



OREGON LIQUOR CONTROL COMMISSION

Control Study Certification Form

OAR 333-007-0440

INSTRUCTIONS for completing this form:

- For RECREATIONAL marijuana processors, micro-tier producers and hemp handlers, complete a copy of this form for each product subjected to a control study. Wholesalers may use certified control studies when testing on behalf of other licensees.
- The form should be submitted to marijuana@oregon.gov. Associated test results or other documentation may be requested by the Commission to verify the responses contained in this form. Do not provide a copy of test results unless requested.
- COMPLETE EVERY SECTION OF THIS FORM LEGIBLY. Incomplete or illegible forms will be returned to the licensee and will not be reviewed by OLCC until deficiencies are corrected.
- Use page 2 for product variations, if more space is needed insert multiple pages.
- No blanks should be left in the form. The Laboratory Representative completing this form should write "NOT APPLICABLE" or "NA" in any section they believe is not applicable to the testing of the particular product. If blank spaces are left in the form, or the Commission determines that a "Not Applicable" or "NA" response is not appropriate for a particular section, the form will be returned to the licensee and will not be reviewed by OLCC until the deficiencies are corrected.

| | | | | | | |
|--|--|---|-----------------------------------|---------------------------|---------|--------|
| Primary Laboratory Testing: | | | | | | |
| Secondary Laboratory Testing (if applicable): | | | | | | |
| Licensee or Registrant Name: | | | | | | |
| License Number or Registrant Email: | | | | | | |
| SOP name or reference number: (include version number and date created or last modified) | | | | | | |
| Commercial Name of Item: | | | | | | |
| Item Description: (for products include target potency, if an edible, type of edible) | | | | | | |
| Description Details: <input type="checkbox"/> For sale to consumer <input type="checkbox"/> For further processing | | Unit of sale | Serving Size – THC per serving | Final weight or volume | Texture | Flavor |
| Process Lot # associated with control study: | | | | | | |
| Batch Size: (include unit of measurement) | | # of Sample Increments: | | | | |
| Product Type: <input type="checkbox"/> Marijuana Item <input type="checkbox"/> Hemp item (items that contain both marijuana and hemp are considered a marijuana item) | | Control Study Test Performed: | | | | |
| <input type="checkbox"/> Concentrate <input type="checkbox"/> Extract | | <input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> THC concentration Target THC: | | | | |
| <input type="checkbox"/> Product | | <input type="checkbox"/> THC concentration Target THC: | | | | |



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| | | | | | |
|---|--------------|--------------------------------|------------------------|---------|--------|
| Description of item variations that fall under the SOP: | | | | | |
| Description Details: | Unit of sale | Serving Size – THC per serving | Final weight or volume | Texture | Flavor |
| Description of item variations that fall under the SOP: | | | | | |
| Description Details: | Unit of sale | Serving Size – THC per serving | Final weight or volume | Texture | Flavor |
| Description of item variations that fall under the SOP: | | | | | |
| Description Details: | Unit of sale | Serving Size – THC per serving | Final weight or volume | Texture | Flavor |
| Description of item variations that fall under the SOP: | | | | | |
| Description Details: | Unit of sale | Serving Size – THC per serving | Final weight or volume | Texture | Flavor |

LABORATORY CERTIFICATION:

The Laboratory performing a control study pursuant to OAR 333-007-0440 must complete **each** of the below sections.

| <u>Certification</u> | <u>Initials (or "NA")</u> | <u>Date</u> |
|--|---------------------------|-------------|
| I certify that the number of sample increments taken meet the requirements of OAR 333-007-0360, Exhibit B. | | |



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| Certification (continued) | Initials (or "NA") | Date |
|---|---------------------------|-------------|
| I certify that all pesticide testing results were below the action limits set in Exhibit A, Table 3 to OAR 333-007-0400. | | |
| I certify that the Limits of Quantifications ("LOQs") for each pesticide tested for are below the action limits set in Exhibit A, Table 3 to OAR 333-007-0400. | | |
| I certify that all solvents listed in Exhibit A, Table 4 of OAR 333-007-0410 were tested for. | | |
| I certify that all solvents tested for were below the action limits set in Exhibit A, Table 4 of OAR 333-007-0410. | | |
| I certify that the Limits of Quantifications ("LOQs") for each solvent were below the action limits set in Exhibit A, Table 4 to OAR 333-007-0410. | | |
| I certify that the total THC range detected during testing is: | | |
| I certify that the total THC values were accurately calculated pursuant to OAR 333-064-0100, that the Relative Standard Deviation (RSD) of the total THC was accurately calculated, and that the RSD is below 20% | | |
| I certify that the THC levels do not exceed the concentration limits specified in OAR 333-007-0200 to 333-007-0220. | | |
| I certify that all information contained on this form, and submitted along with this form if requested by OLCC, is accurate, and that the control study is considered as passing. | | |
| Print Name of Laboratory Representative completing this form: | | |
| Laboratory Representative Signature | | |

| | |
|---|-----------------------|
| For official OLCC use only | |
| Control Study Status: <input type="checkbox"/> Not Certified <input type="checkbox"/> Certified Approval #: | |
| Control Study Expires On*: | |
| Product Certified: | |
| Product's SOP # | Batch size certified: |
| Test(s) Control Study Certified for: <input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> THC Concentration | |
| Reviewed By: | |
| <p>*A processor or processing site must undergo a control study for a product again or must have batches sampled and tested as if the product had not undergone a control study if:</p> <p>(a) There are any changes to the standard operating procedures for that product.</p> <p>(b) There are any changes in the type of ingredient in the product, except for a difference in the strain of usable marijuana, or the purity of an ingredient.</p> | |