



DO IT YOURSELF MEDICAL MARIJUANA DISPENSARY





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Welcome to the Do It Yourself Medical Marijuana Dispensary E-book.

You have taken the right step on your way to success as you follow the easy instruction tools covered in this E-book. Everything that you need is here. This manual is designed for informational use only; it does not in any way promote or guarantee success. It is merely a teaching tool to be used as a reference guide. Now, relax, sit back and discover the enormous opportunities that await you on your new and exciting endeavor. Be optimistic and be proud of yourself for taking this initial step and for letting our team assist you along the way. Let's get started.

Initial Steps-

One of the first things you should consider when opening a store of this nature is most importantly, the law. State laws vary on this matter, thus you should do your personal research regarding operating this type of business in your state. You can do a lot of online research on this topic, at sites such as these:

<http://medicalmarijuana.procon.org/viewresource.asp?resourceID=000881>

http://www.rand.org/pubs/research_briefs/RB6012/index1.html

Or you can consult with your lawyer if you need more in depth explanations of what you can and cannot do by law.



Next, Incorporate your business. This is an important measure you need to take in order to be protected at the state level as well as at the federal level. For the state level, you will need to form a specific type of nonprofit organization. And at the federal level, you will need to form another type of corporation. You will want to Incorporate before you can start looking for a location to operate from.

Next you can go ahead and find the right location for your store. Any storefront location in most shopping centers should be fine to operate your store, as long as it is at least 1000 ft away from where children congregate such as schools, day care facilities or parks. In addition, the store should be at least 1000 ft away from Residential areas and neighborhoods. After you have found the right location for your store, make sure to give a security deposit right away to secure the location with the landlord.

Your store should be at least 700 sq ft or larger. The larger you go in square footage, the more amenities you can add such as a lounge where patients can relax and sample the medical marijuana. If you are to create a lounge, there must be a separate bathroom and the premises must be secured.

Your store should have at least one armed security guard on the



premises at all times. You should also install secured gates and doors and a camera system throughout the store. Make sure to cover the entrance, exit, and all other rooms.

Additional items recommended to keep in the store:

Showcase

Safe

Containers

Air tight jars

Plastic Ziploc bags

Prescription Bottles

Your next step, after finding the right location is to get your permits and licenses. In order to get a sellers permit, you will need to have a store location figured out. That is why getting a location needs to be done before all of the licensing occurs. The sellers permit is essentially tied to the store location. In addition to the permits and licensing, you will need to get a tobacco retailers license and a local county tax permit. More detail on Permits is found below-

PERMITS:

2. After finding the location of your choice, you will need to get the required permits and licenses. Again, these vary by state. Below are some of the more common and required permits:

CUP: Conditional Use Permit:



One permit that most of the states require is the Conditional Use Permit. It may take six months to two years to get this permit approved.

MMD: Medical Marijuana Dispensary Permit:

Another required permit is the MMD: Medical Marijuana Dispensary Permit. This permit may require one manager's permit as well.

Resale Permit:

You will also have to file for a Resale permit under the Tobacco category.

All of the required licensing needs to get filed; some cities require different licensing.

After all of the steps above are completed, you will be ready to open your store for business. Before opening, make sure you have a very good security system set up fully equipped with video cameras. When you first open your store, you need to be careful about how much inventory you keep on hand.

COSTS:

Depending on the size of the store, the store rent, the number of



employees, the number of security guards, and the improvement costs, the average cost to open the store from scratch will end up being around \$40,000 to \$50,000. This average may vary based on geographic location. A high traffic area will most likely be charging higher rents to tenants. For a large store, you should be spending at least \$6,000 for a security system and around \$3,000 for a small to medium sized store.

OPERATING YOUR NEW STORE:

Your top priority when operating your new shop should be the Security. A security guard should be there during all business hours. It is a good idea to have guidelines set up for the security guards to follow so they work efficiently. On average, an armed security guard will charge you about \$20 to \$25 an hour. Your shop would need at least one armed guard on premise.

The Employees that you plan on hiring most likely will be paid minimum wage. Ideally it would be good to have patients volunteer in your store because then it will cost you nothing and they can be working for you for free.



All clients that walk through your door must provide the original paperwork from their doctors stating their need for Medical Marijuana as treatment for their condition. Conditions vary from asthma, insomnia, to many other anxieties.

If you need help finding the right doctor for you, you can check in local Marijuana directories. The fees that the doctors typically charge are \$60 to \$150 to get an evaluation plus the recommendation form. It is rare for a patient to be turned down to get this form. The recommendation form is usually valid for one year and may be renewed. These procedures vary from state to state. The form will have some sort of statement on there stating that you are able to get medical marijuana for treatment of a specific condition. This form must be verified in order to be valid.

Next, the patients will come to Medical Marijuana Dispensaries such as yours to get treatment. You need to have legal verbiage visibly seen on the front of your door stating that your store supports Medical Marijuana usage only- Something along these lines, you can consult your attorney on a more proper wording for this. In addition, you should have a buzzer set up where you can buzz the patient indoors rather than them being able to come in themselves. When they come inside you should have a



window separating your employees from the patients. The receptionist at the front should greet the patient, take the paperwork, and verify the paperwork by calling the doctor listed on the form- this way you can verify if the paper is legit and signed by a real doctor or if it's a fake. If the patient is new to the office, they should fill out a new patient form. A Sample new patient form can be found in [Appendix A: Patient Forms](#) Additional Patient forms that you should have your new patients sign can be found in the following Appendices

[Appendix B: Facility Guidelines](#)

[Appendix C: Health & Safety Code \(each state should have one\)](#)

[Appendix D: Medical Marijuana HIPPA Waiver Information Policy](#)

After the patient's paperwork has been verified and everything looks ok, you can have security escort the patient into the "green room" where the designated employee will dispense the marijuana to them. As such your showcases should be located in the green room. Additionally, you should have a man-trap set up between the green room and the lobby. This is more of a safety measure in which you can take extra pre-caution when the patient has entered behind your gate. If you choose not to have a man-trap area set up, you should have security escort the patient in. Once they are in the green room, it is



highly recommended to have 1 patient at a time per employee. If you have two operating registers with 2 employees, then you can have 2 patients in the green room at the same time.

The green room can have several different accessories that patients can either use or purchase separately such as different types of edibles, sweets, pipes, bongs, etc. The patient should have a choice of purchasing different types and qualities of the product and trying them out. You have to show them the bud under a magnifying glass, so they can check the quality. By law the patient can try a sample of it in your lounge only. Once they smoke, it is recommended that they stay there. You can have more than one person in the lounge. The lounge must be equipped with the proper ventilation such as vaporizers; this is the cleanest way of smoking marijuana. If you do not want any smoking to occur on premise, then it is a good idea to give the patient a couple of samples to take home and try out.

Once the patient decides on the Marijuana they want to purchase, the employee should dispense the product with tweezers, tongs, or chopsticks. The marijuana should be placed in child-proof prescription bottles, or air tight zip lock bags. Then the labels should be put on the outside of the bottles and the zip lock bags indicating the type and measurement of the product in each bottle. Sample Labels can be



found in **Appendix E.**

The Employees should be well trained to know the different types of Marijuana and all of the side effects that are associated with it. The employee should always ask the patient what kind of marijuana they prefer and should also make sure to first sell the marijuana that costs the store owner less but that gives the patient the best quality for the price. Keep in mind that your patients are going to come back for the good quality above anything else.

Once you receive payment from the patient, you should give them a sales receipt from the cash register if they request one. Ask them if they would like a receipt, if they do not want one then you are not obligated to give them one. You will most likely be charging the patient per gram. Ideally you want to put your own limits as to how much you want to sell to them. It is highly recommended that you follow your state guidelines about the Maximum allowable amount per patient. For instance, it is known that you cannot exceed half a pound in the County of Los Angeles.

***Rule of Thumb: It is recommended to give 4 ounces per patient per day.**



REWARDS CARD:

It is a good idea to set up a club card for patients to keep with them where all of the patients' information and history is stored in the card. The patient can swipe their own club card and you can track their sales, visits, etc. It can be a magnetic rewards kind of thing. You can also give discounts if they buy a certain amount from your store. This is something that you can set up your sales system to do for you automatically.

INVENTORY:

Technically the store is supposed to grow the marijuana on premises. However, patients can also grow the marijuana and the excess they

can "donate" to a shop. However, it is a lot cheaper and profitable if the store grows it itself. When the patient pays for the marijuana, it is labeled an Equitable Contribution. Keep in mind this is a non for profit business. Thus, the store has the option of buying from other patients or growing it on premises. It is up to the store owner to decide how they want it grown.

PRICING:



Lets suppose the shop purchases a pound of marijuana from the patient, there are 16 ounces in a pound. On average one ounce will sell for \$300, and one pound will sell for around \$5,000. So the store will usually price the product based on the amount they have bought it for from the patient. New patients can sign that they want the store to grow the marijuana for them, this signature will authorize the store to do so.

If the store grows the marijuana on premise with all the proper lighting, it will cost them around \$500 to \$600 per plant. It takes about 3 months to grow the plant depending on the chemicals used, the lighting, and the surrounding environment. If the store decides to grow the plants on premise, it should be done in what is called a "greenhouse." You can yield up to 2 pounds of Marijuana from each plant, and each tree can grow up to 6 to 8 feet. To learn how to properly grow the plant, it is advised that the store owner buys special books for this, also there are many other resources available on the internet that provide information on how to grow the marijuana.

"Medical marijuana dispensary" means any facility or location which distributes, transmits, gives, or otherwise provides medical marijuana to qualified patients or primary caregivers in accordance with California Health and Safety Code section 11362.5 through section 11362.83,



inclusive, commonly referred to as the Compassionate Use Act of 1996 and the Medical Marijuana Program.

Dispensaries shall post a legible indoor sign in a conspicuous location containing the following warnings: i. That the diversion of marijuana for non-medical purposes is a violation of state law; ii. That the use of medical marijuana may impair a person's ability to drive a motor vehicle or operate machinery; and iii. That loitering on and around the dispensary site is prohibited by California Penal Code section 647(e).

Helpful Links

<http://americanmarijuana.org/index.html#JOIN>

<http://www.420california.com/Socal.html>

<http://www.afla1.com/215420/>

<http://www.safeaccessnow.net/countyguidelines.htm>

http://www.clubmed420.com/Home_Page.php

http://www.ocnorml.org/medical/southern_california_dispensaries.htm

<http://www.eventure.com/i692/Media/MMJRCW.pdf>

<http://www.eventure.com/i692/Media/MMJINFO.pdf>

<http://www.eventure.com/i692/Pages/brochure.html>



<http://www.cannabisculture.com/v2/content/maine-new-england-s-marijuana-friendly-state>

http://stopthedrugwar.org/chronicle/617/south_dakota_medical_marijuana_initiative_signatures_hand_in

http://www.rand.org/pubs/research_briefs/RB6012/index1.html
(State provisions)

http://www.medicalmarijuanapatient.org/Legal/doj_medical_marijuana.pdf

<http://medicalmarijuana.procon.org/viewresource.asp?resourceID=000881>



HARDSHIP APP [CLICK HERE](#)

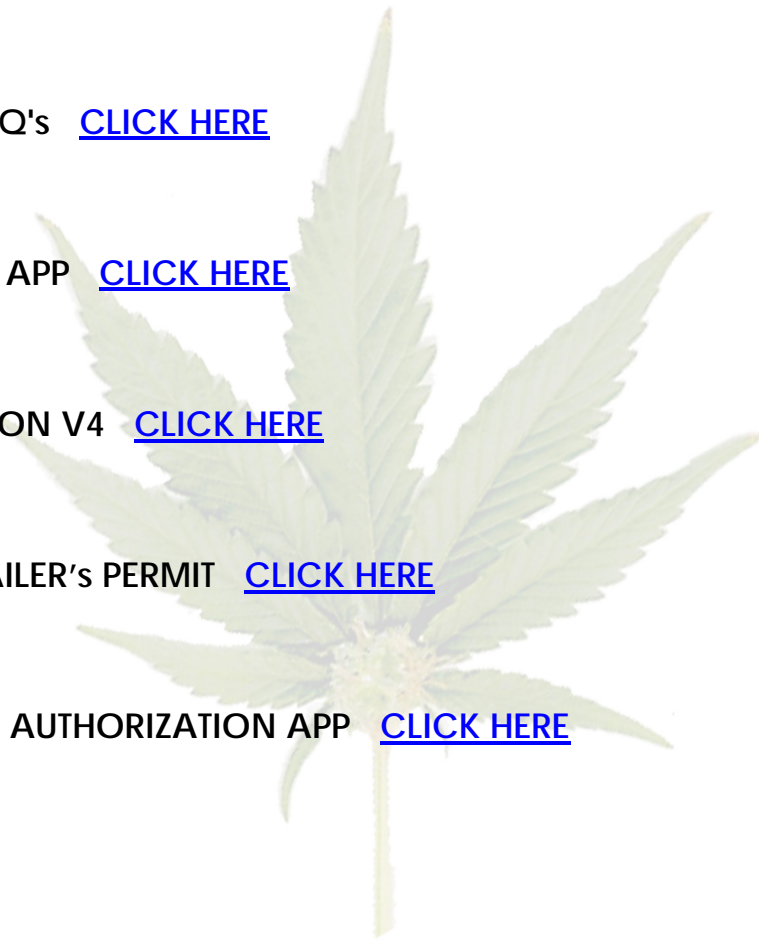
MARIJUANA FAQ's [CLICK HERE](#)

SELLER's PERMIT APP [CLICK HERE](#)

TAX REGISTRATION V4 [CLICK HERE](#)

TOBACCO RETAILER's PERMIT [CLICK HERE](#)

CERTIFICATE OF AUTHORIZATION APP [CLICK HERE](#)





XYZ Company

Office Use

Patient received by: _____ Patient verified by: _____
Date: _____ Time: _____

Patient Information

Last Name _____ First Name _____ Middle Initial _____

Home Address:

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth: _____ E-mail: _____

CA Drivers License /ID card # _____ Expiration Date: _____

Tel. #:() _____ Mobile #:() _____

Physician's Name: _____

Street Address _____

City _____ State _____ Zip Code _____

Phone #:() _____ Fax #:() _____

Issuing Date of Recommendation: _____

Expiration of Recommendation: _____

I hereby authorize my treating Physician, as required by State and Federal laws including HIPAA regulations, to release my medical information concerning my diagnosis, condition, and/or prescription to **XYZ Company** and its authorized representatives.

Print Name _____ Signature _____ Date _____



XYZ Company Facility Guidelines

These guidelines are designed to facilitate a safe and enjoyable experience here at:
XYZ Company

It is very important that we follow these guidelines so that we can continue to provide you with the best service and medicine. Thank you in advance for your cooperation.

- All patients must be 18 years or older and have a valid state issued ID.
- You must have your valid doctor's recommendation or a copy of it on you at all times.
- You may never sell or otherwise distribute medication you obtain at:
XYZ Company.

This action will get you permanently excluded from our facility.

- Patients may not exchange money, share money or split payment on any medication at anytime.
- You must treat everyone in the building with respect. You may be asked to leave the property if you use offensive language or behavior. We reserve the right to refuse service to anyone at anytime.
- NO cell phones allowed at anytime in the building.
- Never consume cannabis in the surrounding area within a 1 mile radius of:
XYZ Company unless you are in a "safe" area.
- For your safety, place all medications in your trunk before leaving.
- Absolutely NO alcohol, illegal drugs, or weapons are allowed on the premises and at anytime.
- Any patient who commits or threatens an act of violence will be excluded from membership and maybe subject to criminal prosecution.
- As a condition of entering our facility, and/or by utilizing such medical / herbal marijuana and related products (foods, oil, concentrate) you may obtain, you and your heirs expressly and forever waive any and all claims now known, or discovered at anytime in the future due to, related to or arising from your storage or handling of our products you may obtain at our dispensary.

• **KEEP ALL MEDICINE AWAY FROM CHILDREN, ANIMALS, AND ANYONE ELSE NOT AUTHORIZED TO USE MEDICAL MARIJUANA. ANY DEVIATION FROM THIS RULE IS DONE AT THE SOLE RISK AND RESPONSIBILITY OF THE PATIENT.**

• Loitering on/or around the dispensary site is prohibited by California Penal Code section 647(e). (Ord. 2006-0036 §3 (part), 2006.)

- Be respectful to our neighbors.

By signing below you agree to the term/conditions listed above.

We thank you for your cooperation!

Print Name

Signature

Date



California Health & Safety Code 11362.5 Designation of Primary Caregiver

I hereby certify that I suffer from cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or other illness that I have obtained a recommendation of approval from a licensed physician to use medical marijuana (cannabis) in treating my illness. (A copy of my recommendation of approval is attached hereto).

I hereby designate XYZ Company as my "Primary Caregiver," in accordance with Health & Safety Code 11362.5(d) and 11362.5(e) which reads as follows:

(d) Section 11357, relating to the possession of marijuana and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.

(e) For the purpose of this section, "Primary Caregiver" means the individual designed by the person exempted under this act who has consistently assumed responsibility for the housing, health, or safety of that person.

I request my caregiver to grow and provide my medicine as I am unable to grow my own medical marijuana. I agree that I will consistently rely on the above-named person as the primary source of my medical marijuana as a matter of my personal health and safety. This designation shall remain in effect for a period of one year or until and unless rescinded by me by written notice to the caregiver.

Print Name

Signature

Date

NOTICE TO LAW ENFORCEMENT:

Pursuant to the Constitution of the State of California, Amendment III, Sec.3.5(c), state law enforcement officials have "no power...to enforce a statute on the basis that federal law or federal regulations prohibit the enforcement of such statute." It is therefore your legal duty and responsibility to respect and obey this agreement per the above-cited legislation, and to leave the individuals and gardens herein described unmolested and unreported to federal authorities. Failure to follow state law may result in legal action being taken against you. Thank you for your understanding and compliance.



MEDICAL MARIJUANA HIPPA WAIVER INFORMATION PRIVACY

I am aware of my right to privacy of my health related information. I hereby authorize the use and disclose of the medical information contained in the medical recommendation from my physician for medical marijuana, for confirmation with the doctor by the center, from time to time. I also understand a copy of my record will be kept by the center on file. I understand that the center's policy of privacy is to not disclose the name or identity of any patient other than in the course of confirmation of the recommendation. I understand that I may have extra protection under California of federal law as to my information however I expressly authorize the use and storage of this information in accordance herewith. I understand I may revoke my authorization in writing at any time and that the center will then maintain a record, but black out my name. I understand I am under no obligation to sign this form, however I realize that in order to ask the center to provide me access to medical marijuana, and at my own special request and instance, I grant the right to use the information as described herein. I understand I have a right to inspect or copy this authorization, as well as my file with the center. I understand that there is the possibility of re-disclosure of information in the course of confirming my recommendation unless terminated sooner in writing by me. I have had an opportunity to review this form, and I confirm it accurately reflects my wishes.

Date

Print Name

Signature

Signature of Parent or Guardian if patient is a minor or unable to sign



**In Compliance with California Code:
Prop. 215 & SB 420**

The diversion of marijuana for non-medical purposes is a violation of state law; The use of medical marijuana may impair a person's ability to drive a motor vehicle or operate machinery.

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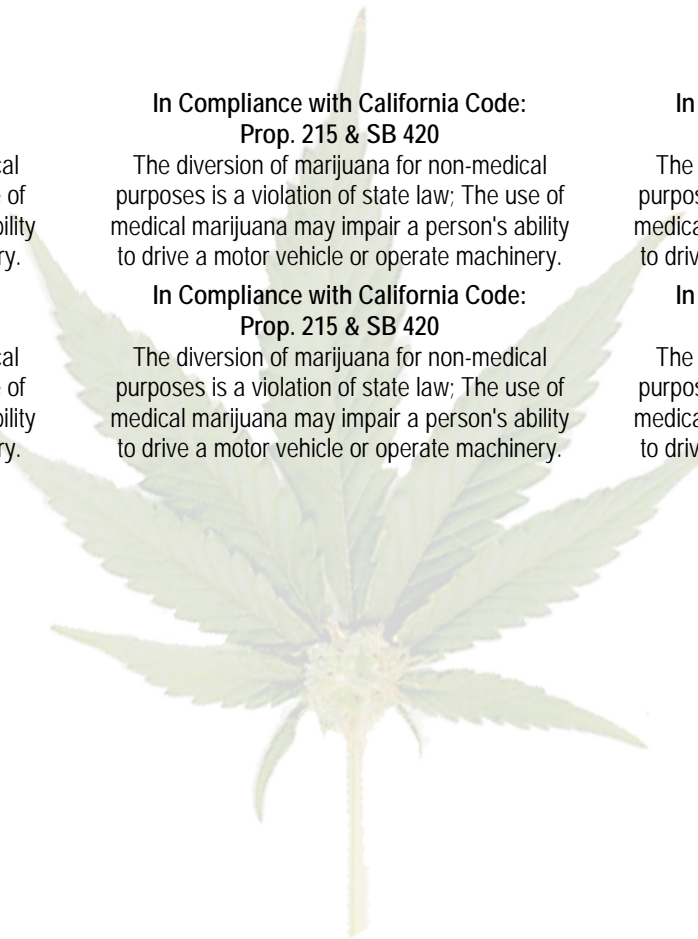




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SAFETY RESPONSIBILITIES

STORE EMPLOYEE RESPONSIBILITIES

1. Understand all hazards and precautions before starting a new job.
2. Know and perform jobs/duties in accordance with approved safe work practices.
3. Follow safe work practices for every duty assigned.
4. Report all unsafe work conditions or practices to the supervisor immediately.
5. Learn about potential safety hazards and the related procedures for all duties.
6. Use protective equipment as required by safety rules and regulations, safe work practices, and/or supervisor's instructions.
7. Follow proper accident and emergency reporting procedures.

MANAGER RESPONSIBILITIES

1. Learn the safety program to ensure it is effectively implemented and observed
 - Prepare to take disciplinary action when policies are violated.
2. Investigate all accidents /incidents.
3. Ensure all employee injuries, regardless how minor are treated immediately.
4. Conduct a formal safety training meeting quarterly.
5. Provide complete safety training to employees before assignment of new duties.
6. Complete monthly safety inspections to identify poor housekeeping practices, unsafe sanitation conditions, improper work habits, and all other hazardous conditions.
7. Develop an Emergency plan.
8. Display all postings required by the Federal and State OSHA.
9. Ensure that all new employees complete safety orientation.
10. Review annually the safety policies and procedures.

SAFETY TRAINING/ORIENTATION

1. Employees must receive training for all new equipment, processes, or procedures.
2. Thirty minutes should be allocated for store Safety meetings quarterly.



Safety Orientation Topics:

- Safety Responsibilities
- General duties and work methods
- Proper equipment use. (I.e. ladders, box cutters, fire extinguisher, etc.).
- Emergency procedure roles (Evacuation Plan)
- Proper lifting techniques.
- Employee accident management.
- Patient accident management.

All Safety Training must be documented and logged.

SAFE WORK RULES (General Safety)

1. Report all accidents, injuries, or unsafe conditions to management immediately.
2. Clean up spills or drops immediately.
3. Never consume or possess alcoholic beverages or illegal drugs on premises.
4. Do not remove safety signs or other safety devices.
5. Do not use equipment for anything other than its intended purpose.
6. Keep work areas clean at all times.
7. Wear a shirt at all times
8. Wear protective clothing or equipment when appropriate.
9. Know fire exits in your work area.
10. Keep fire and emergency exits clear of obstructions at all times.
11. Keep poisonous solutions in carefully labeled containers.

**FAILURE TO COMPLY WITH ANY OF THESE STATED POLICIES COULD
RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.**

PATIENT ACCIDENTS

When a patient has an accident.

You should:

- Go immediately to the scene of the accident.
- Be courteous and professional.
- Call for emergency services at the patient's request or if medical services are needed.
-



- Inspect the scene carefully. (Obtain essential information “who, what, when, where, and how”).
- Complete an incident report.

You should not:

- Administer any kind of First aid or CPR unless qualified in first aid and/or CPR certified.
- Dispute with the patient over the accident cause.
- Reprimand employees at the scene.
- Offer to pay for medical expenses
- Admit responsibility.
- Discuss the accident with strangers at any time.

When Caring for an Injured Patient

1. Make the patient as comfortable as possible.
2. Arrange for prompt medical attention.
3. Ask the patient to provide details of the accident.
4. Tell the patient that you will submit the information to our Company representative, and someone will follow-up with him/her in the near future.

ACCIDENT INVESTIGATION

1. Control the accident scene.
2. Stop ongoing hazards. If necessary. (Shut down any machines involved in the accident).
3. Secure the scene and protect evidence.
4. Collect evidence. (Take notes, pictures, and sketches).
5. Identify contributing factors (poor housekeeping, floor surface condition, lighting, suspected alcohol or drug abuse etc.).
6. Ensure store continues standard operations.
7. Interview witnesses.
 - Always conduct interviews as soon as possible.
 - Interview at the accident scene.
 - Takes notes
 - Ask for only the facts.
 - Take time to ensure a clear understanding of the accident.

POWER OUTAGE PROCEDURES

Supplies that the store should have in preparation for a power outage.



1. Flashlight
2. Analog or fax phone
3. Manual credit card imprinter
4. Battery operated calculator

Priorities during a power outage:

1. **Safety:** Are patients and associates at risk of injury in the store? No one should be allowed into any area of the store that is not sufficiently lit.
2. **Patient Service:** Can patients continue to shop?
3. **Loss Prevention:** Are the store and merchandise secure?

Procedures in the event of a power failure in the store:

1. Bring all patients to the front-end of the store and assist them with their transactions.
2. Greet new patients and explain that the store has a power outage and that you will be able to gather anything they need and bring it to the front of the store. (Do not allow any patients onto the sales floor unless it is safe to do so.)
3. Make sure that all patients and employees are safe and the store is secure.
4. Count register down to \$50. Drop all other money into safe.
5. Call the local electric company to determine when the power will be restored.

BOMB THREATS

Procedure

All bomb threats must be taken seriously and procedures must be followed to ensure the safety of our patients and employees.

1. Stay calm while speaking to the caller.
2. Gather information from the bomb threat phone call.
 - Location of bomb
 - Kind of bomb
 - How long before it is set to go off
 - Type of voice (male or female)
 - Background noise
 - Demands
 - Reason caller is targeting store.



3. Call police.
4. Discreetly search the store for suspicious packages.
5. STORE Evacuation (do not evacuate store unless there is a safety threat or instructed to do so by police).

MAIL HANDING

1. Pay attention to all incoming mail.
2. Use common sense in dealing with suspicious mail.

PATIENT SERVICE

At XYZ Company, Patient Service is our number one priority. The patient always comes first, before any other work assignment or task.

Interacting with patients

1. Smile and greet every patient who enters the store.
2. Help costumers feel comfortable in the store.
3. A satisfied patient will usually return to a store.
4. When approaching a patient be courteous and interested in their needs.
5. Ask the patient if they are finding everything that they need.
6. Be a good listener. Determine the patient's every need and make every effort to fulfill them.
7. If a patient asks for a specific product walk them to the exact location of the product (never point).
8. If a patient asks a question you cannot answer, find someone in the store who can answer the question.
9. If a patient communicates a concern or a complaint, acknowledge their concern, and take them to the manager on duty.
10. Ring the patient's purchases quickly, accurately, and courteously.
11. Thank the patient after the sale is complete.
12. Offer to carry large or heavy purchases to their car.



Phone Courtesy

1. Do not allow phone to ring more than 3 times.
2. Answer phones professionally.
3. Try not to keep a patient on hold for a prolonged period.

Patient Complaints

1. Take each patient's complaint seriously and thank him or her for bringing it to your attention.
2. Assure the patient that the store will take immediate action.

CURRENCY POLICY

Cash: XYZ Company accepts U.S. currency only.

Bankcards: XYZ Company does not accept credit cards or bankcards at this time.

Checks: XYZ Company does not accept checks at this time.

RETURNS WITHOUT A RECEIPT ARE ONLY ELIGIBLE FOR STORE CREDIT OR EXCHANGE.

Imprinted Personal Checks: XYZ Company does not accept checks at this time.

Business Checks: XYZ Company does not accept checks at this time.

Cashier Checks XYZ Company does not accept checks at this time.

Travelers Checks XYZ Company does not accept checks at this time.

PROPER IDENTIFICATION DEFINED AS ONE OF THE FOLLOWING:

1. Valid state drivers license
2. Valid state identification card
3. Current active military ID card and drivers license.



4. Passport

CASH HANDLING PROCEDURE

When making bank deposits, put cash in bank bag and checks in clear plastic bag.

Bank deposits should only be made by Managers and as frequently as possible.

DRESS CODE POLICY

UNACCEPTABLE ATTIRE:

- Spandex clothing (bicycling shorts, leggings etc...)
- Excessive visible piercing (i.e. Nose, Lips, Chin, etc...)
- Visible offensive tattoos, markings or brandings.

HARASSMENT POLICY

XYZ Company is committed to providing a work place free of sexual harassment as well as harassment based on such factors as race, color, gender, religion, national origin, ancestry, pregnancy, age, medical condition, marital status, citizenship, sexual orientation, disability or veteran status. XYZ Company strongly disapproves of, and will not tolerate, harassment of associates by managers, supervisors, co-workers, vendors, patients or others in the work environment.

DEFINITIONS OF HARASSMENT AND SEXUAL HARASSMENT:

- Harassment includes verbal, physical or visual conduct that creates an intimidating offensive or hostile work environment or that unreasonably interferes with job performance. Harassment may also include unwelcome, offensive racial or ethnic slurs, jokes or other similar conduct.
- Sexual harassment includes any request or demand for sexual favors that implies or depicts a condition of employment or continued employment. Some examples of sexual harassment include sexual advances or suggestions; unwelcome sexually oriented remarks; "dirty" jokes; the display or distribution of offensive photographs, posters or cartoons; or any unwelcome, intentional touching of the intimate areas of another person's body.



ALL HARASSMENT CLAIMS MUST BE REPORTED TO THE HIGHEST LEVEL OF MANAGEMENT IMMEDIATELY.

BACK DOOR SECURITY

1. The back door is to remain locked at all times except when receiving merchandise or trash removal.
2. Authorized key holders are the Manager and Assistant Manager.
3. Management must inspect trash before removal.
4. The back door is **not** to be used by employees on break.

ALARM USE

1. Alarms must be activated daily
2. Only key carriers have access codes to arm and disarm the system.
3. Key carriers must have a secret code known only to them.
4. Giving store keys and/or alarm codes to unauthorized people is grounds for termination.

INVENTORY COUNTS

Inventory counts are necessary to correct on-hand quantities and to ensure accurate inventory levels for replenishment. Inaccurate inventory counts will cause out of stocks or overstocks in the store, therefore, management will conduct storewide inventory counts weekly to correct these issues.

TIME KEEPING

All hourly associates will personally record their time-in, meal, and time-out each day in the timesheet logbook.

Recording time for another associate is not acceptable and can be grounds for disciplinary action, up to and including termination.

No overtime may be worked without prior approval of the immediate supervisor. Overtime must be paid in accordance with the State and Federal laws.

All hourly associates must be given 10 consecutive minutes of rest time for every four hours worked. (Rest periods are paid; therefore, the associates are required to remain on the premises but cannot be allowed to, or compelled to work.)



All associates working more than 5 hours per day must be given a meal period of not less than 30 minutes.

Meal periods are unpaid and not counted as hours worked. Associates must sign out and back in for the meal period.

EMPLOYEE JOB DESCRIPTIONS

**AT XYZ COMPANY PATIENT SERVICE IS OUR NUMBER ONE PRIORITY.
ALL ASSOCIATES MUST ATTEND TO CUSTOMERS NEEDS AT ALL TIMES.**

ESSENTIAL JOB FUNCTIONS:

- Interact professionally and effectively through verbal and written communication with all professional contacts with an emphasis on company interest.
- Maintain honesty and integrity in the work area.

DUTIES & RESPONSIBILITIES

Duties and responsibilities may be added, deleted or changed at any time at the discretion of management, formally or informally, either verbally or in writing.

ASSOCIATES (includes: Receptionists and /or Front Office)
MANAGEMENT (Includes: Bud Tender / Product Specialist)

ALL ASSOCIATES REPORT TO MANAGEMENT AT ALL TIMES

ASSOCIATES

1. Provide quick, courteous, and accurate service to all patients.
2. Help keep the store neat and clean, in order to help maintain a presentable environment.
3. Help control shrink.
4. Perform special projects as assigned by management.



5. Verification of patient status.
6. Determine patients' needs and share product knowledge.
7. Act as a subject matter expert to patients and other associates in order to provide practical knowledge in all aspects of patient welfare.
8. Participate in the completion of periodic cycle counts and physical inventory counts.
- 9.

Educational Background: A high school diploma or equivalent (GED) is generally preferred. Applicant must be able to demonstrate basic math proficiency and communication skills.

Previous Experience: No prior experience is required for this position.

Inter personal and verbal communication skills are necessary due to the nature of interaction with the public, other associates, and management.

MANAGEMENT

1. Oversee all operations and ensure flawless and uninterrupted flow of business.
2. Ensure the business is running efficiently.
3. Management of employees
4. Complaint resolution
5. Inventory control and management
6. merchandising
7. Reporting
8. Cash handling
9. Store opening/closing.
10. Providing for safety of Patients, Employees, merchandising and property.
11. Housekeeping oversight.
12. Recruitment, hiring, and training.

Educational Background: A high school diploma or equivalent (GED) is mandatory. Applicant must be able to demonstrate proficiency in math, accounting, and exhibit exceptional communication skills.

Previous Experience: prior management experience is generally preferred for this position. Candidates must have strong organizational skills and the ability to delegate and coordinate multiple projects. Qualified candidates possess a high level of knowledge. In addition candidates must demonstrate a keen and genuine



interest in patient wellbeing. Interpersonal and verbal communication skills are necessary due to the nature of interaction with the public and other associates.

PERFORMANCE RATINGS

All employees will be rated on their performance annually.

RATING 5: OUTSTANDING: This employee's work is excellent. On\overall performance far exceeds expectations.

RATING 4: ABOVE EXPECTATIONS: This employee is a very good performer.

RATING 3: GOOD PERFORMER: This employee's performance is standard and at a satisfactory level.

RATING 2: NEEDS IMPRPVEMENT: There are concerns about this employee's performance as the work is below standard.

RATING 1: POOR PERFORMER: This employee's performance is extremely poor and far below standard.

INCREASES (\$\$\$\$)

Increases will only be given on an annual basis.

- **Merit increases will be evaluated on a case-by-case basis by the discretion of the management.**
- ***An increase will not be given if the overall performance rating is below a 3.***

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SEARCH POLICY

XYZ Company may conduct unannounced searches to check associate integrity in company facilities or on company property. Associates are expected to cooperate in the handling of such searches.

Searches of associates and their personal property may also be requested when circumstances or workplace conditions justify them.



An associate's consent to such searches is required as a condition of employment and continued employment. Any associate unwilling to consent in advance to searches under this policy is free to voluntarily separate his or her employment.

SEPERATIONS

-VOLUNTARY SEPERATIONS

Voluntary separations are defined as separations where the associate has chosen to separate his/her employment from Absolute Healing Collective.

Voluntary separations must be made in writing.

-INVOLUNTARY SEPERATIONS

Involuntary separations are defined as terminations that are initiated by the company due to performance, attendance, or other disciplinary reasons.

TIMELY PAYMENT OF WAGES

XYZ Company will comply with all state and federal law with regards to the payment of wages.

-PAY ADVANCES

It is our policy to decline all requests for early paychecks or pay advances for personal reasons.

-PAYROLL DEDUCTIONS

The following mandatory deductions will be made from every employee's gross wages: federal income tax, Social Security FICA tax and applicable state taxes.

Every employee must fill out and sign a federal withholding allowance certificate, IRS Form W-4, on or before his or her first day on the job. This form must be completed in accordance with federal regulations. The employee may fill out a new W-4 at anytime when his or her circumstances change. Employees who paid no federal income tax for the preceding year and who expect to pay no income tax for the current year may fill out an Exemption from Withholding Certificate, IRS Form W-4E. Employees are expected to comply with the instructions on Form W-4. Questions regarding the propriety of claimed deductions may be referred to the IRS in certain circumstances.

Other optional deductions include the portion of group health insurance not paid by the company, which is deducted from each payroll check. Other voluntary contributions (if applicable), such as pension (401k) plan, are also deducted each pay period.



Every employee will receive an annual Wage and Tax Statement, IRS Form W-2, for the preceding year on or before January 31. Any employee, who believes that his or her deductions are incorrect for any pay period, or on Form W-2, should check with the Accounting department immediately.

BENEFITS

Currently XYZ Company does not offer benefits at this time.

-INSURANCE

Currently XYZ Company does not offer Health Insurance at this time.

PAID TIME OFF (PTO's)

All Full-Time will incur 8 hrs of PTO for every 200 hours worked. Employees may be eligible to use the accumulated PTO hours after 90 days from their date of hire.

This benefit is not available to Part Time employees.

All vacations must be scheduled in advance with the employee's supervisor/manager. Employees are responsible for planning ahead for vacation and working out a complete schedule with their supervisor/manager. Vacation entitlement is administered by the Accounting department.

Upon termination, the employee's accrued, but not taken, vacation hours will be added to the final paycheck using the employee's then-current straight-time hourly rate for conversion.

-SICK

In the event a Full Time employee gets sick, He/She may use their accumulated PTO hours effective after **90** consecutive days of employment.

This benefit is not available to Part Time employees.

An employee may not be eligible to use accumulated PTO hours if employee is absent for more than 2 consecutive days without providing a physicians note.

It is in the best interests of an employee who is ill or injured that the employee not remain at work. It is the supervisor or manager's responsibility to send the employee home if the employee is incapacitated.

Employees are encouraged to make their routine doctor or dentist appointments



before arriving for work or after leaving work for the day, if possible. If time off is required for such appointments, arrangements should be made in advance with the employee's supervisor or manager.

An employee is expected to notify his or her supervisor/manager at the beginning of each work day during illness or injury. Exceptions to this include a serious accidental injury or hospitalization, or when it is known in advance that the employee will be absent for a certain period of time.

A medical statement from the employee's doctor may be requested by the company when an employee is absent from work for more than 2 consecutive days.

Leave of Absence and Military Leave

A leave of absence is time off in a non-pay status. Upon receipt of a formal written request for leave of absence from regular full-time employees, management will determine whether a leave of absence will be granted. The employee is expected to request leave of absence with as much advance notice as possible. Leaves of absence will not be granted for periods less than two weeks in duration. Vacation or sick leave should be used for such absences.

The reason for leave should fall into one of the following categories:

1. Military
2. Personal

The leave classifications are defined as follows:

Military — To protect the employment rights of employees entering the armed forces of the United States and to ensure conformance with the applicable federal laws, a leave of absence must be granted to all employees, except temporary, who enter military service for active duty as a result of the following:

Initial enlistment in the armed services of the United States;

Initial training period in the National Guard;

Being ordered to active military service as a member of the Reserves or National Guard for an indefinite period or for a periodic training period up to ten working days; and

Any service requirements under the Selective Service Act.

Personal — Except for those situations covered under the Medical/Family Leave policy, personal leaves may be granted to employees having special nonmusical



personal needs for an extended period of absence. Each case will be evaluated on its own merits, and the following will be taken into consideration:

1. The reason for the request;
2. The amount of time required; and
3. The employee's length of service and past record.

Normally personal leaves are granted for periods of up to 90 days.

Return to Work

Employees who do not return to work after any leave of absence will be terminated effective on the last day of work or paid leave, whichever is later.

Benefits during Approved Leave of Absence

No PTO hours are earned during the leave period. Employees requesting a leave of absence for medical or military reasons may choose to use all earned vacation before beginning leave of absence. Employees requesting personal leave of absence must use all earned vacation before beginning leave of absence.

Insurance — The Company will continue the employee's insurance benefits on a leave of absence approved only under the Medical/Family Policy described below, provided that the employee continues to pay his or her portion of the premiums. In the case of military leaves, insurance benefits will be continued for up to ten working days per year starting with the day military leave begins.

Jury Duty

A copy of the court order or subpoena must be supplied to the employee's supervisor/manager when requesting time off. Employees may use their accumulated PTO hrs for this purpose.

Voting

XYZ Company encourages all employees to vote. Employees are encouraged to use flextime hours for this purpose or to take advantage of polling hours prior to the beginning or following the end of your workday.

If this cannot be arranged, your supervisor/manager will approve time off to vote either at the beginning or end of your workday, provided that you give at least one day's notice to your supervisor/manager.



CONFIDENTIALITY OF COMPANY INFORMATION

It is the responsibility of all **XYZ Company** employees to safeguard sensitive company information. All employees sign nondisclosure agreements upon accepting employment with the company. In cases of conflict, these agreements supersede the Policy Manual guidelines that follow.

The nature of our business and the economic well being of our company are dependent upon protecting and maintaining proprietary company information. Continued employment with the company is contingent upon compliance with this policy. Each company supervisor/manager bears the responsibility for the orientation and training of his or her employees to ensure enforcement of company confidentiality. Sensitive company information is defined as trade secrets or confidential information relating to products, processes, know-how, patents, designs, drawings, formulas, test data, marketing data, accounting, pricing or salary information, business plans and strategies, negotiations and contracts, inventions and discoveries.

All such information shall be appropriately marked or verbally identified to each employee. When such information is transferred from one employee to another, the transferor must do all of the following:

1. Determine that the transfer is necessary and in the interest of regular company business;
2. Determine that the transferee has a need to know the information and has the necessary clearance;
3. Ensure that all cover sheets or markings which identify the information as proprietary, or classified, are conspicuous;
4. Give the information directly to the transferee and verbally identify the proprietary or classified information as such. Do not give it to a non-cleared employee, such as a secretary or office colleague, and do not leave it on the transferee's desk unattended.

In consideration of their employment with **XYZ Company**, employees will be exposed to information and materials which are confidential and proprietary and of vital importance to the economic well-being of the company. Employees will not at any time disclose or use, either during or subsequent to their employment, any information, knowledge or data which they receive or develop during their employment which is considered proprietary by **XYZ Company** or which relates to the trade secrets of the company. Such information, knowledge or data includes the following which is by example only: processes, know-how, designs, drawings, diagrams, formulas, test data, accounting or financial data, pricing or



salary data, marketing data, business plans and strategies, negotiations and contracts, research, patient or vendor lists, inventions and discoveries.

Upon termination of their employment with **XYZ Company** they must promptly return any and all documents containing the above information, knowledge or data, or anything relating thereto, to the company.

Confidentiality of Company Information — E-Mail

Company computers and e-mail system are company property.

All employees are expected to use good judgment in using electronic mail and to avoid indiscretions such as offensive or inappropriate messages or any other message, Company deems inappropriate. E-mail messages should be used for business and not for soliciting outside business ventures or other matters unrelated to the company's affairs. Misuse of e-mail may result in disciplinary action up to and including termination.

CONFLICT OF INTREST

No employee of **XYZ Company** shall engage in the same or a similar line of business or research as that carried on by the company. An employee shall not have a financial interest in a company which is a competitor of or supplier to the company.

Financial interests held by an employee or by his or her immediate family members in such companies are to be disclosed immediately to the company so that a determination can be made as to whether a conflict exists. Members of the employee's immediate family include spouse, children, and any other relative sharing the same home as the employee. Violation of this policy will result in immediate termination.

TELEPHONE

Personal calls of short duration may be received no personal calls shall be made by any employee without approval by management. Personal telephone call privileges are subject to change or termination at any time. For instance, if the company telephone lines become overloaded with calls or an employee is found spending more than just limited time on personal calls, this privilege will be revoked either generally or specifically as to the offending employee.

WORKERS COMPENSATION

When an associate is injured he/she must notify the management immediately and arrange to see a physician. Based on the physician's recommendation the



associate may be put on light-duty work. Associate must report to management one working day after being released by a physician.

WORK RULES

XYZ Company wants to encourage a safe and pleasant work atmosphere. This can only happen when everyone cooperates and commits to appropriate standards of behavior.

The following is a list of behaviors that the company considers unacceptable. Any employee found engaging in these behaviors will be subject to disciplinary actions including reprimand, warning, layoff, or dismissal:

1. Failure to be at the work place, ready to work, at the regular starting time.
2. Willfully damaging, destroying, or stealing property belonging to fellow employees or the company.
3. Fighting or engaging in horseplay or disorderly conduct.
4. Refusing or failing to carry out any instructions of a supervisor.
5. Leaving your work station (except for reasonable personal needs) without permission from your supervisor.
6. Ignoring work duties or loafing during working hours.
7. Intentionally giving any false or misleading information to obtain employment or a leave of absence.
8. Using threatening or abusive language toward a fellow employee.
9. Punching another employee's time card or falsifying any record.
10. Willfully or habitually violating safety or health regulations.
11. Failing to wear clothing conforming to standards set by the company.
12. Being tardy or taking unexcused absences from work.
13. Not taking proper care of, neglecting, or abusing company equipment, tools and animals.
14. Using company equipment in an unauthorized manner.
15. Possessing firearms or weapons of any kind on company property.
16. Dating of or having relations with co-workers and employees is prohibited. Upon discovery of such incidents XYZ Company reserves the right to terminate employment of the involved parties at our discretion.

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