject line. Manifest forms must be emailed separately from other forms. If you have already submitted the required information on forms previously published, you do not need to resubmit information on the revised forms.

However, please use the new forms after August 1, 2011. Unless otherwise stated, Licensees do not have to use the form templates provided by the MMED. If Licensees have systems or procedures that capture the same information in the form templates, they can submit/retain the required information in their own formats. Licensee signatures are not required on the forms, but when Licensees provide a form or report to the MMED, they are attesting that the information provided is complete and accurate to the best of their knowledge.

Form Number	Form Name	Submit to MMED or Maintain on Site?	Audience	Frequency of Submission	MMED Form Required? (2)	Instructions	Statute / Rule Reference
1000	Employee List (Monthly)	Submit	OPCs, MMCs, MIPs	Monthly (see instructions)	No	Provide the required information for all employees, including non-employee owners, that work at your facility. If an employee does not yet have a license number, put "Pending." The list is due by the fifth business day of the month and Licensees must report their employee list as of the last day of the prior month (the reporting month). For example, on Sept 5, Licensees are required to submit their employee list as of Aug 31. Licensees must submit the Employee Status Change Form (Form 1030), when required, within 10 business days to the MMED.	12-43.3-310 (2) and (4)
1010	Primary Center Patient List (Monthly)	Submit	MMCs	Monthly (see instructions)	No	Provide the required information for patients that have designated you as their Primary Center. Do NOT submit any additional patient information. For patients that do not have a license number yet, put "Pending." If a patient is authorized for more than 6 plants, maintain, but do not submit, supporting documentation for additional plants. The list is due by the fifth business day of the month and Licensees must report their patient list as of the last day of the prior month (the reporting month). For example, by Sept 5, Licensees are required to submit their patient list as of Aug 31. Licensees must submit the Patient Status Change Form (Form 1040), when required, within 72 hours to the MMED.	12-43.3-901(4)(e), and Rule 1.205(A)(1)
1020	Transportation Manifest Form	Submit	OPCs, MMCs, MIPs	24 hours before MM is transported	Yes	Provide the required information, submit the form to the MMED, and wait 24 hours for approved (stamped) copy to be returned to you. Drivers must use this exact form because law enforcement will expect to see this exact form. See FAQs for more information.	12-43.3-202(2)(a)(XI) and Rule 11.200(D)
1030	Employee Status Change Form	Submit	OPCs, MMCs, MIPs	Within 10 business days of employee status change	No	Provide the required information when there is a change in employee status. This form must be submitted to the MMED within 10 business days of the change. Also update Form 1000 accordingly for submission by the fifth business day of the next month.	12-43.3-901(3)(d), 12-43.3-310(3), and Rule 16.105
1040	Patient Status Change Form	Submit	MMCs	Within 72 hours of patient status change	No	Provide the required information when there is a change in patient status. This form must be submitted to the MMED within 72 hours of the change. Also update Form 1010 accordingly for submission by the fifth business day of the next month.	12-43.3-601(2), Rule 1.200
1050	Secure Facility Form	Maintain	OPCs, MMCs, MIPs	N/A	No	Maintain completed form and system lay-out for each business location.	12.43.3-202(2)(x), Rule 10.400(B)(1)(c)
1060	30% Compliance Report	Maintain	MMCs	N/A	No	This report aggregates data from Forms 1010, 1070 and 1120 to show compliance with the 30% wholesale requirement and the two ounce limit per patient. Using 12-month averages, wholesales transactions as a percentage of inventory must be under 30% in order to be compliant. In addition, monthly average inventory cannot exceed two ounces per patient. The 30% requirement applies only to MMCs and excludes live plants as part of average on-hand inventory.	12-43.3-402(4), Rule 1.210 (A-E)
1070	Transfers, Sales, Purchases Report	Maintain	OPCs, MMCs, MIPs	N/A	No	This report aggregates data from Forms 1080, 1090 and 1100 and calculates monthly totals for transfers, patient sales and wholesales transactions.	12-43.3-701 (1-2)
1080	Wholesale Transaction Report	Maintain	OPCs, MMCs, MIPs	N/A	No	Enter the weight (in grams) of wholesales transactions. For infused products, include only the weight of Medical Marijuana in the product. If the strain is unknown, leave blank. Exclude wholesale transactions of live plants. The daily total is calculated and carried to form 1070.	12-43.3-701 (1-2)
1090	Transfers from OPC Report	Maintain	MMCs, MIPs	N/A	No	Enter the weight (in grams) of transfers. For infused products, include only the weight of Medical Marijuana in the product. If the strain is unknown, leave blank. Exclude transfers of live plants. The daily total is calculated and carried to form 1070.	12-43.3-701 (1-2)
1100	Patient Sales Report	Maintain	MMCs	N/A	No	Enter the weight (in grams) of patient sales. For infused products, include only the weight of Medical Marijuana in the product. If the strain is unknown, leave blank. Exclude sales of live plants. The daily total is calculated and carried to form 1070.	12-43.3-701 (1-2)

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
FORM MATRIX**

INSTRUCTIONS: Required forms must be faxed (303-205-2398) or emailed to mmedmanifest@dor.state.co.us. If you email the forms, please put the form name in the subject line. Manifest forms must be emailed separately from other forms. If you have already submitted the required information on forms previously published, you do not need to resubmit information on the revised forms.

However, please use the new forms after August 1, 2011. Unless otherwise stated, Licensees do not have to use the form templates provided by the MMED. If Licensees have systems or procedures that capture the same information in the form templates, they can submit/retain the required information in their own formats. Licensee signatures are not required on the forms, but when Licensees provide a form or report to the MMED, they are attesting that the information provided is complete and accurate to the best of their knowledge.

Form Number	Form Name	Submit to MMED or Maintain on Site?	Audience	Frequency of Submission	MMED Form Required? (2)	Instructions	Statute / Rule Reference
1120	MMC Inventory Count Sheet	Maintain	MMC	N/A	No	MMC Licensees are required to record the grams of Medical Marijuana on their premises every day that they are open to the public. Licensees should record their on-hand inventory when the MMC is closed (i.e., when product is not moving in or out of the facility). Include only the net grams of Medical Marijuana (i.e., exclude weights of containers and packaging). For infused products, include only the grams of Medical Marijuana in the product. Plants are not considered inventory for the 30% requirement. Licensees can either do a physical inventory count (i.e., physically weigh the product) every day, or they can rely on their POS system for inventory data. If the Licensees do not have a POS system, they can calculate their ending inventory (e.g., beginning inventory + purchases and transfers in - sales and transfers out = ending inventory). The average monthly inventory will be carried to Form 1060.	12-43.3-402(4), Rule 1.210 (A-E)

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
EMPLOYEE LIST**

Enter business licensee name

Business Licensee Name

Enter business licensee/application number

Enter month reporting

**Business Licensee /
Application Number**

Reporting Month

INSTRUCTIONS: Provide the required information for all employees, including non-employee owners, that work at your facility. If an employee does not yet have a license number, put "Pending." The list is due by the fifth business day of the month and licensees must report their employee list as of the last day of the prior month (the reporting month). For example, on Sept 5, licensees are required to submit their employee list as of Aug 31. Licensees must submit the Employee Status Change Form (Form 1030), when required, within 10 business days to the MMED.

Employee License #	Employee Last Name	Employee First Name
Enter employee Medical Marijuana Key or Support license #.	Enter Employee Last Name	Enter Employee First Name
TOTAL EMPLOYEE COUNT		

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
EMPLOYEE STATUS CHANGE FORM**

*The purpose of this document is to notify the Medical Marijuana Enforcement Division
of status changes for the employee of my business as listed below:*

INSTRUCTIONS: Provide the required information when there is a change in employee status. This form must be submitted to the MMED within 10 business days of the change. Also update Form 1000 accordingly for submission by the fifth business day of the next month.

Business Name	Business License Number	Date
Enter legal business name	Enter business Medical Marijuana registration license number	Enter effective date of change

Employee License Number	Employee Last Name	Employee First Name
Enter employee Key or Support license number	Enter employee's last name	Enter employee's first name

Change of Status - check all that apply
<input type="checkbox"/> Name Change <input type="checkbox"/> Employee License Number Change <input type="checkbox"/> New Hire <input type="checkbox"/> Terminated Employee <input type="checkbox"/> Other
<i>Please Explain:</i>
List details of change marked above (Name Change, New Hire, etc.). Include old information and new information where applicable.

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
PATIENT STATUS CHANGE FORM**

The purpose of this document is to notify the Medical Marijuana Enforcement Division of status change(s) for the patient of my business as listed below:

<p>Enter date form is completed</p> <p>Today's Date</p> <p>_____</p>	<p>Enter date change is effective</p> <p>Effective Date</p> <p>_____</p>
<p>Enter business licensee name</p> <p>Business Licensee Name</p> <p>_____</p>	
<p>Enter business licensee/application number</p> <p>Business Licensee /Application Number</p> <p>_____</p>	

INSTRUCTIONS: Provide the required information when there is a change in patient status. This form must be submitted to the MMED within 72 hours of the change. Also update Form 1010 accordingly for submission by the fifth business day of the next month.

Patient ID Number	Patient Card Expiration Date	Primary Center Designation Date (1)	Status Change <small>(e.g. ID #, plant limit, Primary Center designation, etc.).</small>	Date of Primary Center Designation Change Notification (2)	# of Plants for this Patient (3)
Enter ID # from patient's card	Enter patient card expiration date	Enter primary center designation date.	Enter status change details	Enter date of notification	Enter # of plants for patient

Please Explain Status Change Below:

Provide additional information necessary to clarify or document patient status change or plant # if it exceeds six.

(1) If the patient is changing primary centers, enter the date of the change. Patients cannot change their primary center if they have designated another center as their primary center within the past 120 days.

(2) If the patient is changing primary centers, the new center must notify the old center of the change within 72 hours. The old center must remove the patient from its primary patient list. The patient's plants at the old center can be assigned to other patients or allowed to continue to harvest, but the old center cannot plant new plants for the patient.

(3) For each patient with a plant count greater than 6, the licensee must maintain additional documentation from the recommending physician as required per C.R.S 12-43.3-901(4)(e). Do not submit the additional documentation to the MMED.

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
MEDICAL MARIJUANA TRANSPORTATION MANIFEST**

All sales transactions are to be completed prior to transportation of any Medical Marijuana. The receiving entity may reject product delivered, but amount delivered must be limited to amount agreed upon in prior sales transaction.

Fax form to 303-205-2398 or email to MMEDmanifest@dor.state.co.us

Date Completed:	License # of Originating Entity:	For MMED Use Only
Name of Originating Entity:		
Address of Originating Entity:		
Phone # of Originating Entity:		

**Email Address or Fax Number to Which Approved
MMED Copy is to Be Sent:**

Phone # MMED Can Call with Questions:

If you are delivering more than 17 products to one stop, use the space for the next stop to continue listing products.
For the weight field, include only the grams of Medical Marijuana (MM) in the product.
Check her if multiple pages are used. List the total number of pages in the manifest here ____.

Stop Number on Route:		Product Strain or Qty of Infused Items	Weight (gr)	Batch #
Name of Destination Entity:				
License No. of Destination Entity:				
Address of Destination Entity:				
Phone # of Destination Entity:				
Date and Approximate Time of Departure:				
Date and Approximate Time of Arrival:				
Route to Be Traveled:				

Notes: add details for extenuating circumstances (e.g., road closure, flat tire, etc.)

PRODUCT REJECTION (if only a portion of shipment is rejected, circle that portion above.)

Name of Person Receiving or Rejecting Product:	Date:
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I confirm that the contents of this shipment match weight records entered above, and I agree to take custody of those portions of this shipment *not* circled above.
Those portions circled were returned to the individual delivering this shipment.

Signature:
Signature of Individual taking receipt of rejected portion of this shipment:

Name of Person Transporting:	Signature of Person Transporting:
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Make, Model, License Plate #	Date of Signature:
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**MEDICAL MARIJUANA ENFORCEMENT DIVISION
MEDICAL MARIJUANA TRANSPORTATION MANIFEST**

Stop Number on Route:		Product Strain or Qty of Infused Items	Weight (gr)	Batch #
Name of Destination Entity:				
License No. of Destination Entity:				
Address of Destination Entity:				
Phone # of Destination Entity:				
Date and Approximate Time of Departure:				
Date and Approximate Time of Arrival:				
Route to Be Traveled:				
Notes: add details for extenuating circumstances (e.g., road closure, flat tire, etc.)				

PRODUCT REJECTION (if only a portion of shipment is rejected, circle that portion above.)

Name of Person Receiving or Rejecting Product:	Date:
I confirm that the contents of this shipment match weight records entered above, and I agree to take custody of those portions of this shipment <i>not</i> circled above. Those portions circled were returned to the individual delivering this shipment.	
Signature:	
Signature of Individual taking receipt of rejected portion of this shipment:	

Stop Number on Route:		Product Strain or Qty of Infused Items	Weight (gr)	Batch #
Name of Destination Entity:				
License No. of Destination Entity:				
Address of Destination Entity:				
Phone # of Destination Entity:				
Date and Approximate Time of Departure:				
Date and Approximate Time of Arrival:				
Route to Be Traveled:				
Notes: add details for extenuating circumstances (e.g., road closure, flat tire, etc.)				

PRODUCT REJECTION (if only a portion of shipment is rejected, circle that portion above.)

Name of Person Receiving or Rejecting Product:	Date:
I confirm that the contents of this shipment match weight records entered above, and I agree to take custody of those portions of this shipment <i>not</i> circled above. Those portions circled were returned to the individual delivering this shipment.	
Signature:	
Signature of Individual taking receipt of rejected portion of this shipment:	

**Medical Marijuana Enforcement Division
Secure Facility Form**

All Medical Marijuana Businesses operating with the State of Colorado must install security/video surveillance systems in *each* business location. Attach system lay-out to this form. Licensees must maintain completed form and attachments. Do not submit to the MMED.

LICENSED BUSINESS INFORMATION	
Date Submitted:	License Number:
Business Name:	
Physical Address:	
Owner's Name and Contact Information:	
SECURITY VENDOR (IF OUT-SIDE CONTRACTOR USED)	
Business Name:	
Responsible Party or Owner:	
Address:	
Phone Number:	
SYSTEM SPECIFICS	
IP Access Address for MMED Access to Surveillance System:	
DVR or NVR Product Used (Manufacturer and Model Number) :	
Location of Off-Site Security Video Storage:	
Name of 24 Hour Contact for Business: <i>(include: Landline; cell phone; email address; home location if available)</i>	

MEDICAL MARIJUANA ENFORCEMENT DIVISION
30% COMPLIANCE REPORT
For the 12 Months Ending *(add month and year)*

Business Licensee Name: _____

Business Licensee Number: _____

INSTRUCTIONS: This report aggregates data from Forms 1010, 1070 and 1120 to show compliance with the 30% wholesale requirement and the two ounce limit per patient. Using 12-month averages, wholesales transactions as a percentage of inventory must be under 30% in order to be compliant. In addition, monthly average inventory cannot exceed two ounces per patient. The 30% requirement applies only to MMCs and excludes live plants as part of average on-hand inventory.

Inventory Information (in grams)	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Avg
Average Daily Inventory On-Hand (From Form 1120)	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
Wholesale Sales (From Form 1070)	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
Wholesale Purchases (From Form 1070)	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
Wholesale Sales as % of On-Hand Inventory	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Wholesale Purchases as % of On-Hand Inventory	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Inventory Maximums													
Total Number of Primary Patients (From Form 1010)	-	-	-	-	-	-	-	-	-	-	-	-	na
Maximum On-Hand Inventory (ounces)	-	-	-	-	-	-	-	-	-	-	-	-	na
Maximum On-Hand Inventory (grams)	-	-	-	-	-	-	-	-	-	-	-	-	na
Average Daily Inventory On-Hand (From Form 1120)	-	-	-	-	-	-	-	-	-	-	-	-	na
On-Hand Inventory (Under) Maximum	Over	-	-	-	-	-	-	-	-	-	-	-	na

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
PHYSICAL INVENTORY SHEET FOR MMCs**

INSTRUCTIONS: MMC Licensees are required to record the grams of Medical Marijuana on their premises every day that they are open to the public. Licensees should record their on-hand inventory when the MMC is closed (i.e., when product is not moving in or out of the facility). Include only the net grams of Medical Marijuana (i.e., exclude weights of containers and packaging). For infused products, include only the grams of Medical Marijuana in the product. Plants are not considered inventory for the 30% requirement. Licensees can either do a physical inventory count (i.e., physically weigh the product) every day, or they can rely on their POS system for inventory data. the Licensees do not have a POS system, they can calculate their ending inventory (e.g., beginning inventory + purchases and transfers in - sales and transfers out = ending inventory). The average monthly inventory will be carried to Form 1060.

Business Licensee Name:	
Business Licensee / Application Number:	

	Strain 1 (e.g., AK-47)	Strain 2 (e.g., Purple Kush)	Strain 3 (e.g., Bubblegum)	MIP 1 (e.g., Brownies)	MIP 2 (e.g., Soda)	Add columns as necessary	→	TOTAL	
Day 1								-	
Day 2								-	
Day 3								-	
Day 4								-	
Day 5								-	
Day 6								-	
Day 7								-	
Day 8								-	
Day 9								-	
Day 10								-	
Day 11								-	
Day 12								-	
Day 13								-	
Day 14								-	
Day 15								-	
Day 16								-	
Day 17								-	
Day 18								-	
Day 19								-	
Day 20								-	
Day 21								-	
Day 22								-	
Day 23								-	
Day 24								-	
Day 25								-	
Day 26								-	
Day 27								-	
Day 28								-	
Day 29								-	
Day 30								-	
Day 31								-	
								Monthly Avg*	#DIV/0!

* Carries to Form 1060

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
TRANSFERS, SALES, AND PURCHASES
MONTHLY SUMMARY**

INSTRUCTIONS: This report aggregates data from Forms 1080, 1090 and 1100 and calculates monthly totals for transfers, patient sales and wholesales transactions.

Enter Reporting Month

Month*: _____

Business Licensee Name Enter Business Licensee Name

Business Licensee Number Enter Business Licensee/Application number

Date	Transfers from OPC (in grams)	Patient Sales (in grams)	Wholesale Purchases (in grams)	Wholesale Sales (in grams)
Enter Transaction date (NA if no transactions for the day)	Enter total grams transferred from the Transfers from OPC Daily Summary Report (form 1090)	Enter total grams sold to patients from the Patient Sales Daily Summary Report (form 1100)	Enter total grams of wholesale purchases from the Wholesale Transaction Daily Summary Report (form 1080)	Enter total grams of wholesale sales from the Wholesale Transaction Daily Summary Report (form 1080)
Monthly Totals**	-	-	-	-

* Reporting month is defined as the month for which you are reporting your information. For example, if you are submitting information for July, July is your reporting month.
 ** Monthly totals should tie to the 30% Compliance Check Report (form 1060)

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
WHOLESALE TRANSACTION REPORT
Daily Summary**

INSTRUCTIONS: Enter the weight (in grams) of wholesales transactions. For infused products, include only the weight of Medical Marijuana in the product. If the strain is unknown, leave blank. Exclude wholesale transactions of live plants. The daily total is calculated and carried to form 1070.

Enter date of transactions

Date _____

Enter business licensee name

Business Licensee Name _____

Enter business licensee/application number

**Business Licensee
/Application Number**

This form is to be used for all Wholesale Transactions: Purchases and Sales.

Transaction Number	Strain	Weight Quantity - Purchased (in grams)	Weight Quantity - Sales (in grams)	Batch #	Employee License #	Employee Initials
Enter transaction number as assigned by licensee	Enter strain	Enter quantity purchased in grams	Enter quantity purchased in grams	Enter batch number	Enter employee License #	Enter employee initials
Daily Totals →		-	-			

* Daily totals should tie to the Transfers, Sales, and Purchases Summary (form 1070)

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
 PATIENT SALES REPORT
 Daily Summary**

INSTRUCTIONS: Enter the weight (in grams) of patient sales. For infused products, include only the weight of Medical Marijuana in the product. If the strain is unknown, leave blank. Exclude sales of live plants. The daily total is calculated and carried to form 1070.

Enter date of sales

Date

Enter Business Licensee Name

Business Licensee Name

Enter Business License/Applicant #

**Business Licensee
 /Applicant Number**

Transaction Number	Patient ID Number	Strain	Batch #	Weight Quantity (in grams)	Employee License Number	Employee Initials
Enter transaction number as assigned by licensee	Enter Patient Registry #	Enter strain description	Enter batch #	Enter quantity	Enter employee License #	Enter employee initials
Daily Total				-		

* Daily total should tie to the Transfers, Sales, and Purchases Summary (form 1070)

**MEDICAL MARIJUANA ENFORCEMENT DIVISION
TRANSFERS FROM OPC REPORT
Daily Summary**

INSTRUCTIONS: Enter the weight (in grams) of transfers. For infused products, include only the weight of Medical Marijuana in the product. If the strain is unknown, leave blank. Exclude transfers of live plants. The daily total is calculated and carried to form 1070.

Business Licensee Name _____

Business Licensee # _____

Date of Transfer _____

Strain	Product Description	Batch #	Weight Quantity (in grams)	Employee License # (from OPC)	Employee Initials	Employee License # (Center or MIP)	Employee Initials
<i>Enter information and amounts of Medical Marijuana (in grams) or number of plants transferred from the Grow to the Center</i>							
Daily Total →			-				

* Daily total should tie to the Transfers, Sales, and Purchases Summary (form 1070)