

Grow Facility Inspection Check-List

Name of Grow: _____	Grow License #: _____
Date of Visit: _____	Staff Member Giving Tour: _____
Biosecurity	Notes
<input type="checkbox"/> What steps are in place to prevent external contamination and cross-contamination in-house?	
<input type="checkbox"/> Rate the overall cleanliness and orderliness of the facility	
<input type="checkbox"/> Environmental variable controls: how much can the grower manipulate environmental variables to optimize growing? (Air temperature, relative humidity, sunlight, water, etc.)	
Integrated Pest Management (IPM)	
<input type="checkbox"/> What systems are in place to explicitly prevent using harmful pesticides in the grow process?	
<input type="checkbox"/> Use beneficial insects as a mitigation strategy	
<input type="checkbox"/> What measures are in place to prevent unwanted pests from infesting?	
<input type="checkbox"/> Mold scouting programs – are there designated employees searching for early signs of mold?	
<input type="checkbox"/> Pest scouting programs – are there designated employees searching for early signs of pests?	
Pesticides	
<input type="checkbox"/> Request a list of all pesticides used	
<input type="checkbox"/> Inspect the pesticide storage cabinet. Take note of what products are used.	
<input type="checkbox"/> Request a copy of current lab pesticide testing test results from the most recent harvest	