



## Cannabis organizational security plan template for cultivation, processing and medical sales licences

Complete the required information. If a section is not applicable, indicate it as such.

**All fields indicated by an asterisk (\*) are mandatory.**

The following form is a template that can be used to prepare your organizational security plan. Refer to the [Cannabis organizational security plan for cultivation, processing and medical sales licences](#) for more information.

Applicant or licence holder information	
APP # (for licence applicants) or LIC # (for licence holders)*	
Company name (corporation or individual)*	
Parent (owning) company (if not applicable, indicate as such)*	

Business overview	
Business summary*	
Cannabis-related activities*	<p><b>Select all that apply:</b></p> <ul style="list-style-type: none"> <li>Cultivation</li> <li>    Drying</li> <li>    Trimming</li> <li>    Milling</li> <li>Processing</li> <li>    Extracting</li> <li>    Packaging</li> <li>    Labelling</li> <li>    Other</li> <li>Sale</li> </ul>

Intended market*	<p><b>Select all that apply:</b></p> <ul style="list-style-type: none"> <li>Cultivator (micro or standard)</li> <li>Nursery</li> <li>Processor (micro or standard)</li> <li>Analytical tester</li> <li>Researcher</li> <li>Sale for medical purposes</li> <li>Cannabis drug licence</li> <li>Provincial or territorial authorized retailers</li> <li>Other: registered medical patients, hospital, personal or designated growers for medical purposes</li> </ul>
Cannabis types*	<p><b>Select all that apply:</b></p> <ul style="list-style-type: none"> <li>Cannabis plants</li> <li>Cannabis plant seeds</li> <li>Dried cannabis</li> <li>Fresh cannabis</li> <li>Cannabis topicals</li> <li>Cannabis extracts</li> <li>Edible cannabis</li> </ul>

People requiring a security clearance			
<p>If the space allotted is insufficient, include the additional information on a separate page using the same chart format. In this case, include the completed page as a separate attachment with the file name:</p> <ul style="list-style-type: none"> <li>for applicants: "OSP_APP-#_PeopleSC_YYYY-MM-DD.PDF"</li> <li>for licence holders: "OSP_LIC-#_PeopleSC_YYYY-MM-DD.PDF".</li> </ul>			
Parent (owning) company personnel (if applicable)			
Name and position titles	CTLS account ID (XXX XXX XXXX)	Security Clearance Number (SEC or HSC #) (SEC-XXXXXXXXXX-20XX)	Is the person linked to the application in the CTLS?
			Yes No
			Yes No
			Yes No
			Yes No
Applicant or licence holder personnel			
Name and position titles	CTLS account ID (XXX XXX XXXX)	SEC or HSC # (SEC-XXXXXXXXXX-20XX)	Is the person linked to the application in the CTLS?
			Yes No
			Yes No

			Yes No
			Yes No
Key site personnel			
Name and position titles	CTLS account ID (XXX XXX XXXX)	SEC or HSC # (SEC-XXXXXXXXXX-20XX)	Is the person linked to the application in the CTLS?
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

Head of security and alternate		
	Head of security*	Alternate head of security (if applicable)
Name		
Work schedule including hours of work		
Email address and phone number		

**Organizational chart**

Include the organizational chart as a separate attachment with the file name:

- for applicants: "OSP\_APP-#\_OrganizationalChart\_YYYY-MM-DD.PDF"
- for licence holders: "OSP\_LIC-#\_OrganizationalChart\_YYYY-MM-DD.PDF".

Your organizational chart needs to include the following people's names and their position titles:

- all people requiring a security clearance from the:
  - parent (owning) company
    - people that directly control or are in a position to directly control any partnership, corporation or cooperative

- directors
  - officers
  - other positions
- applicant or licence holder
  - people that directly control or are in a position to directly control any partnership, corporation or cooperative
    - directors
    - officers
    - other positions
- key site personnel
  - responsible person and alternate
  - head of security and alternate
  - master grower and alternate, if applicable
  - quality assurance person (QAP) and alternates, if applicable
- people at the site who have significant influence or decision making ability on (can include but isn't limited to managers or supervisors):
  - strategic business decisions
  - day-to-day operations
  - movement of significant amount of money or cannabis.

**Descriptions of roles and responsibilities**

Complete the chart below with the required information. Every person in your organizational chart needs to be captured with their name, their position and a description of their roles and responsibilities.

If the space allotted is insufficient, please include the additional information on a separate page using the same chart format. In this case, include the completed page as a separate attachment with the file name:

- for applicants: "OSP\_APP-#\_DescriptionsRoles\_YYYY-MM-DD.PDF"
- for licence holders: "OSP\_LIC-#\_DescriptionsRoles\_YYYY-MM-DD.PDF".

Name	Position title	Roles and responsibilities

Name	Position title	Roles and responsibilities

Descriptions of standard operating procedures (SOPs)		
<p>Include the SOPs section as a separate attachment with the file name:</p> <ul style="list-style-type: none"> <li>for applicants: "OSP_APP-#_SOPs_YYYY-MM-DD.PDF"</li> <li>for licence holders: "OSP_LIC-#_SOPs_YYYY-MM-DD.PDF".</li> </ul> <p>An example of the format that can be used has been included below. Repeat for all priority areas and risk areas.</p>		
Theme 1: Employee information		
Area	SOP names and titles	SOP descriptions
1.1 Adverse information received that could compromise an employee's security clearance	SOP-SEC-01 Employee security	It outlines procedures for all employees to report and respond to compromising information for security cleared employees. It includes examples of information that could compromise an employee's security clearance including violation of any security rules, criminal activity or arrest, association with organized crime, inappropriate behaviour and more. The head of security will investigate the reports submitted and review them with the employees and management, and determine if any corrective actions are required.
1.2 Adverse information received regarding a non-security cleared employee that could compromise the organization's security	SOP-SEC-01 Employee security	It outlines procedures for all employees to report and respond to compromising information for non-security cleared employees. It includes examples of actions and behaviours that could pose a security risk including the misuse of company information and systems, violation of company security rules, inappropriate behaviour and more. The head of security will investigate the reports submitted and review them with the employees and management, and determine if any corrective actions are required.
	SOP-SEC-04 Site security	It outlines various measures that the head of security takes to ensure security risks are mitigated at the site. this includes consistently reviewing video surveillance systems, responding to employee concerns, and ensuring security procedures are followed. The head of security will investigate any adverse information or findings, determine if any corrective actions are required, and report their findings to management.

Attestation	
Complete the fields below with the required information.	
<b>I, the undersigned, attest that the organizational security plan dated YYYY-MM-DD has been approved.</b>	
Responsible person's name (printed)*	
Responsible person signature*	Date*
Head of security's name (printed)*	
Head of security's signature*	Date*