

Cannabis Green Team Facility Inspection Form

Payment: _____
Date: _____
Contact: _____
Address: _____
City/Prov/PC _____
Contact # _____
ACMPR # _____

	Plant Count:	Storage Limit:
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Inspection #

Inspection requested by:
Health Canada
City Of Calgary
Province of Alberta
Home Owner
Other

<u>Exterior</u>	
Odour	
Security	
Waste	
Heat Sink	

<u>Interior</u>	<u>Non Growing Areas</u>
Odour	
Cleanliness	
Security	

<u>Interior</u>	<u>Growing Areas</u>
Description:	
- Flower room	
- Cloning area	
- Veg room	

Storage Quantity	
- security	

Plant count	
- within limit	

<u>Observations</u>

<u>Inspector Name & Signature:</u>
