

REPORTING FORM – CRA ENFORCEMENT (Facility/Establishment Reporting)

This form is for those licensed under the Medical Marihuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marihuana Act (MRTMA) that are reporting one or more of the following situations as stated in the Supporting Documents Checklists:

Supporting Documents Checklists
If reporting a change of processing machinery or equipment, provide: <input type="checkbox"/> Description of the change
If reporting a change operational or method changes requiring inspection, provide: <input type="checkbox"/> Description of the change
Additions or reductions in equipment or processes, provide: <input type="checkbox"/> Description of the change
Increase or decrease in the size or capacity of the marijuana business, provide: <input type="checkbox"/> Description of the change
Alterations of ingress or egress, provide: <input type="checkbox"/> Description of the change
Changes that impact security, fire safety, and building safety, provide: <input type="checkbox"/> Description of the change
If reporting any change or modification to the marijuana business, provide: <input type="checkbox"/> Updated floor plan <input type="checkbox"/> Updated marijuana business location plan
If reporting action by another party or employee in violation of the acts or rules, provide: <input type="checkbox"/> Name of the “other” party or name of the employee <input type="checkbox"/> Description of conduct
If reporting an unwanted fire, provide: <input type="checkbox"/> Date of the fire <input type="checkbox"/> Date licensee notified BFS <input type="checkbox"/> Report number (if available) <input type="checkbox"/> Copy of report (if available) <input type="checkbox"/> Description of event
If reporting theft or loss of any marihuana product or criminal activity at the marihuana business, provide: <input type="checkbox"/> Date of incident <input type="checkbox"/> Date reported to police <input type="checkbox"/> Name of law enforcement agency <input type="checkbox"/> Report number (if available) <input type="checkbox"/> Copy of report (if available) <input type="checkbox"/> Description of event <input type="checkbox"/> Spreadsheet exported from METRC that includes a list of package tags affected and amounts stolen/lost <input type="checkbox"/> Copy of METRC adjustment report showing affected tags have been adjusted

***If documentation does not exist, provide a detailed explanation stating why the documentation is not available.**

Submit the completed form at www.michigan.gov/craonline

REPORTING FORM – CRA ENFORCEMENT

General Information		
Main Applicant/Licensee Legal Name:	Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000, AU-ER-000000):	
If the update pertains to a licensed location, provide the assumed name or DBA being used at the location (if applicable):	If the update involves a licensed location, provide the license number (e.g., PC-000000, AU-R-000000):	
Change applies to: <input type="checkbox"/> Medical (MMFL) Only <input type="checkbox"/> Adult-Use (AU) Only <input type="checkbox"/> Both MMFL and AU	Date applicant/licensee became aware of change/update:	
Physical Address (if more than one location, please file a separate form):		
Item(s) Being Reported		
<input type="checkbox"/> Change of processing machinery or equipment <input type="checkbox"/> Change operational or method changes requiring inspection <input type="checkbox"/> Additions or reductions in equipment or processes <input type="checkbox"/> Increase or decrease in the size or capacity of the marijuana business <input type="checkbox"/> Alterations of ingress or egress <input type="checkbox"/> Changes that impact security, fire safety, and building safety <input type="checkbox"/> Change or modification to the marijuana business <input type="checkbox"/> Action by another party or employee in violation of the acts or rules <input type="checkbox"/> The occurrence of an unwanted fire <input type="checkbox"/> Theft or loss of any marijuana product or criminal activity at the marijuana business		
Provide a Detailed Description of the Item/Change Being Reported		
Onsite Contact for Purposes of this Reporting Form Only:		
First and Last Name:	Phone:	Email:
Signature & Declaration		
I attest the information I provided on this reporting form is true and accurate and that I will comply with the requirements of the Medical Marijuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marijuana Act (MRTMA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA, MRTMA, and associated rules, up to and including license revocation.		
Signature:		Date:
Printed Name:		
Affiliation to Main Applicant/Licensee:		