

DEPARTMENT OF HEALTH

PO BOX 360 TRENTON, N.J. 08625-0360 www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER

Reviewer Number: ___/_

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 2

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Application Control Number: 19-0002 Application Type (0, ND). Total Possible Points Score Criterion 6 Measure 1: Cultivation plan 6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis. 6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana. 6.1.3: Methods to control insects that do not include the application of pesticides. 20 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 20 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	Applicant Name: _ GSOM HOLDINGS 11, LLC				
Measure/Criterion Criterion 6 Measure 1: Cultivation plan 6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis. 6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana. 20 6.1.3: Methods to control insects that do not include the application of pesticides. 20 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 20 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	Application Control Number: <u>/9- 0062</u> Ap	olication Type (/	2,×(D).		
Measure 1: Cultivation plan 6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis. 20 6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana. 20 6.1.3: Methods to control insects that do not include the application of pesticides. 20 6.1.4: Methods to prevent and minimize and test for plant disease and other contamination. 20 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	Possible Assigned				
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for plant disease and other contamination. 6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		20			
mitigation, sanitation and airflow, and employee safety in cultivation environments.		20			
	mitigation, sanitation and airflow, and employee				
		20			

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	•
6.2.5: Health and safety standards for lab employees.	20	

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	15
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	15.
6.3.3: Patient education and counseling methods.	15	9
6.3.4: Employee education procedures for patient-facing staff members.	15	23
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	/2.
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	//



DEPARTMENT OF HEALTH

PO BOX-360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

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JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 1

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain

nard copies to be collected by DOH.		
Reviewer Number:	•	
Applicant Name: GSOM Hold	biney)	
Application Control Number:		(C, V,D).
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	5
Measure 2. Environmental impact plan	10	3
Measure 3. Quality control and quality assurance plan	10	3
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	14
Criterion 3		
Measure 1, Financing plan:	20	5

Criterion 4.

Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	50



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Alternative Treatment Center Reviewer Scoresheet - Scorer 3-2

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOU

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ings 11	
Application Type (c, v,(b)
<u>Total Possible</u> <u>Points</u>	Assigned Score
	• • • • • • • • • • • • • • • • • • •
	30
	<u>Total Possible</u>

By checking this box, I hereby certify that I, Reviewer _____, completed a full review of the assigned measures in this application and that these scores represent my work alone.

Control# 19+6062

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> JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3</u>

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Reviewer Number:	-	
Applicant Name: GSOM HOLDINGS		\
Application Control Number: 19-006 3	Application Type (C, \	v,/by:
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	9
By checking this box, I hereby certify review of the assigned measures in this a represent my work alone.	that I, Reviewer, cor application and that these	npleted a full scores



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Complete 3021

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<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 5

Applicant Name: GSOM Holdings II, LLC
Application Control Number: 19-0062 Application Type (C, V(D):)

Measure/Criterion

Criterion 1

Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	8
Measure 3. Quality control and quality assurance plan	10	10

Criterion 2

Measure 1: Background of principals, board members, and	20	20
owners:		

Criterion 3

Measure 1, Financing plan:	20	20
		\mathcal{L}^{U}

Criterion 4.

Measure 1, Ties to the local community:	20	19.
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	97



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<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

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Reviewer Number:0

Applicant Name: 650 M Holdings 11

Application Control Number: 19-0062 Application Type (C, V

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	8
Measure 3. Quality control and quality assurance plan	10	9

Criterion 2

Measure 1: Background of principals, board members, and	20	19
owners:		

Criterion 3

Measure 1, Financing plan:	20	19
		<u> </u>

Criterion 4.

Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	95



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<u>Alternative Treatment Center Reviewer Scoresheet – Scorer 3-1</u>

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•		
Reviewer Number:		
Applicant Name: GSOM Hold	lengs	
Application Control Number:	Application Type (C	c, v(b)?
Measure/Criterion 19-0062	Total Possible Points	Assigned Score
Cuitarian 7		

Criterion 7

Measure 1: Labor Peace Agreement		* Maria
	30	30
Measure 2: Labor Compliance Plan		· ·
	20	40



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Alternative Treatment Center Reviewer Scoresheet - Team 2

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Reviewer Number:

Applicant Name: GSOM Holdings

Application Control Number: /9-000 Application Type (C, V, b)

Total
Possible
Points
Assigned
Score

Measure/Criterion

Criterion 6

Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	
6.1.3: Methods to control insects that do not include the application of pesticides.	20	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	
6.2.5: Health and safety standards for lab employees.	20	

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	14
6.3.3: Patient education and counseling methods.	15	9
6.3.4: Employee education procedures for patient-facing staff members.	15	9
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	9
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	12



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<u>Alternative Treatment Center Reviewer Scoresheet - Team 2</u>

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Applicant Name: GSOM HOLDING	is II	
Application Control Number: 19-0062 Application Type (C, V, D)		
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	
6.1.3: Methods to control insects that do not include the application of pesticides.	20	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
•	20	

Measure 2: Manufacturing plan

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6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	
6.2.4: Methods to prevent and test for contamination in extracted products.	20	
6.2.5: Health and safety standards for lab employees.	20	

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	16
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	14
6.3.3: Patient education and counseling methods.	15	10
6.3.4: Employee education procedures for patient-facing staff members.	15	12
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	14
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		1]
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