

INITIAL LABORATORY ASSESSMENT SCORECARD

SECTION 1: INFORMATION			
Lab Name			
Lab Address			
Telephone		Contact Person	

SECTION 2: GENERAL ASSESSMENT		
Assessment Question		Notes
2.1 Does the lab have a current Cannabis Testing License from Health Canada? <i>Score one point for "yes".</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.2 Does the lab hold other certifications or accreditations? <i>Score one point for "yes".</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional certifications / accreditations (list them) (eg: ISO, GMP)?	1. 2. 3. 4. 5.	
TOTAL POINTS:	___ / 2	

SECTION 3: TESTING CAPABILITIES				
Assessment Questions				
Answer these questions in the table below:				
3.1 What testing capabilities does the lab have?				
3.2. What methods do they employ (include equipment)?				
3.3 Is each method Validated?				
3.4. Can they provide validation reports?				
<i>Score one point for each test, two points for completed validation report.</i>				
Test	Method	Equipment	Validated Method	Validation Report
<input type="checkbox"/> Potency			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Appearance			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Moisture			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Pesticides			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Mycotoxins			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Heavy Metals			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Residual Solvents			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Total Aerobic Count / Total Yeast and Mold Count			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Bile Tolerant Gram Negative Bacterial Count			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Absence of <i>Salmonella sp.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Test	Method	Equipment	Validated Method	Validation Report
<input type="checkbox"/> Absence of <i>E. coli</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Absence of <i>S. aureus</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Other Services: (List them):				
TOTAL POINTS:			____/12	

SECTION 4: QUALITY ASSURANCE		
Assessment Question	Answer	Notes
4.1 Does the lab have a Quality Management System? <i>Score one point for "yes".</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.2 Does the lab have a Quality Policy Manual? <i>Score one point for "yes".</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.3 Does the lab have a corrective action and preventative action program (CAPA)? <i>Score one point for "yes".</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the CAPA program include:		
1. Customer Complaint	Yes <input type="checkbox"/>	
2. Out Of Specifications	Yes <input type="checkbox"/>	
3. Lab Investigations	Yes <input type="checkbox"/>	
4. Deviations	Yes <input type="checkbox"/>	
TOTAL POINTS:		____/3

SECTION 5: OVERALL	
5.1 Price list provided. <i>Score one point for "yes".</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.2 Turnaround time detailed. <i>Score one point for "yes".</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.3 Additional comments (include information such as customer service, communication, any other important details):	
TOTAL POINTS:	
____/2	

SECTION 6: ASSESSMENT	
TOTAL SCORE:	____ / 19
NOTES:	

Date: _____

Completed By: _____