



**Operation Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Complete this form if you provide processing or handling services for OCal product that you do not own or take title to or if you provide fee for service processing.

## A. General Information

- 1) Describe specific services you provide (i.e. extraction, drying, curing, trimming). Services may be added to your CCOF client profile.

- 2) Does your service include formulating or processing multi-ingredient products?

☐ Yes. Stop, do not complete this form. Complete [OCal H2.0 OCal Products](#), [OCal Product Application](#), [OCal H2.0A Ingredient Suppliers](#), and [OCal H2.0B Product Formulation](#).

☐ No. Complete this form.

## B. Products

- 1) List all nonorganic materials that directly contact organic ingredients, OCal cannabis, and/or OCal cannabis products on your [OCal Handler Materials Application \(OSP Materials List\)](#); e.g. processing aids, packaging aids, gases, extraction materials.

*Only materials included on your Handler Materials Application (OSP Materials List) may be used. It is your responsibility to verify that all materials are allowed before you use them.*

☐ Attached ☐ Not applicable, no materials used

- 2) Do you purchase or supply ingredients as part of your service?

☐ Yes ☐ No ☐ Sometimes

- a) If sometimes, please explain:

- b) If yes or sometimes, complete [OCal H2.0 OCal Products](#), [OCal Product Application](#), and [OCal H2.0A Ingredient Suppliers](#), and skip to section C.

- c) If No, how do you verify that incoming customer products are certified organic and/or OCal? Check all that apply.

*Your inspector will verify that you maintain current organic and /or OCal certificates for your customers and that certificates list the products or parcels represented as organic and/or OCal.*

☐ Request CCOF approval of each new customer prior to accepting or handling any organic and/or OCal shipments and verify that product or parcel is listed on certificate prior to providing service.

☐ Request a current organic and/or OCal certificate with each incoming shipment and verify that product or parcel is listed on certificate prior to providing service.

☐ Request a current organic and/or OCal certificate annually and verify that product or parcel is listed on certificate prior to providing service.

☐ Other (describe): \_\_\_\_\_

- 3) Do uncertified brokers, traders, wholesalers, distributors use your services for OCal products?

*Providing services to uncertified handlers requires additional audit trail verification at inspection.*

☐ No ☐ Yes, attach an [OCal Uncertified Handler Affidavit](#) (OCal UHA) for each uncertified handler

- a) If yes, how will you ensure that only certified suppliers are used by the uncertified handler? Check all that apply.

*Audit trail records must link directly back to the last certified operation.*

☐ I do not provide service until certified supplier is identified by uncertified handler and I have determined the OCal certificate is legitimate and complete.

☐ For any delivery that cannot be traced back to the certified supplier, refuse or hold shipment until the certified supplier is verified.

☐ Other (describe): \_\_\_\_\_

## C. Labels

- 1) Do you label products or repack products into other packaging that displays OCal claims?

☐ Yes ☐ No ☐ Sometimes ☐ Not applicable, no package

- a) If sometimes, please explain:

- b) If yes or sometimes, complete the [OCal Product Application](#) and attach label(s). ☐ Attached

*Labels must be pre-approved by CCOF prior to use.*



**D. Storage Facilities**

- 1) If off-site facilities are used to store organic ingredients, OCal cannabis, and/or OCal cannabis products while unsealed or in permeable packaging, complete this table or provide an attachment with this information.

☐ Not applicable ☐ Attached

Storage Facility Name & Location	Ingredients/Products Stored	Documentation
		<input type="checkbox"/> OC* <input type="checkbox"/> UHA**
		<input type="checkbox"/> OC* <input type="checkbox"/> UHA**
		<input type="checkbox"/> OC* <input type="checkbox"/> UHA**

\*Attach the OCal Certificate (OC) for each certified storage facility listed above.

\*\*For any non-certified facilities listed above, attach a CCOF [Ocal Uncertified Handler Affidavit](#) (Ocal UHA). Ocal UHAs must be signed by the uncertified storage facility manager.

