



License Number

UBI Number

Trade Name

Product Name

Date

Marijuana Vapor Product Ingredient Disclosure

This disclosure form is required to be completed by an individual within the licensed entity for each processor location in response to the emergency rule WAC 314-55-1055 effective October 16, 2019. One form must be completed **per marijuana vapor product** in current inventory and for all future marijuana vapor products. Forms must be updated whenever there is any change in product composition. Attach additional pages as necessary using the headings and numeration listed on the form.

Email completed forms to vapordisclosureform@doh.wa.gov. In the subject line, substitute your information into this format: Required Ingredient Disclosure – LicenseNumber-BusinessName-ProductName. Save the form using the file name LicenseNumber-ProductName-Date.docx, where LicenseNumber is your license number, etc. For additional attachments, add a number in sequence to the file name above. For example: LicenseNumber-ProductName-Date-1. Forms must also be maintained onsite, either electronically or in hard copy.

In addition to the form, please submit and maintain the following:

- Safety Data Sheets (SDSs) from manufacturers of any of the products listed below.
- The name and contact information for the distributor for any products listed below.

Vapor Products

1. Do you process or manufacture marijuana vapor products?

If yes, please complete the rest of the form, sign the attestation at the bottom of page four and submit this form.

If no, please sign the attestation at the bottom of page four and submit this form.

Additives

1. Do you perform your own cannabinoid extractions? If no, please include the extractor's trade name and license number.

If yes, what cannabinoid extraction methods are used?



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2. What viscosity adjusters and/or diluents are used? For example: Vegetable Glycerin (VG), Medium Chain Triglycerides (MCT), Propylene Glycol (PG), Polyethylene Glycol (PEG). Please specify distributor, brand name, product name, and constituent substances, if known.

3. What types of thickeners are used? For example: Clear Cut, Honey Cut, Squalene/Squalene, α -Bisabolol, or Vitamin E Acetate. If known, specify distributor, brand name, product name, and ingredients.

3b. Which of the following compounds are used in your product?: Mineral oil, Squalene/Squalane, α -Bisabolol, petroleum jelly, petrolatum, olive oil, sunflower oil, omega-3-acid esters, rendered animal fat, amiodarone, liquid paraffin. List any and all of the aforementioned compounds that are used here - specifying, if known, the distributor, brand name, and product name:

4. Do you flavor your vapor product with terpenes derived directly and solely from marijuana, as defined by RCW 69.50.101(y), hemp plants that have been grown and tested by state law, or from another biological source? If known, specify distributor, brand name, product name, and ingredients.

If yes, what extraction method was used? Include all solvents used in the initial extraction and post processing.

5. Do you flavor your vapor product with botanically-derived terpenes? If known, specify distributor, brand name, product name and ingredients.

If yes, what extraction method was used? Include all solvents used in the initial extraction and post processing.

6. Do you use stabilizers? If known, specify distributor, brand name, product name, and ingredients.

If yes, what is the base or carrier used? For example; ethanol, VG, PG, PEG, or Glycol.



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7. Do you add any additional cannabinoids during processing of vapor products? If known, specify type of cannabinoid, the distributor, and the brand name.

If yes, what is the source? For example; I-502 source, Washington State hemp sourced, international hemp sourced, or a CBD distillate or isolate.

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8. Do you add any other preservatives, colorings, or compounds to your vapor product, not disclosed above, such as nicotine? If known, specify distributor, brand name, product name, and ingredients.

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9. What quality control testing do you conduct on additives in this section that you either purchase from third parties or produce yourself?

Additives currently prohibited by WAC 246-80-###

1. Do you flavor your vapor products with synthetic terpenes or essential oils? If known, specify distributor, brand name, product name, and ingredients.

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2. Do you flavor your vapor products with natural flavoring? If known, specify distributor, brand name, product name, and ingredients.

If yes, what extraction method was used? Include all solvents used in the initial extraction and post processing.

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3. Do you flavor your vapor products with food flavoring? For example: menthol or mint. If known, specify distributor, brand name, product name, and ingredients.

If yes, what is the base or carrier used? For example: ethanol, VG, PG, PEG, or Glycol.

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4. Do you use any artificial flavoring? For example cotton candy. If known, specify distributor, brand name, product name, and ingredients.



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5. Do you use any flavored vapor juice? If known, specify distributor, brand name, product name, and ingredients.

If yes, what is the base or carrier used? For example; ethanol, VG, PG, PEG, or Glycol.

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6. Do you add any vitamin mixes to your vapor products? If known, please specify distributor, brand name, product name, and ingredients.

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7. Do you fortify your vapor products with any nutraceuticals, vitamins, herbal preparations, caffeine, or other compounds? For example: Vitamin B-12, Vitamin C, or Kava Kava extract mixes. If known, please specify distributor, brand name, product name, and ingredients.

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8. Do you add any other preservatives, colorings, or compounds to your vapor product not disclosed in this section? Specify distributor, brand name, product name, and ingredients, if known.

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9. What quality control testing do you conduct on additives in this section that you either purchase from third parties or produce yourself?

Vapor product cartridges (complete if device comes with product)

1. What type and/or brand of vapor pens and cartridges do you use? Include the distributor, brand name and product name.

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2. What is the recommended wattage (in watts) and resistance of the cartridge (in ohms)?

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3. What is the suggested serving size (draw amount)?
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The undersigned hereby certifies to the Washington State Department of Health that the above information is accurate and complete.



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Instructions: In Word, double click the box below to sign within this document.

X

Signature

Name/Title

Date

Reminder: Save the form using the file name LicenseNumber-ProductName-Date.docx, where LicenseNumber is your license number, etc. For additional attachments, add a number in sequence to the filename above.

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