



Dear Applicant,

A permit is required in New Mexico to operate Hemp Extraction Facilities, Hemp Manufacturing Facilities, Hemp Processing Facilities, and Hemp Warehouses. Each facility type is also required to be permitted separately. For example, if a person conducts hemp extraction and later formulates the hemp extract into a hemp product or finished product, two permits would be required for that operation. The only exception is that a hemp extraction facility or hemp manufacturing facility do not require an additional hemp warehouse permit. A hemp warehouse permit is only required when hemp extract will be stored at a location that does not possess a current hemp extraction facility or hemp manufacturing facility permit. A permit is not required to warehouse or sell packaged hemp finished products.

Permit Applications **must** be completed as follows:

1. All sections of the application must be completed
2. All required attachments **must** be submitted as one "packet" with pages numbered and listed in the table of contents (it's preferred in a three-ring binder)
3. The packet **must** have a table of contents
4. Each section, corresponding to application section #, should be labeled and inserted in chronological order (i.e. Section 1, Section 2, Section 3)
  - a. Hemp Manufacturing Application: Sections and subsections should be labeled to match the updated application. (i.e. Section 4 would be labeled as "Product Information" in the packet, Subsection 4.2.3 would be labeled "Hemp Finished Product testing" and the SOP or plan for testing Hemp Finished Product would be labeled as 4.2.3.1 under that Subsection)
5. Clearly denote any portions of your application that you believe to be a trade secret. See "Trade Secrets" below for further details.
6. Submit a hard copy (electronic submissions will not be accepted) of the application, attachment packet, and applicable fee(s). When ready to submit email [hemp.program@state.nm.us](mailto:hemp.program@state.nm.us) for submission instructions.

### **TRADE SECRETS**

**PRIOR** to submitting the application, please clearly denote any portions of your application that you believe to be a trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act.

"Trade Secret", as used in the Inspection of Public Records Act, means information, including a formula, pattern, compilation, program, device, method, technique or process, that:

- (1) derives independent economic value, actual or potential, from not being generally known to and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use; and
- (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

If you have further questions, please email us at [hemp.program@state.nm.us](mailto:hemp.program@state.nm.us).



Application Date: \_\_\_\_\_

All fields must be completed. If a field does not apply, please indicate. Incomplete applications will not be processed.

<b>General Information</b>			
<b>Facility Information</b>			
Name of Hemp Facility:			
Street Address:			Phone:
City:	County:	Zip:	Fax:
Mailing Address (if different than above):			
City:	State:	County:	Zip:
<b>Ownership Information</b>			
Select one: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other Legal Entity _____			
NM Combined Reporting System Identification Number (CRS #) _____			
Individual or Corporate Name:			Phone:
Mailing Address:			Fax:
City:	State:	Zip:	
<b>Ownership Contact Information</b>			Same as "Ownership Information" <input type="checkbox"/>
Name and Title:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	
<b>Billing Contact Information</b>			Same as "Ownership Information" <input type="checkbox"/>
Name and Title:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	
<b>Primary Facility Contact Information</b>			Same as "Ownership Information" <input type="checkbox"/>
Name and Title:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	
<b>Additional Facility Contact Information</b>			N/A <input type="checkbox"/>
(attach additional sheet if necessary)			
Name and Title:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	



Type of Construction (Check one)			
<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Remodel
<input type="checkbox"/>	Facility Conversion to Hemp Facility	<input type="checkbox"/>	Opening or Transfer of Ownership of Existing Hemp Facility

Construction and Opening Details			
Planned Construction Start Date:		Planned Opening Date:	

Square Footage and Area Location		
<i>*If the facility is in a multi-story structure, indicate on which floor each area is located.</i>		
Please indicate square footage in each area	Square Footage (ft. <sup>2</sup> )	*Floor
Total Square Footage of the Hemp Facility		
Square Footage of the Extraction Area		
Square Footage of the Dry Storage/Warehouse		

Days and Hours of Operation											
Insert hours below in the following format: 8am to 8pm											
If there is a break in the hours you are open, use the second line to insert additional hours.											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours	to	to	to	to	to	to	to				
Hours	to	to	to	to	to	to	to				
For seasonal operations, check all that apply.											
Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>	Jul <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>
Additional information (if applicable):											

Below is a checklist of required information needed to complete the plan review.	
Please ensure all information is included.	
<i>**Lack of complete information will delay review and plan approval.**</i>	
<b>1 Plans</b>	<b>3 Water &amp; Plumbing</b>
<ul style="list-style-type: none"> <li>Floor, Mechanical, Electrical, and Site Plans</li> </ul>	<ul style="list-style-type: none"> <li>Water supply and sewage disposal</li> <li>Water test results</li> </ul>
<b>2 Equipment &amp; Plumbing</b>	<b>4 Product Information</b>
<ul style="list-style-type: none"> <li>Floor Plan/Equipment Layout</li> <li>Equipment Specification Sheets</li> <li>Refrigeration</li> <li>Handwashing sinks</li> <li>Warewashing</li> <li>Plumbing Connections</li> <li>Water heaters &amp; fixtures</li> </ul>	<ul style="list-style-type: none"> <li>Products manufactured</li> </ul>
	<b>5 Additional Information &amp; Other NMED Permits</b>
	<b>6 Signatures</b>
	<ul style="list-style-type: none"> <li>Applicant signatures</li> <li>NMED signatures</li> </ul>



**Section 1 – Plans**

**1.1 FLOOR PLAN:**

Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to, the items listed in Section 2.1 below. Number each item on the floor plan and provide a key identifying the equipment corresponding to each number on the floor plan.

**1.2 MECHANICAL VENTILATION PLANS AND SCHEDULES (new construction, facility conversion, or ventilation change):**

Provide plans and schedules that indicate the location and specifications of ventilation hoods, fire suppression systems (as required by state or local fire authority), and restroom exhaust fans. Submit specification sheets for all ventilation hoods and fire suppression systems.

Provide make and model numbers and CFMs for each ventilation hood and exhaust fan in table below.

Ventilation Information			
ID # on Plans or Location	Make	Model	CFM

**1.3 ELECTRICAL PLANS AND SCHEDULES (new construction, facility conversion, or lighting change):**

Provide plans and schedules that indicate the locations and specifications of all lighting.

**Note:** All lights in processing areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open products are held or displayed must be equipped with shatter proof bulbs or shields that will protect open product, utensils and equipment from broken glass if a bulb is broken.

**1.4 SITE PLAN:**

Provide a site plan which includes the following:

- 1) Dumpster enclosures and trash compactors
- 2) Outside walk-in coolers/freezers
- 3) Outside product storage areas
- 4) Location of well heads and well water supply lines servicing the building (if applicable).
- 5) Location of on-site liquid waste treatment systems and associated lines servicing the building (if applicable)
- 6) Grease interceptors/grease traps (if applicable)
- 7) Submit piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc. (if applicable)

**Section 2 – Equipment & Plumbing**

**2.1 Floor Plan/Equipment Layout**

Check all that apply to your facility & add others not listed. When requested list ID#. If necessary, use another page.					
<input type="checkbox"/>	Hand Sink(s) (required in all processing area(s))	<input type="checkbox"/>	Warewashing Sinks/Dish Machines (required near processing area(s))	<input type="checkbox"/>	Rotary Evaporator
<input type="checkbox"/>	Stoves	<input type="checkbox"/>	Chemical Dispensing Units	<input type="checkbox"/>	Isolate Reactor
<input type="checkbox"/>	Ovens	<input type="checkbox"/>	Laundry Facility Locations	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Refrigerators	<input type="checkbox"/>	Garbage/Recyclables Storage	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Freezers	<input type="checkbox"/>	Toilet Facilities	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Ventilation Hoods	<input type="checkbox"/>	Floor Sinks/Floor Drains	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Utility Mop Sinks	<input type="checkbox"/>	Hose Bibs/Hose Reels (if applicable)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Chemical Storage Areas	<input type="checkbox"/>	Grease Interceptor/Grease Trap	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Personal Storage Areas	<input type="checkbox"/>	Water Heater (location(s))	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Dry Storage Areas	<input type="checkbox"/>	Distillation Unit	<input type="checkbox"/>	Other:



**2.2 EQUIPMENT SPECIFICATIONS:**

Submit equipment specification sheets, including make and model numbers for all equipment listed in this section. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used. Number each specification sheet with the floor plan number assigned in 1.1 above.

**2.3 REFRIGERATION:**

Refrigeration Capacities			
ID # on Plan or Location	TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET
	Walk-in Cooler		
	Walk-in Freezer		
	Reach-in Cooler		
	Reach-in Freezer		
	Other:		

**2.4 HANDWASHING SINKS:**

Handwashing Sink (required in all processing areas)		
Do all sinks have a mixing valve or combination faucet with hot and cold running water under pressure?	YES <input type="checkbox"/>	NO* <input type="checkbox"/>
Are enclosed paper towel dispensers and hand cleanser available at each sink?	YES <input type="checkbox"/>	NO* <input type="checkbox"/>
*If the answer to either question above is "No", explain:		

**2.5 WAREWASHING:**

**Manual Warewashing** - Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drain board lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

**Note:** Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Manual Warewashing Information (required)				
ID # on Plans or Location	Length (inches) of Soiled Drain board (required)	Dimensions (inches) of Sink Compartments (L x W x D)	Length (inches) of Clean Drain board (required)	Pre-Rinse Sprayer Yes/No
		X X		YES <input type="checkbox"/> NO <input type="checkbox"/>
		X X		YES <input type="checkbox"/> NO <input type="checkbox"/>

Drain board Alternatives:
If soiled and clean drainboards will not be provided, indicate the methods that will be used and provide specification sheets:



**Mechanical Warewashing** - Provide make and model numbers and attach specification sheets for each warewashing machine by completing the table below.

Mechanical Warewashing Information							N/A <input type="checkbox"/>
ID # on Plans or Location							
Make	Model #	Sanitizing Method		Drain board Length (inches)	Pre-Rinse		Utensil Soak Sink Dimensions (inches) (L x W x D)
		Heat	Chemical		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	X X
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	X X

Dirty Dishes
Where will dirty dishes be stored prior to cleaning?
How will they be rinsed before cleaning and sanitizing?

Complete table below to indicate equipment that cannot be moved to be cleaned and sanitized and must be cleaned in place. If more room is necessary, attach an additional page.

Clean-In-Place Equipment Installation List <i>Note: Under "Installation Method", check all that apply.</i>					Installation Method					
					Floor Mounted			Counter/ Table-Mounted		
ID # on Plan or Location	Equipment	Make/Model	New (N) / Used (U)	Plumbing Required Yes / No	Casters	Legs (at least 6 inches)	Sealed in Place	Portable	Legs (at least 4 inches)	Sealed in Place



**2.6 PLUMBING CONNECTIONS:**

Complete table below for all related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer (p-trap), and/or what method of backflow prevention will be used (if applicable).

ID # on Plan or Location	Fixture or Equipment		Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Sinks	N/A <input type="checkbox"/>		
	Warewashing Machines	N/A <input type="checkbox"/>		
	Garbage Disposals	N/A <input type="checkbox"/>		
	Hand Sinks	N/A <input type="checkbox"/>		
	Chemical Dispensing Units	N/A <input type="checkbox"/>		
	Walk-in Refrigeration /	N/A <input type="checkbox"/>		
	Mop / Utility Sink	N/A <input type="checkbox"/>		
	Other:			
	Other:			

**Note:** Approved backflow protection is intended to protect the water supply. A vacuum breaker on water inlet lines for dishwashing machines, garbage disposals, or hose bibs is an example. Indirect drainage is intended to protect fixtures from sewage backup. An air gap at warewashing is an example.

**2.7 WATER HEATER(S)**

Provide type and capacity of all water heaters. **Provide specification sheet(s).**

Water Heater	
Type (Ex: Standard, Quick Recovery, Tankless)	Capacity

<b>Booster Heater:</b>		<b>N/A <input type="checkbox"/></b>	
Is a separate booster heater provided?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**2.8 FIXTURES REQUIRING HOT WATER**

Provide the number of plumbing fixtures requiring hot water in the table below. This information will be used to determine the hot water demand for the facility and sizing criteria for the water heater.

Plumbing Fixtures Requiring Hot Water	# of Fixtures Throughout Facility	Plumbing Fixtures Requiring Hot Water	# of Fixtures Throughout Facility
3-compartment sinks		Garbage can washer	
Warewashing machines		Showers	
Pre-rinse sprayers		Hose bibs used for cleaning	
Utensil soak sinks		Other:	
Hand sinks include restrooms		Other:	
Mop sinks/Utility sinks		Other:	



**Section 3 – Water & Sewage**

**3.1 WATER SOURCE, AVAILABILITY, & SAMPLING**

<b>Water Availability:</b>
I acknowledge and understand that running water is required at <u>ALL</u> times and agree to discontinue all product-related activities, if water is not available, until water service is restored, or an alternative plan is approved by NMED.
Signature:

<b>Water Supply:</b> (Select the type of water supply system that services the facility)												
<input type="checkbox"/> Public Water System - Name of municipality:												
<input type="checkbox"/> Private ( <b>sampling required as outlined below – if possible, initial samples should be submitted with application</b> ): Submit a copy of the most recent water sample test results that meet the drinking Water quality standards of a non-community water system as specified in 20.7.10 NMAC.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Type</th> <th style="text-align: left; padding: 5px;">Frequency</th> <th style="text-align: left; padding: 5px;">Limit</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Coliform</td> <td style="padding: 5px;">Initial and Monthly</td> <td style="padding: 5px;">Absent</td> </tr> <tr> <td style="padding: 5px;">Nitrate</td> <td style="padding: 5px;">Initial and Annual</td> <td style="padding: 5px;">10 ppm</td> </tr> <tr> <td style="padding: 5px;">Nitrite</td> <td style="padding: 5px;">Initial</td> <td style="padding: 5px;">&lt;1.0 ppm</td> </tr> </tbody> </table>	Type	Frequency	Limit	Total Coliform	Initial and Monthly	Absent	Nitrate	Initial and Annual	10 ppm	Nitrite	Initial	<1.0 ppm
Type	Frequency	Limit										
Total Coliform	Initial and Monthly	Absent										
Nitrate	Initial and Annual	10 ppm										
Nitrite	Initial	<1.0 ppm										
A list of certified labs can be located at: <a href="https://www.env.nm.gov/dwb/sampling/CertifiedLabs.htm">https://www.env.nm.gov/dwb/sampling/CertifiedLabs.htm</a>												

<b>Private Drinking Water Supply Information</b>	N/A <input type="checkbox"/>
Well Depth (feet):	Setback to liquid waste drain field (feet):
Disinfection	YES <input type="checkbox"/> NO <input type="checkbox"/> Type:
Is there a water treatment device?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If a water treatment device is installed, how will the device be inspected and serviced? Attach separate page, if additional space is required.	

**3.2 SEWAGE DISPOSAL**

<b>Sewage Disposal:</b>
Select the type of sewage disposal system that services the facility
<input type="checkbox"/> Public - Name of municipality:
<input type="checkbox"/> On-site liquid waste system – Permit number:

**Section 4 – Product Information**

**4.1 PRODUCT(S):**

*Provide a list of all hemp products.*

<b>Hemp Products (list all products)</b>
<b>Attach separate page, if additional space is required.</b>





**4.2 OPERATIONAL PLAN(S):**

Provide the following information for all hemp products or hemp finished products manufactured.

Hemp Manufacturing and Processing Operational Plan Checklist	
General Information (one attachment needed for all products) REQUIRED	
4.2.1	<p><u>Planned source of hemp and hemp extract for use in production (20.10.2.11.F)</u></p> <p>4.2.1.1 Attach Standard Operating Procedure(s) OR describe in detail how you determine where hemp and hemp extract will be purchased.</p> <ul style="list-style-type: none"> <li>• Hemp must originate from an NMDA licensed grower or a grower outside NM who is properly licensed. *</li> <li>• Hemp extract must originate from an NMED permitted facility ** or a facility outside NM who is properly licensed. *</li> </ul> <p>* Visit <a href="https://www.env.nm.gov/hempprogram/approved-out-of-state-sources/">https://www.env.nm.gov/hempprogram/approved-out-of-state-sources/</a> for information regarding approved out of state sources for hemp and hemp extract.</p> <p>** Visit <a href="https://www.env.nm.gov/hempprogram/permitted/">https://www.env.nm.gov/hempprogram/permitted/</a> for information regarding NMED permitted hemp extraction and manufacturing facilities for hemp extract.</p>
4.2.2	<p><u>Security and limited access to hemp-derived material (w/ THC concentration &gt;0.30%) and disposition of unused hemp product and residual solvents</u></p> <p>4.2.2.1 Attach Standard Operating Procedure(s) OR plan to secure and limit access to hemp-derived material with THC concentration &gt;0.30% (20.10.2.11.J).</p> <p>4.2.2.2 Attach Standard Operating Procedure(s) OR plan of disposition of unused hemp product and residual solvents (20.10.2.8.C(1)(n)(iii)).</p> <p>4.2.2.3 Attach Standard Operating Procedure(s) OR plan to monitor practices in 4.2.2.1 and 4.2.2.2.</p> <p>4.2.2.4 Attach monitoring log.</p>
4.2.3	<p><u>Hemp Finished Product testing</u></p> <p>4.2.3.1 Attach Standard Operating Procedure(s) OR testing plan for all Hemp Finished Product. If testing procedures differ by product, clearly identify the differences each subsection. Include specific info concerning use of approved labs, retesting procedures, and holding product until testing confirms limits are met and a COA is obtained (20.10.2.14.A, E, &amp; H and 20.10.2.15).</p> <p>4.2.3.2 Analytical tests to be performed (20.10.2.14.B&amp;C).</p> <p>4.2.3.3 Analytical testing limits (20.10.2.14.D).</p> <p>4.2.3.4 Plan to address product exceeding established limits, including obtaining NMED approval of any actions to be taken and retesting (20.10.2.14.F&amp;G).</p>
4.2.4	<p><u>Manager and employee training</u></p> <p>4.2.4.1 Attach Standard Operating Procedure(s) OR describe the manager and employee training plan and record keeping system to track training (20.10.2.9E, 21 CFR 117.4, 21 CFR 117.9).</p> <p>4.2.4.2 Attach training log.</p>
4.2.5	<p><u>Employee Health &amp; Hygiene (20.10.2.9A – 2017 FDA Food Code 2-201.11, 2-201.11, 201.12, and 2-201.13)</u></p> <p>4.2.5.1 Attach Standard Operating Procedure(s) OR Employee Illness Policy, describing:</p> <ul style="list-style-type: none"> <li>• How permit holder will require employees report illness information to the person in charge.</li> <li>• How employees will report illnesses to the permit holder/person in charge.</li> <li>• Specific illnesses and symptoms covered by the policy.</li> <li>• How to determine when employees will be excluded or restriction in work duties due to illness or when they have infected cuts or lesions.</li> <li>• How to determine when employee exclusion or restriction will be removed.</li> </ul> <p>4.2.5.2 Attach Standard Operating Procedure(s) OR describe how will bare hand contact with hemp products will be avoided during production and packing (i.e. gloves, utensils, dispensing equipment, others).</p>
<p><b>Helpful Resources</b></p> <p>The <a href="#">FDA Employee Health and Personal Hygiene Handbook</a> is a great resource to utilize for policies and</p>	



4.2.6	<p><u>Standard Sanitation Operating Procedures (SSOPs)</u></p> <p>4.2.6.1 Attach SSOPs that addresses sanitation conditions and practices before, during, and after processing. SSOPs to address, at a minimum, the following should be included:</p> <ul style="list-style-type: none"> <li>• Practices           <ul style="list-style-type: none"> <li>○ Safety of the water.               <ul style="list-style-type: none"> <li>▪ Monitoring backflow prevention devices.</li> <li>▪ Water sampling and limits (if private source).</li> </ul> </li> <li>○ Condition and cleanliness of product-contact surfaces, including equipment, work surfaces, utensils, gloves, and outer garments.</li> <li>○ Prevention of cross contamination from insanitary objects, including chemicals and personal items, to product, product packaging material, and other product-contact surfaces, including equipment, work surfaces, utensils, gloves, and outer garments, and from raw product to processed product.</li> <li>○ Prevention of allergen cross contact.</li> <li>○ Maintenance of hand washing, hand sanitizing, and toilet facilities.</li> <li>○ Prevention of adulteration of product, product-packaging material, and product-contact surfaces from adulteration with lubricants, fuel, pesticides, cleaning compounds, sanitizing agents, condensate, and other chemical, physical, and biological contaminants.</li> <li>○ Proper labeling, storage, and use of toxic compounds. Include:               <ul style="list-style-type: none"> <li>▪ Type and concentration of sanitizer used for warewashing (i.e. chlorine, 100ppm).</li> <li>▪ Type and concentration of sanitizer used for hemp product surfaces, such as tables/counters (i.e. chlorine, 100ppm).</li> </ul> </li> <li>○ Control of Employee health conditions that could result in the microbiological contamination of hemp products.</li> <li>○ Exclusion of pests from the hemp facility.</li> </ul> </li> <li>• Monitoring - Describe how the hemp facility shall monitor the conditions and practices during extracting and manufacturing with sufficient frequency to ensure, at a minimum, conformance with those conditions and practices specified in the SSOPs are being met.</li> <li>• Records - Describe how the facility shall maintain SSOPs records that, at a minimum, document the</li> </ul>
4.2.7	<p><u>Pest Control Plan:</u></p> <p>4.2.7.1 Attach proposed pest control plan.</p>
4.2.8	<p><u>Production Monitoring Equipment List</u></p> <p>4.2.8.1 Attach a list and specification sheets for proposed equipment to measure and monitor product safety factors related to the production of hemp products. Examples include food safety thermometer, water activity meter, and pH meter.</p>
4.2.9	<p><u>Recall Plan (20.10.28.C(4))</u></p> <p>4.2.9.1 Attach a description of the firm’s written product recall procedure, including:</p> <ul style="list-style-type: none"> <li>• Plans for identifying products which may be adulterated or misbranded.</li> <li>• Procedures for collecting, warehousing, controlling, reworking, and/or disposal of recalled products.</li> <li>• System for determining the effectiveness of recalls.</li> <li>• Persons to contact when implementing a recall, including the regulatory authority.</li> </ul>
4.2.10	<p><u>Hemp Transportation Manifest (20.10.2.10.B-C, E-F)</u></p> <p>4.2.10.1 Attach Standard Operating Procedure(s) OR plan to ensure hemp transportation manifests used accompany all shipments and contain all required information.</p> <p>4.2.10.2 Attach proposed hemp transportation manifest to be used for shipments.</p>



**Hemp Product Information (one attachment per hemp product\*) REQUIRED**

\*Hemp Product Information is required for each hemp product that will be produced. Hemp products or types of production methods may be grouped together, if the Product Hazard, Critical Control Points, Critical Limits, and procedures required are essentially identical.

- An example is a tincture. If you produce multiple tinctures utilizing the same production method and they only vary by CBD content and flavor, a single Operational Plan can be provided with all of the products listed (i.e. 500MG, 1000MG, 500MG Cherry Flavor) on the first page.

Prepare Hemp Product Information as a separate attachment and in the order outlined in the checklist below. This will make the review process more efficient.

4.2.11 Product Information and Production

4.2.11.1 Name of Hemp Product(s).

4.2.11.2 Names of the ingredient(s) listed in order by weight (largest quantity first).

4.2.11.3 Final product pH. (if applicable)

4.2.11.4 Final product water activity ( $a_w$ ). (if applicable)

4.2.11.5 Names of any preservatives. (if none, write none)

4.2.11.6 Complete operational procedure for producing the product. Include a flow chart.

4.2.11.7 Type of packaging to be used and whether the packaging is integral to product stability. Attach specification sheet for packaging.

4.2.11.8 Proposed product label(s) that comply with (20.10.2.13.A-D, F, & G).

4.2.11.9 Description of the batch / lot ID coding system (20.10.2.13.E), identifying the date and place of manufacture of each hemp product and how/where it'll be placed on the package to be clearly visible on the product label or securely affixed to the body of the container.

4.2.11.10 Proposed shelf life. Provide supporting documentation to support proposal.

4.2.11.11 Product state during transportation (i.e. ambient temp., refrigerated, frozen).

4.2.11.12 Product care, including:

- Condition of product (i.e. ready-to-eat, raw & must be cooked).
- Mishandling that may occur during storage, shipping, and in the hands of consumers.
- Steps taken to address mishandling that may occur.

4.2.11.13 Intended distribution of product (i.e. wholesale to other business entities, direct to the consumer in retail store, direct to the consumer in retail store). List all that apply.



4.2.12	<p><u>Proposed record keeping system to assure traceability of hemp products from receiving to distribution.</u> (20.10.2.8.C(1)(p))</p> <p>4.2.12.1 Attach Standard Operating Procedure(s) OR plan to describe what records will be kept, and how they will be maintained for a minimum of 2 years. The SOP or plan must clearly demonstrate how product can be tracked from receiving to distribution to provide traceability and demonstrate the disposition of all hemp, hemp-derived material, and hemp extract.</p> <p>4.2.12.2 Attach logs/records used to maintain traceability of all hemp, hemp-derived material, and hemp extract and to monitor/document achievement of critical product safety factors (critical limits). Examples of logs/records include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Receiving: to document compliance with hemp and hemp extract source requirements. Must contain, at a minimum, the following information (note: terminology may vary): date received, product received, supplier, lot #, amount received, initial or signature of receiver.             <ul style="list-style-type: none"> <li>○ The following must also be a part of the receiving record:                 <ul style="list-style-type: none"> <li>▪ Hemp harvest certificate (if receiving hemp).</li> <li>▪ Hemp transportation manifest from shipper.</li> <li>▪ COA (if receiving hemp finished product).</li> </ul> </li> </ul> </li> <li>• Storage: to document security and limited access to hemp-derived material.</li> <li>• Production: to monitor production requirements such as ingredient amounts, cooking time/temp, cooling.</li> <li>• Analytical Lab Testing: to verify compliance with testing requirements &amp; limits.</li> <li>• Shipping: to maintain traceability in the event of a recall and to document items like presence of transportation manifest &amp; COA (for distribution to other business entities), condition of &amp; temperature (if applicable) of transportation unit.</li> </ul>
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**Section 5 – Additional Information**

<b>Additional Information</b>	
If you believe additional information would be helpful to clarify the process, please attach it in the application packet submitted. Please direct further questions to the NMED Hemp Program email <a href="mailto:hemp.program@state.nm.us">hemp.program@state.nm.us</a> .	
<b>Other NMED Permits Held by Owner of this Facility</b>	
Name of Facility	Permit #



**Section 6 – Signatures**

**Applicant's Signature Page**

Comments:

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the State of New Mexico Environment Department may nullify final approval. I agree to comply with **20.10.2 NMAC – Hemp Extraction, Production, Transportation, Warehousing and Testing Regulations** and allow the regulatory authority access to the facility and records. I also certify that I have clearly denoted any portions of the application that I deem to be trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act.

Applicant or responsible representative(s) Signature / Title Date

Applicant or responsible representative(s) Signature / Title Date

Approval of these plans and specifications by the State of New Mexico Environment Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed facility (structure or equipment). A pre-opening inspection of the facility with equipment in place & operational will be necessary to determine if it complies with **20.10.2 NMAC – Hemp Extraction, Production, Transportation, Warehousing and Testing Regulations**. After the pre-opening inspection is completed and an approval to open is given, the fee remittance will be required and accepted.

**NMED Use Only**

Review Comments (as applicable):

Signature: Date:

Approved  Denied

Final reviewer's comments:

Signature/Title: Date:

Approved  Denied

<b>Office</b>	<b>Facility</b>
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District:	Owner #:
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Field Office:	Permit #:
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Inspector:	Type:
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Review Date:	Date Opened:	Date Closed:
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