**PLAN OF CORRECTION**

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| **CE ID:** | Cannabis Establishment ID number. | **Audit Case #:** | Can be found in the SOD. |
| **Entity Name:** | Entity Name. | **Date of Issuance of the Statement of Deficiency:** | SOD Issuance Date. |
| **License #** | 20-digit license numbers. | **CCB Agents Issuing the SOD:** | Auditors issuing the SOD. |

**Instructions for Submitting a Plan of Correction:**

Upon receipt of a **Statement of Deficiency (SOD)**, a comprehensive **Plan of Correction (POC)** must be submitted within 10 business days, using either the provided template or a format of your own. Each cited deficiency must be addressed individually, with relevant supporting documentation included. ***Failure to submit a complete and satisfactory Plan of Correction will result in the issuance of an Unapproved Plan of Correction (UPOC).***

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| **Deficiency #** 1 | |
| Outline the findings as cited in the Statement of Deficiency. | |
| **Corrective Action Plan:** | Provide an explanation for the underlying causes and the corrective actions taken to address and resolve the identified findings. |
| **Supporting Documentation (if applicable):** | List and provide supporting documentation (e.g., training materials, signed training attestations, updated Standard Operating Procedures, updated logs, etc.) that validate the corrective action. |
| **Preventative Action Plan:** | Provide the plans to prevent reoccurrence of this violation in the future. |
| **Responsible Party and Title:** | The party responsible for implementing and/or monitoring compliance with the corrective action, along with their title. |
| **Expected or Completion Date:** | The actual or anticipated completion date for the corrective action. |
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| **Deficiency #** 2 | |
| Outline the findings as cited in the Statement of Deficiency. | |
| **Corrective Action Plan:** | Provide an explanation for the underlying causes and the corrective actions taken to address and resolve the identified findings. |
| **Supporting Documentation (if applicable):** | List and provide supporting documentation (e.g., training materials, signed training attestations, updated Standard Operating Procedures, updated logs, etc.) that validate the corrective action. |
| **Preventative Action Plan:** | Provide the plans to prevent reoccurrence of this violation in the future. |
| **Responsible Party and Title:** | The party responsible for implementing and/or monitoring compliance with the corrective action, along with their title. |
| **Expected or Completion Date:** | The actual or anticipated completion date for the corrective action. |
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| **Deficiency #** 3 | |
| Outline the findings as cited in the Statement of Deficiency. | |
| **Corrective Action Plan:** | Provide an explanation for the underlying causes and the corrective actions taken to address and resolve the identified findings. |
| **Supporting Documentation (if applicable):** | List and provide supporting documentation (e.g., training materials, signed training attestations, updated Standard Operating Procedures, updated logs, etc.) that validate the corrective action. |
| **Preventative Action Plan:** | Provide the plans to prevent reoccurrence of this violation in the future. |
| **Responsible Party and Title:** | The party responsible for implementing and/or monitoring compliance with the corrective action, along with their title. |
| **Expected or Completion Date:** | The actual or anticipated completion date for the corrective action. |
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| **Deficiency #** 4 | |
| Outline the findings as cited in the Statement of Deficiency. | |
| **Corrective Action Plan:** | Provide an explanation for the underlying causes and the corrective actions taken to address and resolve the identified findings. |
| **Supporting Documentation (if applicable):** | List and provide supporting documentation (e.g., training materials, signed training attestations, updated Standard Operating Procedures, updated logs, etc.) that validate the corrective action. |
| **Preventative Action Plan:** | Provide the plans to prevent reoccurrence of this violation in the future. |
| **Responsible Party and Title:** | The party responsible for implementing and/or monitoring compliance with the corrective action, along with their title. |
| **Expected or Completion Date:** | The actual or anticipated completion date for the corrective action. |
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| **Deficiency #** 5 | |
| Outline the findings as cited in the Statement of Deficiency. | |
| **Corrective Action Plan:** | Provide an explanation for the underlying causes and the corrective actions taken to address and resolve the identified findings. |
| **Supporting Documentation (if applicable):** | List and provide supporting documentation (e.g., training materials, signed training attestations, updated Standard Operating Procedures, updated logs, etc.) that validate the corrective action. |
| **Preventative Action Plan:** | Provide the plans to prevent reoccurrence of this violation in the future. |
| **Responsible Party and Title:** | The party responsible for implementing and/or monitoring compliance with the corrective action, along with their title. |
| **Expected or Completion Date:** | The actual or anticipated completion date for the corrective action. |
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**By signing this Plan of Correction, I certify that the information provided is accurate and that all corrective actions have been or will be implemented as outlined, in accordance with the dates specified in the Plan of Correction.**



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**Signature Name Title\* Submission Date**

**\* The Plan of Correction (POC) may only be submitted by an Officer, Owner, Board Member, or the designated Point of Contact.**