

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER
Lt. Governor

www.nj.gov/health

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.

Reviewer Number:/		
Applicant Name: QUEST BANDS		
Application Control Number: 19-0147 App	olication Type ((V), (Ø):
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
6.1.2: 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.		
	20	14
6.1.4 : Methods to prevent and minimize and test for plant disease and other contamination.	20	14
6.1.5: Methods and practices related to odor		

mitigation, sanitation and airflow, and employee

safety in cultivation environments.

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	16
6.2.2: 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	/5
6.2.4: Methods to prevent and test for contamination in extracted products.	20	12
6.2.5: Health and safety standards for lab employees.	20	12

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	14
6.3.3: Patient education and counseling methods.	15	B
6.3.4: Employee education procedures for patient-facing staff members.	15	8
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
0.00 5 1 1 1 51	15	10
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	14

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.



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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor www.nj.gov/health

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

Assigned Score

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 hard copies to be collected by DOH.

Reviewer Number:

Measure/Criterion

 \mathcal{A}

Applicant Name:

Quest

Application Control Number:

Application Type: Vertical

19-0147

Cultivation Endorsement

Total Possible Points

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

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

20	12
20	20
10	
100	55
	10

Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		

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

Measure 1: Background of	20	
principals, board members, and		12
owners:		0

20	17
20	70

Measure 1, Research contributions:	10	1
Total (add up all assigned scores)	100	55

Dispensing Endorsement

Total Possible Points	<u>Assigned Score</u>
10 .	4
10	8
. 10	7
	10

Measure 1: Background of	20	
principals, board members, and		\cap
owners:		
<u> </u>		

Measure 1, Financing plan:	20	17
Criterion 4.	, ,	
Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	1
Total (add up all assigned scores)	100	55

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.



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

Governor
SHEILA Y, OLIVER
Lt. Governor

PHILIP D. MURPHY

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

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 DOH.

nard copies to be collected by DOI	Ι.			
Reviewer Number: 3				
Applicant Name: Quest	Brands	dba	Releav	e Health a
Application Control Number:	Applic	ation Ty	/pe (C,(V) D):
19-0147	T-4-1	: Danath		
Measure/Criterion	<u>Point</u>	Possib ts		ssigned Score
Criterion 7			٠,	·
Measure 3: Minority-owned, wom	en-			
owned or veteran-owned busines certification	SS		30	25
			30	····

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.



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

Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3

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:	P 1	1.6-0.01555
Reviewer Number: つ Applicant Name: QUEST Brands	DBA KELEAVE TIE,	ALTH AND WELLIVESS
Application Control Number: 19 - 0 14 つ	Application Type: Ver	rtical
Cultivation E	<u>Endorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	1
<u>Manufacturing</u>	<u> Endorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	l M

Dispensary Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	
☑ By checking this box, I hereby certify review of the assigned measures in this represent my work alone.		



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

PHILIP D. MURPHY
Governor www.nj.gov/health

Governor SHEILA Y. OLIVER Lt. Governor

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 hard copies to be collected by DOH.

Reviewer Number:

5

Applicant Name: Quest Brands aba Releave Health + Wellness

Application Control Number: 19-0147 Application Type: Vertical

Cultivation Endorsement

	<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
--	--------------------------	------------------------------	----------------

Criterion 1

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

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

19-0147

Criterion 3

Measure 1, Financing plan:	20	20
Criterion 4.		•
Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	93

Manufacturing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

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

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

19-0147

Criterion 3

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

Dispensing Endorsement

<u>Measure/Criterion</u> <u>Total Possible Points</u> <u>Assigned Score</u>

Criterion 1

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

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

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

By checking this box, I hereby certify that I, Reviewer 5, completed a full review of the assigned measures in this application and that these scores represent my work alone.



DEPARTMENT OF HEALTH 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

Assigned Score

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 hard copies to be collected by DOH.

Reviewer Number: (s

Measure/Criterion

quality assurance plan

Applicant Name: Quest Brands

Application Control Number: (4-0) 17

Application Type: Vertical

Cultivation Endorsement

Total Possible Points

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

principals, board members, and	18
owners:	1 -

Measure 1, Financing plan:	20	19	
Criterion 4.			
Measure 1, Ties to the local community:	20	\&	
Criterion 5.			
Measure 1, Research contributions:	10	8	
Total (add up all assigned scores)	100	91	

Manufacturing Endorsement

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

Criterion 2

Measure/Criterion

Measure 1: Background of	20	
principals, board members, and		10
owners:		0'

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	18
Criterion 5.		
Measure 1, Research contributions:	10	

Total (add up all assigned scores)	100	91	

Dispensing Endorsement

Measure/Criterion Total Possible Points Assigned Score Criterion 1 10 Measure 1: Security Plan 10

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

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

Measure 1, Financing plan:	20	((
Criterion 4.		
Measure 1, Ties to the local community:	20	IS
Criterion 5.		
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	91

By checking this box, I hereby certify that I, Reviewer <u>\(\bigcup_{\text{\chi}} \)</u>, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER
Lt. Governor

www.nj.gov/health

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

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1</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: 7		
Applicant Name: QUEST Brands	d/b/a Releave HeAL	that Vellauss
Application Control Number: 19-0147	Application Type: V	
Cultivation	on Endorsement	
<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 7		

Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan		
•	20	20

QUEST Brands 19-0147

Manufacturing Endorsement

<u>Total Possible Points</u>	Assigned Score	
	,	
30	30	
. 20	20'	
Dispensing Endorsement Measure/Criterion Total Possible Points Assigned Score		
Total Fossible Follits	Assigned Score	
·		
	:	
30	30	
30	30 20	
1	30	



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

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

www.nj.gov/health

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.

Measure/Criterion	Possible Points	Assigned Score
	Total)
Application Control Number: 19-0/47	Application Type (C,	(D):
Applicant Name: Quest Brands		
Reviewer Number: 8		
concolled by DOII.		

Criterion 6

Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	13
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	14
6.1.3: Methods to control insects that do not include the application of pesticides.	20	10
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	9
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		14
	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	12
6.2.4: Methods to prevent and test for contamination in extracted products.	20	10
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	15
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	14
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	14

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.



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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

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.

Applicant Name: QUEST BRANDS			
Application Control Number: (9-0147 Application Type (C,V), D):			
	<u>Total</u> Possible	<u>Assigned</u>	
<u>Measure/Criterion</u>	<u>Points</u>	Score	
Criterion 6			
Measure 1: Cultivation plan			
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	9	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.			
	20	8	
6.1.3: Methods to control insects that do not include the application of pesticides.			
	20	10	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	(0	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.			
	20	11	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	14
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	14
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	16
6.2.4: Methods to prevent and test for contamination in extracted products.	20	13
6.2.5 : Health and safety standards for lab employees.	20	15

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	12
6.3.3: Patient education and counseling methods.	15	10
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	1/
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		. 1
	15	and the state of t

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.