**Residential Cannabis Grow Compliance Checklist – WA**

*Use this checklist to verify your setup complies with state regulations and best practices.*

**Eligibility & Plant Limits**

\_\_\_\_\_ I am 21 or older and a qualifying medical marijuana patient with a valid Washington State Medical Marijuana Recognition Card.

\_\_\_\_\_ I am entered in the state database and authorized to grow cannabis at home under Washington’s medical marijuana laws.

\_\_\_\_\_ I cultivate no more than 4 plants unless my healthcare practitioner has recommended more (up to 6 or 15 plants).

\_\_\_\_\_ I understand that non-patients are not permitted to grow cannabis at home, and unauthorized cultivation may lead to legal penalties.

**Location & Visibility**

\_\_\_\_\_ My cannabis is grown at the address listed in my recognition card record or as approved by the Washington Department of Health.

\_\_\_\_\_ My grow area is not visible to the public, including from streets, sidewalks, or neighboring properties.

\_\_\_\_\_ I do not cultivate cannabis in shared spaces, public property, or rentals without written permission.

\_\_\_\_\_ If I rent, I have obtained written consent from my landlord to grow cannabis in the residence.

**Security & Access**

\_\_\_\_\_ My grow space is locked and secure to prevent access by minors or unauthorized individuals.

\_\_\_\_\_ I do not allow anyone under 21 to enter the grow area unless they are a designated caregiver.

\_\_\_\_\_ Only I or my designated provider, as listed in the database, have access to the cultivation site.

**Identification & Safety**

\_\_\_\_\_ I display a copy of my valid recognition card near my grow area in case of inspection.

\_\_\_\_\_ Each plant is labeled with my name, recognition card number, and “For Medical Use Only.”

\_\_\_\_\_ I use safe, code-compliant grow equipment and avoid hazards like overloaded circuits or improper wiring.

\_\_\_\_\_ I maintain odor control, good airflow, and keep a smoke detector or fire extinguisher nearby for safety.

**Legal Compliance**

\_\_\_\_\_ I grow cannabis solely for personal medical use and never for resale, gifting, or sharing.

\_\_\_\_\_ I do not transfer cannabis to anyone not listed as a patient or provider under the Washington program.

\_\_\_\_\_ I follow Washington possession limits: up to 8 ounces of usable cannabis (or more if authorized).

\_\_\_\_\_ I understand that transporting cannabis across state lines remains illegal under federal law.

***🖊️ Acknowledgment***

I have reviewed this checklist and understand the legal requirements for personal cannabis cultivation in the state of Washington. I acknowledge that staying within these guidelines is my responsibility.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_