

# State of New Jersey DEPARTMENT OF HEALTH PO BOX 360

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

PHILIP D. MURPHY Governor

SHEILA Y, OLIVER Lt. Governor JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

## <u>Alternative Treatment Center Reviewer Scoresheet - Team 2</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:/		
<del></del>	_	
Applicant Name: FREMIUM GENETIC	S PARTNE	is LLC
Application Control Number: 19-0142 App		•
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	110
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.		
The state of the s	20	2
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.		
	20	2
6.1.4: Methods to prevent and minimize and test		

20

20

for plant disease and other contamination.

safety in cultivation environments.

**6.1.5:** Methods and practices related to odor mitigation, sanitation and airflow, and employee

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	10
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	2
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	E
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	.2.
<b>6.2.5:</b> Health and safety standards for lab employees.	20	8

#### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	10
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	8
<b>6.3.3:</b> Patient education and counseling methods.	15	2
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	2
<b>6.3.5:</b> 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	2

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.



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# Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:

Applicant Name: Premium genetics

**Application Control Number:** 

**Application Type: Vertical** 

#### **Cultivation Endorsement**

#### Measure/Criterion

Total Possible Points **Assigned Score** 

#### Criterion 1

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

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

Measure 1, Financing plan:	20	
,		<u> </u>
Criterion 4.		
Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	0
Total (add up all assigned scores)	100	

# Manufacturing Endorsement

## Measure/Criterion

#### Criterion 1

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

Measure 1: Background of	20	٠. ا
principals, board members, and		16
owners:		10

Measure 1, Financing plan:	20	
Criterion 4.		
Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	0
Total (add up all assigned scores)	100	28

## **Dispensing Endorsement**

# Measure/Criterion

Total Possible Points Assigned Score

## Criterion 1

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

Measure 1: Background of principals, board members, and owners:	20	15

Measure 1, Financing plan:	20	
Criterion 4.		
Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	0
Total (add up all assigned scores)	100	28

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Governor SHEILA Y. OLIVER Lt. Governor

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

# Alternative Treatment Center Reviewer Scoresheet - Scorer 3-2

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mara cobjes to be confected by DOH.		•	-	
Reviewer Number: 3	^			
Applicant Name: Premium (	Senetics Paratinum meds	rtners	Las las Con	,
Application Control Number: 19-0142	Application Type	(C,(V) D):		
Measure/Criterion	<u>Total Possible</u> <u>Points</u>	<u>Assigr</u>	ned Scor	<u>:e</u>
Criterion 7		••	· .	
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30 3	Ó	•
•		******		

By checking this box, I hereby certify that I, Reviewer 3, completed a full review of the assigned measures in this application and that these scores represent my work alone.



## State of New Hersey **DEPARTMENT OF HEALTH**

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

www.nj.gov/health

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

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

Applicant Name: PREMIUM GENETICS PARTINERS LLC ABA PLATINUM MEDS

Application Control Number: $19-014$ $\lambda$ Application Type: Vertical		
<u>Cultivation E</u>	<u>indorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	19
Manufacturing Endorsement		
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	19

## **Dispensary Endorsement**

Measure/Criterion	<b>Total Possible Points</b>	<b>Assigned Score</b>
Criterion 7		
Measure 4: Workforce and job-creation plan	20	19
☑ By checking this box, I hereby certify		nnleted a full
review of the assigned measures in this a represent my work alone.	application and that these	Scores



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Assigned Score

#### Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number: 5

Measure/Criterion

Applicant Name: Premium Genetics Partners, LLC Platinum Meds

**Total Possible Points** 

Application Control Number: 19-0142 Application Type: Vertical

### **Cultivation Endorsement**

Criterion 1		
Measure 1: Security Plan	10 ,	7
Measure 2. Environmental impact plan	10	5
Measure 3. Quality control and quality assurance plan	10	8

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

Measure 1, Financing plan:	20	
		1 20
		•
0-14		

#### Criterion 4.

Measure 1, Ties to the local	20	
community:		19

#### Criterion 5.

Measure 1, Research contributions:	10	
		10

Total (add up all assigned scores)	100	
		88

## **Manufacturing Endorsement**

# Measure/Criterion Total Possible Points Assigned Score

#### Criterion 1

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

Measure 1: Background of	20	
principals, board members, and	<b>-</b>	0
owners:		1 1

Total (add up all assigned scores)

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	19
Criterion 5.		
Measure 1, Research contributions:	10	10

## **Dispensing Endorsement**

100

90

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	
Measure 2. Environmental impact plan	10	
Measure 3. Quality control and quality assurance plan	10	8
Criterion 2	•	
Measure 1: Background of principals, board members, and owners:	20	19

Measure 1, Financing plan:	20	20
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	88

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



## DEPARTMENT OF HEALTH

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PHILIP D. MURPHY Governor SHEILA Y. OLIVER

Lt. Governor

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

### Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number:

Applicant Name: Prenin benetice Bartners LLC

Application Control Number: 19-0142 Application Type: Vertical

#### **Cultivation Endorsement**

#### Measure/Criterion

Total Possible Points Assigned Score

#### Criterion 1

Measure 1: Security Plan	10	6
Measure 2. Environmental impact plan	10	(a
Measure 3. Quality control and quality assurance plan	10	4

Measure 1: Background of principals, board members, and	20	18
owners:		(0

Measure 1, Financing plan:	20	16
Criterion 4.		
Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	76

## **Manufacturing Endorsement**

## Measure/Criterion

#### 

#### Criterion 1

Measure 1: Security Plan	10	7
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	1

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

Measure 1, Financing plan:	20	16
Criterion 4.		
Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	78

#### **Dispensing Endorsement**

#### Measure/Criterion

#### Criterion 1

Measure 1: Security Plan	10	5
Measure 2. Environmental impact plan	10	(0
Measure 3. Quality control and quality assurance plan	10	4

Measure 1: Background of	20	
principals, board members, and		10
owners:		\
	L	•

Measure 1, Financing plan:	20	16
Criterion 4.		
Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	Q
Total (add up all assigned scores)	100	76

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

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Reviewer Number:		•	
Applicant Name: Premium Gene	ties Partners		
Application Control Number: 19-0/42 Application Type: Vertical Cultivation Endorsement			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 1: Labor Peace Agreement	30	30	
Measure 2: Labor Compliance Plan	20	5	

One stock sentence of compliance assurance

Premion Genetics PANTINEVS\_ 19-0112

## **Manufacturing Endorsement**

Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
Criterion 7		
Measure 1: Labor Peace Agreement		
	. 30	30
Measure 2: Labor Compliance Plan	20	5
<u>Dispensing Endorsement</u> <u>Measure/Criterion</u> <u>Total Possible Points</u> Assigned Score		
Criterion 7	<u>101411100012101101110</u>	<u>nosignou cooro</u>
Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan	20	5

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safety in cultivation environments.

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

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

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the applications, scan the scoresheets and upload to collected by DOH.	sharepoint. Reta	ain hard copies to t
Reviewer Number:	<b>\</b>	
Applicant Name: Premium Genetics P	arthers	
Application Control Number: 19-0/42 Ap	plication Type (	C,(V) D):
Measure/Criterion	<u>Total</u> Possible Points	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	3
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	4
6.1.3: Methods to control insects that do not include the application of pesticides.	20	0
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	0
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee		, 1

### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	5
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	6
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
6.2.4: Methods to prevent and test for contamination in extracted products.	20	4
<b>6.2.5:</b> Health and safety standards for lab employees.	20	5

## Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	3
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	3
<b>6.3.3:</b> Patient education and counseling methods.	15	3.
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	3
<b>6.3.5</b> : Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	3
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	3

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Reviewer Number:		
Applicant Name: PREMIUM GENE	ETICS P	ANTHERS
Application Control Number: (4-0(42 Ap	plication Type (	C,(V, D):
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	14
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	(7
6.1.3: Methods to control insects that do not include the application of pesticides.		
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	5
6.1.5: Methods and practices related to odor		

mitigation, sanitation and airflow, and employee

safety in cultivation environments.

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	14
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	15
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	14
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	90
<b>6.2.5:</b> Health and safety standards for lab employees.	20	8

## Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	14
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	9
<b>6.3.3:</b> Patient education and counseling methods.	15	(0
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	ઇ
<b>6.3.5:</b> 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	9

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