

## Cannabis-Infused Edible Endorsement Application

Please type or print clearly

Business Name (must match legal name)		Owner(s) of Busin	ness	
Does Business As				
WSLCB License Number		UBI		
Phone Number	Fax Number	Email Address (red	quired)	
Physical Address of Processing Fac	l cility	City	State	Zip Code
Mailing Address is the same a	s the Physical Address	I		
Mailing Address for Business		City	State	Zip Code
		,	1	-
Firm Operates as: Individual		rative Corporation	LLC	
List the name and address of all pa		Address (In shorts City)	C+-+- 7:- C -\	
Name	Title	Address (Include City,	State, Zip Code)	
If firm is out of state, provide nan		l residing in Washington S	tate who is author	ized to receive and
accept service of summons and legal notice.  Name Address				
Applicant Statement (Signature		application)		
I certify that the above info				
I agree to inspections by Wa	SDA food safety officials a	at the site address showr	above.	
Signature of Individual or Corp	porate Officer	Date	Phon	e Number
	WSDA (	Office Use Only		
Food Safety Compliance Specialist		Region Mana	ger:	

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## Cannabis-Infused Edible (CIE) Endorsement Application Checklist

	Food Safety Program PO Box 42560 Olympia, WA 98504-2560
	Washington State Department of Agriculture
11.	E-mail completed application to <u>foodsafety@agr.wa.gov</u> or alternatively you may mai completed application to:
10.	Enclosed documentation verifying potable (fit for drinking) water supply system (if required under attachment F for your type of CIE processing operation)
9.	Attached Copy of WSLCB License (required)
8.	Attached Copy of Business License (required)
7.	Completed Attachment F – Water Supply Testing Requirements
6.	Completed Attachment E – Sanitation Schedule
5.	Completed Attachment D – Floor Plan
4.	Completed Attachment C – CIE Product Ingredient Statements
3.	Completed Attachment B – Ingredient and Processing Information
2.	Completed Attachment A – CIE Items to be Approved for Processing
1.	Completed Application Cover Page (page 1)

Upon receipt of the application and review by the Olympia office, a local Food Safety Compliance Specialist will contact you at the phone number provided on your application.

Prior to submitting this application to WSDA you must first contact the Washington State Department of Revenue (DOR) to pay for the Cannabis-Infused Edibles Processor endorsement.

Applications are processed in the order in which they are received. The typical "error-free" application is normally processed within eight weeks. Processing your application may take longer if you do not complete and attach all the documentation required for endorsement. Include additional sheets as necessary. Be advised that submittal of a large number of product ingredient statements will slow the review process down. Applications that have been returned will lose their position in the processing order.

If you have additional information that does not fit in the form or want to provide the information separately, please include the information in an electronic format such as a Word document that can be copied and pasted for a more efficient review and written approval process.

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# CIE Endorsement Application Attachment A – Items to be Approved for Processing

Please provide a list of the cannabis-infused edible products for which you are applying.

Nie	Manage C Basel and		Jse Only
No.	Name of Product	Yes	Approved No
1.			
2.			
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## CIE Endorsement Application Attachment B – Ingredient and Processing Information

Provide the following information for the types of products (e.g., Cookies, Confections, Carbonated Beverages, etc.) you intend to process:

- A flow diagram/chart of each step of the process and a complete ingredient list for each product.
- Include in your diagram time and temperatures the product stays at for each step of the process.

### Process details should include:

Receiving: List all ingredients.

Storage: Where and how ingredients are stored in your facility.

<u>Processing</u>: Describe the basic preparation. Include a general flow diagram/chart.

Copy of a flow diagram/chart can be attached to application or you may include it here:

Packaging: Describe the packaging details such as bulk pack or retail size, and type of packaging.

Distribution: Type of transportation.

\*\* Do not send your recipes or trade secrets with this application \*\*

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# CIE Endorsement Application Attachment C – Product Ingredient Statements

Submit the product name and ingredient statement for **each** proposed CIE product. If attaching separately, please include the information in an electronic format that can be copied and pasted. The proposed ingredient statements may not be used without written approval from the WSDA Food Safety Program.

CIE product labels **must** comply with the WSLCB's packaging and labeling requirements under chapter 314-55 WAC and for the purposes of the CIE endorsement additionally display:

A statement of ingredients as specified under <u>21 CFR 101.4</u>. The ingredient statement must identify sulfites, if present, as required under <u>21 CFR 101.100</u> and the names of Food and Drug Administration certified color additives (e.g., FD&C Yellow 5) if present. Allergens (Milk, egg, fish, crustacean shellfish, tree nuts, wheat, peanuts, soybeans, sesame seeds) as specified under the Food Allergen Labeling and Consumer Protection Act of 2004 (<u>Public Law 108-282</u>, <u>Title II</u>) and the FASTER Act of 2021 (<u>Public Law 117-11</u>).

The following sample ingredient statement illustrates the ingredient and allergen labeling requirements:

### **Chocolate Peanut Butter Walnut Brownie**

Ingredients: Brown Sugar (Sugar, Invert Sugar, Cane Molasses), All-Purpose Flour (Wheat Flour, Niacin, Reduced Iron, Thiamine mononitrate, Riboflavin, Folic acid), Milk Chocolate (Sugar, Whole Milk Powder, Cocoa Butter, Cocoa Mass, Soy Lecithin, Vanilla), Peanut Butter (Peanuts, Sugar, Molasses, Hydrogenated Vegetable Oil, Mono- and diglycerides, Salt), Chopped Walnuts, Dextrose, Salt, Artificial Flavoring, Leavening (Sodium bicarbonate), Cannabis Extract.

Each product name and accompanying ingredient statement:

Contains: Milk, Peanuts, Soy, Walnuts, Wheat

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## CIE Endorsement Application Attachment D – Floor Plan

Provide a copy or sketch of the floor plan for your processing facility. Please identify the following items:

- Fixtures (sinks, counters, etc.)
- Equipment (refrigeration units, range/stove, oven, stand-alone processing equipment, etc. general terms only, no model numbers or brand names)
- Storage shelves / racks (for edible ingredients, utensils, packaging supplies, cleaning supplies)
- Floor drain(s) (if applicable)
- Restrooms
- Room dimensions
- Identify finished surfaces of the ceiling, walls, and floor (this can be completed in diagram or in a separate document)

Copy of a floor plan can be attached to application or you may include a sketch here:

\*\* A close examination of processing equipment will be done at time of inspection \*\*

<u> </u>			

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## CIE Endorsement Application Attachment E – Sanitation Schedule

Please list sanitation practices and schedule for facility and equipment.

- List the equipment and utensils used for processing of cannabis-infused edibles.
- How the equipment and utensils will be cleaned, sanitized, and how frequently.

Items used	How the item is used	How item will be cleaned	Method of Sanitization	Frequency

Briefly describe how walls, floors, ceilings, and like surfaces will be cleaned, sanitized, and maintained.
Briefly describe how restrooms, hand washing sinks, and equipment-washing facilities will be supplied and used.

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**Food Safety Program** PO Box 42560 Olympia, WA 98504-2560 (360) 902-1876

foodsafety@agr.wa.gov

## **CIE Endorsement Application** Attachment F – Water Supply Testing Requirements

To determine the water supply testing requirements for your facility, please complete this questionnaire and refer to the requirements on the following pages.

Type of water system used at processing facility
☐ City ☐ Municipal ☐ Water Association ☐ Well ☐ Spring ☐ Other Private Water Supply
<ul> <li>Your water supply must meet the Washington State Department of Health (DOH) requirements for potable water.</li> <li>If you are on a public water supply (city, municipal water supply, or water association), it meets these requirements.</li> <li>If you are using a well or other private water supply you must meet DOH requirements for a Group A or Group B water system (the A or B type will depend on the number of employees and how many days you operate).</li> <li>A single family CIE processor using a private water system with no outside employees must meet equivalent water testing requirements required by WSDA. These requirements are further defined below.</li> </ul>
<ol> <li>Is any of your facility's water supplied from a well, spring, or other private water system?</li> <li>Yes If YES, go to question number 2.</li> <li>No If NO, there are no special testing requirements.</li> </ol>
<ul> <li>2. Does your business employ 25 or more people for 60 or more days per year?</li> <li>Yes If YES, your processing facility meets the definition for a Group A Water System (see section 2a below).</li> <li>No If NO, go to question number 3.</li> </ul>
3. Is your processing facility located at your single-family residence, where you employ only immediate family members?  Yes If YES, you must have your water analyzed before an endorsement can be issued (see section 2c below)  No If NO, does your processing facility meet the definition for a Group B Water System? (see section 2b below)  Yes No
Washington State Denartment of Health Division of Drinking Water Contacts

## **Northwest Drinking Water Operations**

20425 72nd Avenue South • Building 2 • Suite 310

Kent, WA 98032-2358 Phone: (253) 395-6750 Fax: (253) 395-6760

Counties: Island, King, Pierce, San Juan, Skagit, Snohomish, Whatcom

### **Southwest Drinking Water Operations**

243 Israel Road SE 1st floor PO Box 47823

Tumwater, WA 98501 Olympia, WA 98504-7823

Phone: (360) 236-3030 Fax: (360) 236-3029

Counties: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum

### **Eastern Drinking Water Operations**

**River View Corporate Center** 16201 East Indiana Avenue • Suite 1500 Spokane Valley, WA 99216

Phone: (509) 329-2100 Fax: (509) 329-2104

Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Ferry, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla,

Whitman, Yakima

TTY Relay Service for all offices: 1-800-833-6388

https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff

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## CIE Endorsement Application Attachment F – Water Supply Testing Requirements, continued

- 1. CIE processors with water supplied from a City, Community, or other Municipal Water System: CIE processors on any of these water supply systems do not need to test their water supply.
- 2a. CIE processors with water supplied from a Well, Spring, or Other Private Water System that employ 25 or more people each for day for 60 or more days per year:

These processing facilities must comply with the Department of Health's Group A Water System requirements. Contact the DOH Division of Drinking Water for approval of the water system. Written approval from the DOH Division of Drinking Water is required before a CIE processor endorsement can be issued.

- 2b. CIE processors with water supplied from a well, spring, or other water system that employs less than 25 people each day excluding immediate family members and/or operate for less than 60 days per year:

  These processing facilities meet the Department of Health's definition of a Group B Water System.

  Contact the DOH Division of Drinking Water or the County Health Department for approval of the water system. Written approval from the DOH Division of Drinking Water or the County Health Department is required before a CIE processor endorsement can be issued. See contact information listed above.
- 2c. CIE processors with water supplied from a well, spring, or other private water system that operate in a single-family residence and only employ immediate family members:

The water systems for these CIE processing facilities are regulated by the Washington State Department of Agriculture and must meet the Department of Health's Group B requirements for a satisfactory bacteriological analysis. These CIE processors must submit a recent (within one month) satisfactory bacterial analysis report for their water supply before endorsement can be given and every 12 months thereafter. See next page for bacteriological water analysis requirements. If the water is used as an ingredient in the processed product, see 2d below.

2d. Water from a private water system used as an ingredient in processed cannabis-infused edibles:

If a CIE processor uses water as an ingredient in their processing, the water supply must also meet the Department of Health's Group B inorganic chemical and physical requirements for potable water. This includes water used in brine and glazing solutions or water used to reconstitute concentrates or dehydrated products. These processors are required to submit a recent (within one month) satisfactory inorganic chemical and physical analysis report for their water supply before endorsement can be given. A satisfactory Nitrate analysis is also required every three years thereafter. See next page for inorganic chemical and physical characteristic water analysis requirements.

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# CIE Endorsement Application Attachment F – Water Supply Testing Requirements, continued

### **Bacteriological**

Water samples taken for bacteriological analysis must be sampled from the furthest end of the water distribution system. The Maximum Containment Level (MCL) for coliform is the presence of coliform in the water sample (<u>WAC 246-291-170</u>). A satisfactory bacteriological water analysis is required prior to endorsement and every 12 months thereafter.

## **Inorganic Chemical**

Water samples taken for inorganic chemical analysis (primary and secondary chemicals) must be collected at the water source or well field before treatment. Review tables below for the Maximum Containment Levels (MCLs) allowed for each primary and secondary chemical (<u>WAC 246-291-170</u>). If the water is used as an ingredient in the processed CIE, a satisfactory inorganic chemical analysis is required prior to endorsement.

Primary Chemicals

Substance	Primary Chemical	
	MCLs (mg/L)	
Antimony	0.006	
Arsenic	0.05	
Barium	2.0	
Beryllium	0.004	Se
Cadmium	0.005	] [
Chromium	0.1	
Cyanide	0.2	] -
Fluoride	4.0	] -
Mercury	0.002	] _
Nickel	0.1	] _
Nitrite	1.0	] [_
Selenium	0.05	] [
Sodium	No MCL established	
Thallium	0.002	

Secondary Chemicals

Secondary Che	THE GIS
Substance	Secondary Chemical
	MCLs (mg/L)
Chloride	250.0
Fluoride	2.0
Iron	0.3
Manganese	0.05
Silver	0.1
Sulfate	250.0
Zinc	5.0

### **Nitrate**

The Maximum Containment Level for Nitrate is 10.0 mg/L. A satisfactory nitrate water analysis is required prior to endorsement and every three years thereafter.

### **Physical Characteristics**

If the water is used an an ingredient in the processed CIE, a satisfactory physical characteristic analysis is required prior to approval. After initial satisfactory analysis, the Department of Health determines the monitoring frequency on a case-by-case basis.

Substance	MCL
Turbidity	1-0 NTU
Color	15 color units
Hardness	No MCL established
Specific Conductivity	700 umhos/cm
Total Dissolved Solids	500 mg/L

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