3MA FIELD READINESS BRIEF

WHAT TO EXPECT DURING AN INITIAL DEA VISIT

A consolidated synopsis for licensed medical cannabis dispensaries

The visit in one minute

- DEA personnel provide advance notice by phone at least 48 hours before the visit and coordinate with the license owner to select an appropriate date and time.
- Expect a small DEA team, sometimes accompanied by a state regulator for the first visit in an area.
- The team may begin at patient check-in, walk the premises room by room, and photograph cameras, alarms, motion detectors, vaults, receiving areas, and other security features.
- Agents may ask staff to explain the full operating workflow: patient intake, ordering, receiving, storage, dispensing, recordkeeping, inventory reconciliation, and after-hours security.
- The business will likely receive a document request during or after the visit. The exact list varied by location.
- A later formal inspection or audit may follow the initial registration visit. Confirm the anticipated timing and recurring inspection schedule with the assigned DEA office.

1. What the Initial Visit May Look Like

1. Advance coordination. DEA personnel call the license owner at least 48 hours in advance and coordinate an appropriate date and time for the visit.

2. Introductions and purpose. Agents explain the registration or onboarding purpose of the visit and identify the people responsible for the location, compliance, and recordkeeping.

3. Patient-entry review. Staff may demonstrate patient check-in, daily patient volume, occupancy controls, and the handoff from intake to dispensing.

4. Premises walk-through. Agents may tour the exterior, lobby, vestibule, dispensing area, vault, delivery/receiving area, and other controlled rooms.

5. Security documentation. Agents may photograph cameras, camera views, panic alarms, motion detectors, vault security, and the receiving area. They may also ask about alarm monitoring, after-hours product security, and whether footage or alerts can be overridden.

6. Operations discussion. Staff may be asked to explain purchasing decisions, ordering, vendor relationships, receiving, storage, product placement, dispensing, and record retention.

7. Inventory and audit readiness. Agents may discuss complete inventory counts, traceability from receipt through final sale, receiving/dispensing reports, and the timing and documentation of biennial inventories.

8. Document follow-up. Requested records may be submitted after the visit. Organize the compliance file so requested documentation can be produced promptly, including within 48 hours when directed.

Questions staff should be ready to answer

- Who is responsible for records at the store, district, operations, and compliance levels?
- How are patients checked in, how do they place orders, and how is each sale tracked?
- How many patients are typically served each day, and how many may be in the dispensary at once?
- Does the sales-floor product represent all inventory or only part of it?
- How are products ordered, received, moved to the vault or sales floor, and secured after hours?
- How are sales, inventory, access, training, alarm testing, and employee records stored and retrieved?

2. Consolidated Document Readiness Checklist

Prepare a dedicated DEA compliance file—separate from state compliance records—with a current index, named owners, and secure access controls.

Corporate, ownership, and licensing

☐ Formation or organization documents; operating and management agreements; LLC formation records.

☐ Current state cannabis license, business/privilege permit, and pharmacist license if applicable.

☐ Ownership and officer/director roster: name, title, date of birth, home/contact information, ownership interests, and other businesses in which owners hold an interest.

☐ Records of license transfers or ownership changes since issuance.

☐ Power of attorney for anyone purchasing cannabis who is not the license holder.

☐ Business history narrative: formation, ownership, purpose, and motivation.

☐ Communications with regulators concerning violations, fines, corrective actions, or other compliance matters.

People, access, and organization

☐ Employee roster for all personnel who handle cannabis, including role/title, date of birth, address, and work-permit copies where requested.

☐ Management organizational chart and identification of the people responsible for recordkeeping.

☐ Key, alarm, and facility-access lists or logs.

☐ Blank employment application, employee records, training materials, and relevant training documentation.

☐ Background-check information or results, subject to the specific instructions and lawful process provided by DEA.

Inventory, purchasing, and vendors

☐ Complete current inventory list and product-category list.

☐ Supplier/vendor list with names, physical addresses, and contact information.

☐ Ordering procedure and narrative explaining how purchasing decisions are made.

☐ METRC or state track-and-trace purchase history.

☐ Receiving and dispensing reports capable of covering a DEA-defined date range.

☐ Documentation of complete biennial physical inventory counts, including whether the count occurred before opening or after closing.

Operations and patient workflow

☐ Applicable operating, inventory, security, receiving, dispensing, destruction, loss/theft, and record-retention SOPs.

☐ Narrative of the patient journey: intake, eligibility/check-in, ordering, purchasing, dispensing, and tracking.

☐ Narrative describing how sales records and supporting documents are stored and retrieved.

☐ Receiving process, including delivery parking/unloading, acceptance, and movement to the vault or sales floor.

Security and premises

☐ Complete security plan naming the hardware and software platforms and versions in use.

☐ Floor plan showing camera, alarm, motion-detector, panic-alarm, and other sensor locations.

☐ Security-system or monitoring contract/certificate confirming active alarm monitoring.

☐ Recent alarm and sensor test documentation.

☐ Access logs and security procedures; exterior notice regarding 24-hour surveillance if directed by the assigned office.

Financial and third-party support

☐ Contracts with the transporter or cash/bank-deposit service, if applicable.

☐ Other third-party contracts relevant to product custody, security, monitoring, receiving, or recordkeeping.

3. Ongoing Federal Recordkeeping Themes

Theme	Readiness expectation
Biennial inventory	Physically count and document all controlled inventory every two years. Retain records that clearly show whether the count occurred before opening or after closing.
Traceability	Be able to select a product or unit identifier and trace it from receipt through final sale, supported by receiving, inventory, and dispensing records.
Theft or significant loss	DEA Form 106 is used for theft or significant loss reporting. Confirm applicability, timing, and submission instructions with DEA.
Destruction	DEA Form 41 is used for controlled-substance destruction records. Confirm the process and whether a form must be submitted, retained, or both.
Distribution or cultivation	Distribution to other dispensaries or cultivation by the registrant may require an additional DEA registration. Confirm the applicable registration category before beginning either activity.
Inspection access	Maintain commonly requested records in a dedicated file and establish a process to produce them promptly, including within 48 hours when directed.

Items to Confirm with the Assigned DEA Office

- Identity information: confirm whether Social Security numbers are required in full or only in part, along with the precise data fields and secure transmission method.
- Inspection timing: confirm the anticipated date of the first formal inspection and the recurring inspection or audit cycle.

- Label language: confirm any required federal disclaimer language and how it should be reconciled with state labeling rules.
- State-regulator participation: confirm whether a state regulator will attend the initial visit.

PROTECT SENSITIVE INFORMATION

Do not circulate employee or owner SSNs, birth dates, home addresses, background-check records, access codes, or security-system details in a general readiness packet. Store them separately, limit access, verify the recipient and transmission channel, and send only what the assigned DEA office specifically requests.

4. Practical Recommendations for License Holders

- Designate one visit lead and one backup who can explain operations and coordinate document production.
- Build a DEA-specific indexed folder, with each category assigned to an owner and a last-updated date.
- Run a mock walk-through from patient check-in through receiving, vault storage, dispensing, record retrieval, and closing security.
- Test that staff can quickly generate receiving, dispensing, purchase-history, inventory, and access reports for any requested date range.
- Reconcile physical inventory, track-and-trace records, purchase records, and sales records; document and resolve discrepancies.
- Review every camera view and sensor location, verify alarms and panic devices, retain recent test results, and keep the monitoring contract current.
- Document the start/end time and operating status for each biennial inventory count.
- Maintain written procedures for theft/loss and destruction, including escalation contacts and the appropriate DEA reporting workflow.
- Ask the visiting office whether a mock audit or pre-inspection conference is available.
- Record all follow-up requests in writing, confirm deadlines, and maintain a submission log with what was sent, when, to whom, and by what secure method.

5. Day-of-Visit Quick Reference

TONE TO EXPECT

Agents have been professional, helpful, and focused on education and compliance rather than immediate penalties. Cooperate, answer accurately, and avoid guessing; when uncertain, offer to confirm and follow up in writing.

Before agents arrive

☐ Confirm the agreed visit date and time, the expected DEA attendees, and whether a state regulator will participate.

☐ Notify the designated visit lead, senior management, compliance counsel/advisor, and state regulator if required.

☐ Verify credentials and record names, office, contact information, arrival time, and stated purpose.

☐ Prepare a private meeting space and make the document index available without exposing unrelated sensitive files.

During the walk-through

☐ Have a knowledgeable manager accompany the team and keep a contemporaneous visit log.

☐ Explain operations consistently and demonstrate actual practice; identify follow-up items instead of speculating.

☐ Note photographs taken, areas visited, systems discussed, and every requested record or report.

Before departure

☐ Read back the requested-document list, required format, deadline, recipient, and secure delivery method.

☐ Clarify any request involving SSNs, birth dates, home addresses, background checks, access controls, or security architecture.

☐ Ask about anticipated next steps, inspection timing, record-retention expectations, forms, and a mock audit.

After the visit

☐ Debrief staff promptly and memorialize guidance while details are fresh.

☐ Send a written confirmation of open items and deadlines.

☐ Preserve the exact submission package and delivery confirmation in the DEA compliance file.

☐ Correct identified gaps, update SOPs, and train affected personnel.

Federal Resources

Use the DEA Diversion Control Division website and the Electronic Code of Federal Regulations, including 21 CFR Part 1301, to confirm current forms, regulations, deadlines, and registration requirements.

About 3MA

The Mississippi Medical Marijuana Association is a 501(c)(6) non-profit trade organization representing the interests of Mississippi's medical cannabis community. 3MA works with operators, advocates, patients, policymakers, and regulators to support patient access, responsible industry growth, and meaningful improvements to Mississippi's medical cannabis program.