

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT!INSTRUCTIONS

PURPOSE: The National Clandestine Laboratory Seizure Report! (*EPIC Form 143*) and the Clandestine Laboratory Seizure System (CLSS) include data pertaining to clandestine laboratories seized in the United States by local, State and Federal law enforcement agencies. (*The entered data must meet Department of Justice 28 CFR Part 23 guidelines.*) The CLSS is a Privacy Act System of Records. The records contained in the system are under the control and custody of the Drug Enforcement Administration (DEA), and are maintained in accordance of Federal laws and regulations. Use of the information is limited to law enforcement agencies in connection with activities pertaining to the enforcement of criminal laws. Accordingly, disclosure, release or dissemination of information obtained through accessing the CLSS is strictly prohibited without the express written consent of the DEA. The El Paso Intelligence Center (EPIC) is the central repository for these data. The data will be useful in determining, among other criteria, the types, numbers, and locations of laboratories seized; manufacturing trends; precursor and chemical sources; the number of children and law enforcement officers affected; and investigative leads. The data may also be useful to agencies in justifying and allocating current or future resources. Further information can be obtained on RISS.NET at URL <http://clanlab.riss.net>.

TYPE OF REPORT: (top right corner) Check only one box to indicate the type of seizure being reported.

LAB SEIZURE: CLANDESTINE LABORATORY DEFINED: “An illicit operation consisting of a sufficient combination of apparatus and chemicals that either has been or could be used in the manufacture or synthesis of controlled substances.” Check this box only if the seizure meets this definition.

CHEM/GLASSWARE/EQUIPMENT SEIZURE: A seizure of only chemicals, glassware, and/or equipment normally associated with the manufacturing of a controlled/illicit substance, but there is insufficient evidence that the items were used in the manufacture of a controlled/illicit substance.

DUMPSITE SEIZURE: A location where discarded laboratory equipment, empty chemical containers, waste by products, pseudoephedrine containers, etc., were abandoned/dumped. There was no lab found with this seizure.

- I. **REPORTING OFFICE:** Indicate the date of seizure (MMDDYYYY). Identify the seizing agency, ORI number, agency location (city and state), case or file number, reporting officer (first and last name) and telephone number. These are **mandatory** fields. The file title is not a mandatory field, but it can be queried. The primary subject’s name is often times used as the file title. Under “Reporting Officer/Agent” provide the full name and telephone number of the person submitting the information and any other person that can be contacted for further information or investigative referrals. Place additional phone numbers in the Remarks Section. The COPS number (‘S’ number) is assigned by DEA to agencies requesting DEA funding for lab clean up and should be provided if applicable. If more than one agency was involved in the seizure, the same identifying information can be placed in the database with each participating agency. Place additional agency information in the Remarks Section.
- II. **SEIZURE LOCATION:** Check the box that most closely describes the location of the seizure. Vehicle is used for anything on wheels, to include cars, trucks, tractor-trailer, recreational vehicles, etc. Family dwelling includes residences or mobile homes. Use Remarks Section for additional information.
- III. **SEIZURE NEIGHBORHOOD:** Check the box that most closely describes the surrounding area. An urban area is a city or town, suburban is the outskirts of a city or town, and rural is the countryside or an agricultural area. If the seizure occurs on public land, indicate the official name of the land.
- IV. **ESTIMATED LAB CAPACITY:** Estimate the amount the seized lab could have produced, per cooking cycle, based on the amount of precursors, chemicals, and equipment at the lab site. This should be a best estimate, based on on-site observations or intelligence. This field is **mandatory** if the Type of Report!has been checked as a Lab Seizure.
- V. **LABORATORY STATUS:** A laboratory is considered operational if all the necessary chemicals and apparatus are present, and it is set up so that a chemical synthesis can begin within a short period of time. Anything not considered an operational laboratory should be reported as non-operational. Other choices include Abandoned, Boxed/Dismantled, or Explosion/Fire. Check all that apply. This field is **mandatory** if the Type of Report!has been checked as a Lab Seizure.
- VI. **LAB MANUFACTURING PROCESS:** Check one. Choose the primary manufacturing process. Check Hydriodic Acid manufacturing or Ephedrine or Pseudoephedrine tablet extraction **ONLY** if the lab was operated solely for this purpose (i.e., the lab being reported was NOT manufacturing methamphetamine). In the OTHER block, indicate any substitute chemicals used.

- VII. LABORATORY EQUIPMENT:** Check the box that most closely describes the type of glassware and apparatus seized. Professional/retail indicates chemistry/research-type equipment. If available, provide information on the manufacturer, seller, etc. Remember, purchaser information is available on some equipment; therefore, the recording of brand name, model number, and serial number is encouraged for possible investigative follow-up.
- VIII. LABORATORY TYPE:** Check the type of drug being manufactured or produced. The **tablet extraction** box indicates the seizure of an extraction-type laboratory only (e.g. pseudoephedrine tablets). Check all boxes that apply.
- IX. SEIZURE/LABORATORY ADDRESS:** List the laboratory's complete address, including county, state, and zip code. (County and state are **mandatory** fields.) In the case of a traffic stop, indicate the location of the stop. If a seizure takes place in a rural area where there are no numbered addresses, put in the closest reference point (i.e., (2 miles West of County Road 220). Latitude/longitude for rural labs with no address are the best alternative.
- X. CHEMIST AND CLEAN-UP PERSONNEL:** This is a **mandatory** field. Check the appropriate box and provide the name of the HAZMAT contractor. Evaluation of Hazmat Contractor is **mandatory** for all DEA reported seizures.
- XI. PERSONS AFFECTED:** Check all boxes that apply. The number of children affected is a **mandatory** field. Total children affected would include children residing (not necessarily present) and any children visiting. *(If anyone was injured or killed at the lab site, provide additional details in the Remarks Section.)*
- XII. WEAPONS/EXPLOSIVES SEIZED:** Type of weapon is considered a handgun, shotgun, rifle, assault rifle, etc. The number indicates how many of the same make and model were seized. Under Description, indicate Make, Model and Caliber of the weapon. If a Booby Trap was encountered, indicate whether it was explosive, chemical or mechanical and any other identifying information.
- XIII. QUANTITY OF ALL DRUGS SEIZED AT LAB SITE:** Check all boxes that apply and provide quantity and unit of measurement. This category includes finished drugs, unfinished drugs, as well as manufactured drugs in solution (e.g. 22 grams of meth; 200 milliliters of meth in solution) and other types of drugs found, but not necessarily manufactured, at the lab site.
- XIV. PRECURSOR/CHEMICAL SOURCE:** Specify precursor and check the box that indicates the source. Manufacturer and distributor information, including lot or identification numbers, should be reported. Additional precursor information should be continued in the Remarks Section.
- XV. PRECURSOR AGENTS/ CATALYSTS/ SOLVENTS/ REAGENTS SEIZED:** Check all known precursors/chemicals used and provide applicable amounts (as indicated by seized containers and chemical analysis). If ephedrine or pseudoephedrine is seized, 'packaging' is a mandatory field. For bulk amounts, use weight amount. For tablets, use pill counts and dosage units (i.e., Pseudoephedrine – "250 Tablets/60 mg"). For blister packs, indicate number of blister packs, tablet count per pack, dosage unit size, and any brand name and lot number information (i.e., "Pseudoephedrine – 20 blister packs, 48 tabs each, 120 mg"). If known, select the source of the ephedrine or pseudoephedrine. Provide manufacturer, brand and lot number information where available. Include amounts of empty containers that are found (e.g., 2 ea empty 11oz Ether cans, etc.) When reporting cans or containers of an item, indicate the capacity/size of the containers. (Use Remarks Section for additional space.)
- XVI. CRIMINAL AFFILIATION:** Check the box for any known affiliation that applies to the subjects of the investigation. If the name of the organization is not known, put 'unknown' in the Organizational Name field.
- XVII. SUSPECT/CRIMINAL BUSINESS/CRIMINAL VEHICLE INFORMATION:** Provide the suspect's full name, DOB and address, including county and zip code. Include any other available identifying information. Provide business name and address and vehicle information if criminally associated. (Use additional sheets as necessary.)
- XVIII. DEA REPORTING ONLY:** Provide the GDEP Identifier, DEA office and case number (if other than reporting office), Special Agent's name and telephone number.
- XIX. REMARKS SECTION:** Please use this section to expand on any answers or for any additional relevant information.

If additional assistance is needed, contact the CLSS Help Desk 1-888-USE-EPIC (Option 7), EPIC Watch at (915) 760-2200 or toll free inside Texas 1-800-351-6047; outside Texas 1-800-527-4062. Completed National Clandestine Laboratory Seizure Reports should be e-mailed to CLSS@EPICMAIL.RISS.NET or faxed to UNCLASSIFIED (915) 760-2913 or CLASSIFIED (915) 760-2538 or mailed to:

**El Paso Intelligence Center
ATTN: Clan Lab
11339 SSG Sims Street
El Paso, Texas 79908-8098**

XX. PAPERWORK REDUCTION ACT NOTICE: See Title 44 United States Code, Chapter 35. This form enables law enforcement agencies to report information concerning the seizure of clandestine laboratories that manufacture illicit substances. This information will be used by law enforcement agencies to assist in developing effective interdiction strategies and to allocate resources, and to provide valuable information to policy makers concerning the scope and breadth of illicit drug manufacturing operations. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The specific circumstances surrounding the seizure of a clandestine laboratory may make this a bit more difficult at times. The estimated average time to complete and file this form is as follows: (1) 15 minutes for the user to become familiar with the form; (2) 30 minutes to complete the form; and (3) 15 minutes to file the form electronically or to prepare the form for mailing, for a total estimated time of 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to: Drug Enforcement Administration, El Paso Intelligence Center, 11339 SSG Sims Street, El Paso, TX 79908-8098. Any agency of the United States government may not conduct or sponsor, and a person is not required to respond to a request for collection of information unless it contains an OMB control number.
OMB No. 1117-0042



NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT

Entered data must meet 28 CFR Part 23 guidelines.

TYPE OF REPORT*

- Lab Seizure
- Chem/Glassware/Equip Seizure (Only)
- Dumpsite Seizure (Only)

I Reporting Office (An asterisk symbol (*) indicates a mandatory field)

Seizure Date* (MMDDYYYY)	Agency*	ORI*	Agency City*
Agency State*	Case or File Number*	File Title	
Reporting Officer/Agent Name* (First, Last)		Telephone Number* ()	COPS Number (DEA 'S' Number)

II Seizure Location* (Check one – put additional information in Remarks Section)

<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Family Dwelling	<input type="checkbox"/> Storage Locker	<input type="checkbox"/> Business
<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Open – No Structure	<input type="checkbox"/> Other – Describe:

III Seizure Neighborhood (Check most appropriate)

<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Rural	<input type="checkbox"/> Suburban	<input type="checkbox"/> Urban
Public Land – Name:		Other – Describe:	

IV Estimated Lab Capacity (Based on seized chemicals, glassware, and equipment on site) (Mandatory if lab seizure is checked)

<input type="checkbox"/> Under 2 Oz.	<input type="checkbox"/> 2 – 8 Oz.	<input type="checkbox"/> 9 Oz. – 1 Lb.	<input type="checkbox"/> 2 – 9 Lbs.	<input type="checkbox"/> 10 – 19 Lbs.	<input type="checkbox"/> 20 Lbs. or Greater
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V Laboratory Status (Check all that apply) (Mandatory if lab seizure is checked)

<input type="checkbox"/> Operational – Not in Production	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Explosion/Fire
<input type="checkbox"/> Operational – In Production	<input type="checkbox"/> Boxed/Dismantled	<input type="checkbox"/> Other – Describe:

VI Lab Manufacturing Process (Check ONLY one)

<input type="checkbox"/> Ephedrine/Red "P"/Hydriodic Acid Reduction and/or Iodine Reduction	<input type="checkbox"/> Ephedrine/Lithium, Sodium or Potassium/ Anhydrous Ammonia (Nazi/Birch)	<input type="checkbox"/> Ephedrine Tablet Extraction
<input type="checkbox"/> Pseudoephedrine/Red "P"/Hydriodic Acid and/or Iodine Reduction	<input type="checkbox"/> Pseudoephedrine/Lithium, Sodium or Potassium/ Anhydrous Ammonia (Nazi/Birch)	<input type="checkbox"/> Pseudoephedrine Tablet Extraction
<input type="checkbox"/> P2P/Methylamine	<input type="checkbox"/> Hydriodic Acid Manufacturing	<input type="checkbox"/> Ice Conversion
<input type="checkbox"/> Hydrogenation	<input type="checkbox"/> Anhydrous Ammonia Manufacturing	<input type="checkbox"/> Other – Describe:

VII Laboratory Equipment (Continue in Remarks)

<input type="checkbox"/> Homemade/Improvised	<input type="checkbox"/> Professional/Retail	Store Name:
		City:

VIII Laboratory Type (Check all that apply)

<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Tablet Extraction	<input type="checkbox"/> Anhydrous Ammonia	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Ice Conversion
<input type="checkbox"/> Hydriodic Acid	<input type="checkbox"/> GHB	<input type="checkbox"/> MDMA	<input type="checkbox"/> Methcathinone	<input type="checkbox"/> PCP
<input type="checkbox"/> Other – Describe:				

IX Seizure/Laboratory Address

Street #	Dir (E,S, etc.)	Street Name	Suffix (St. Ave., etc.)	Unit # (Apt)	Box #
City	County*	State*	Zip Code	Latitude/Longitude	

X Chemist and Cleanup Personnel*

Chemist on Site <input type="checkbox"/> None <input type="checkbox"/> State/Local <input type="checkbox"/> DEA	Hazmat Contractor Utilized <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Hazmat Contractor	Evaluation of Hazmat Contractor <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor **
**(Provide details in Remarks Section)			

XI Persons Affected (Children are mandatory – indicate 0 when none were affected) (Check all that apply and indicate number)

Total Children Affected (#)	Child Injured (#)	Child Killed (#)	Law Enforcement Injured (#)
Law Enforcement Killed (#)	Suspect Injured (#)	Suspect Killed (#)	
Other – Describe:			

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT!- CONTINUED

XII Weapons/Explosives Seized (Check all that apply and continue in Remarks Section)

Type (Handgun, Rifle, etc.)	Number	Serial No.	Description (Make, Model, & Caliber)

Booby Trap – Describe:

XIII Quantity of All Drugs Seized at Lab Site (Check all that apply/Specify amount & unit of measure)

Amphetamine	Amt	LSD	Amt	Methcathinone	Amt
Cocaine	Amt	MDMA	Amt	PCP	Amt
GHB/GBL	Amt	Methamphetamine	Amt	Other – Describe:	Amt

XIV Precursor/Chemical Source (If more than one precursor, continue in Remarks Section)

Specify Precursor: _____ Source: Chemical Company Convenience Store Retail Outlet Internet

Store Name: _____ City: _____ State: _____ Country: _____ Other – Describe: _____

XV Precursor Agents/Catalysts/Solvents/Reagents Seized (Check all that apply/Specify unit of measure)

Precursor Agents (If Ephedrine or Pseudoephedrine is selected, Packaging category is mandatory)

Ephedrine					Pseudoephedrine				
Amt					Amt				
Packaging:*	Unknown	Powder	Tablets	Blister Packs	Packaging:*	Unknown	Powder	Tablets	Blister Packs
Source:	Domestic	Canada	Mexico		Source:	Domestic	Canada	Mexico	

Brand Name(s): _____

Lot Number(s): _____

NOTE: Brand Names and Lot Numbers for chemicals other than ephedrine and pseudoephedrine should be entered in the Remarks Section.

Benzaldehyde	Amt	GBL	Amt	Piperidine	Amt
Benzylchloride	Amt	Methylamine	Amt	P2P	Amt
Benzylcyanide	Amt	Phenylpropanolamine	Amt	Other	Amt

Catalysts/Solvents/Reagents

Acetone	Amt	Hydriodic Acid (HI)	Amt	PCC	Amt
Alcohol	Amt	Hydrochloric Acid (Muriatic)	Amt	Phenylacetic Acid	Amt
Aluminum	Amt	Hydrogen Chloride Gas	Amt	Potassium Metal	Amt
Anhydrous Ammonia	Amt	Hydrogen Gas	Amt	Potassium Permanganate	Amt
Benzene	Amt	Hydrogen Peroxide	Amt	Red Phosphorus	Amt
Bromobenzene	Amt	Hypophosphorous Acid	Amt	Sodium Chloride (Salt)	Amt
Caustic Soda	Amt	Iodine (Crystals)	Amt	Sodium Cyanide	Amt
Charcoal Lighter Fluid	Amt	Iodine (Tincture)	Amt	Sodium Dichromate	Amt
Chloroform	Amt	Lithium Metal	Amt	Sodium Hydroxide (Lye)	Amt
Chromium Trioxide	Amt	Magnesium	Amt	Sodium Metal	Amt
Coleman/Camping Fuel	Amt	Mercuric Chloride	Amt	Sulfuric Acid	Amt
Cyclohexanone	Amt	Methanol	Amt	Thionyl Chloride	Amt
Ether	Amt	Methyl Ethyl Ketone (MEK)	Amt	Toluene	Amt
Freon	Amt	Methylsulfonylmethane (MSM)	Amt	Other	Amt
Grignard	Amt	Naptha	Amt		

XVI Criminal Affiliation (If applicable)

Asian Org Mexican Org Militia Group Outlaw Motorcycle Gang Traditional Organized Crime Middle Eastern Group

Other – Describe: _____ Organization/Gang/Group Name: _____

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NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT!- CONTINUED

XVII Suspect/Criminal Business/Criminal Vehicle Information

Suspect #1 Information

Last Name (Paternal)		Last Name (Maternal)		First Name			Middle Name			
Alias/Moniker				Generation (Jr, Sr, etc.)	Male	Female	Race		Nationality (US, MX, etc.)	
DOB (MMDDYYYY)		Alt DOB (MMDDYYYY)		Height	Weight (Lbs)	Hair Color	Eye Color	Arrested	Yes	No
Phone Type	Regular	Cell	Pager	Phone Number ()						

Suspect Residence Information

Street Number		Dir. (E,S, etc.)		Street Name			Unit # (Apt)		Box #		
City			County			State		Country		Zip Code	

Involvement (Role) and Identification Numbers

<input type="checkbox"/>	Cook/Chemist	<input type="checkbox"/>	Enforcer	<input type="checkbox"/>	Smuggler	<input type="checkbox"/>	Chemical Courier	<input type="checkbox"/>	Criminal Associate	
<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Financier	<input type="checkbox"/>	Broker	Other – Describe:				
Social Security Number					Driver License Number/State					
FBI Number					Alien Registration Number					
NADDIS Number					Other Numbers					

Suspect #2 Information

Last Name (Paternal)		Last Name (Maternal)		First Name			Middle Name			
Alias/Moniker				Generation (Jr, Sr, etc.)	Male	Female	Race		Nationality (US, MX, etc.)	
DOB (MMDDYYYY)		Alt DOB (MMDDYYYY)		Height	Weight (Lbs)	Hair Color	Eye Color	Arrested	Yes	No
Phone Type	Regular	Cell	Pager	Phone Number ()						

Suspect Residence Information

Street Number		Dir. (E,S, etc.)		Street Name			Unit # (Apt)		Box #		
City			County			State		Country		Zip Code	

Involvement (Role) and Identification Numbers

<input type="checkbox"/>	Cook/Chemist	<input type="checkbox"/>	Enforcer	<input type="checkbox"/>	Smuggler	<input type="checkbox"/>	Chemical Courier	<input type="checkbox"/>	Criminal Associate	
<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Financier	<input type="checkbox"/>	Broker	Other – Describe:				
Social Security Number					Driver License Number/State					
FBI Number					Alien Registration Number					
NADDIS Number					Other Numbers					

Suspect #3 Information

Last Name (Paternal)		Last Name (Maternal)		First Name			Middle Name			
Alias/Moniker				Generation (Jr, Sr, etc.)	Male	Female	Race		Nationality (US, MX, etc.)	
DOB (MMDDYYYY)		Alt DOB (MMDDYYYY)		Height	Weight (Lbs)	Hair Color	Eye Color	Arrested	Yes	No
Phone Type	Regular	Cell	Pager	Phone Number ()						

Suspect Residence Information

Street Number		Dir. (E,S, etc.)		Street Name			Unit # (Apt)		Box #		
City			County			State		Country		Zip Code	

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NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT!- CONTINUED

Involvement (Role) and Identification Numbers				
<input type="checkbox"/> Cook/Chemist	<input type="checkbox"/> Enforcer	<input type="checkbox"/> Smuggler	<input type="checkbox"/> Chemical Courier	<input type="checkbox"/> Criminal Associate
<input type="checkbox"/> Distributor	<input type="checkbox"/> Financier	<input type="checkbox"/> Broker	<input type="checkbox"/> Other – Describe:	
Social Security Number		Driver License Number/State		
FBI Number		Alien Registration Number		
NADDIS Number		Other Numbers		

Criminal Business Information (Include all a.k.a.'s)				
Business Name:				
Street Number	Dir. (E, S, etc.)	Street Name	Unit # (Apt)	Box #
City	County	State	Country	Zip Code
Phone Type	<input type="checkbox"/> Regular	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	Phone Number ()
NADDIS Number		Other Numbers (TECS, Case, etc.)		

Criminal Vehicle Information (If applicable)				
License Plate Number	Temporary License Plate #	State	Country	Seized <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
VIN Number	Type (Car, SUV, Pickup, etc.)	Make		
Model	Year	Owner Type	<input type="checkbox"/> Privately Owned	<input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>

XVIII DEA Reporting Only				
GDEP Identifier	<input type="checkbox"/> Special Operations Division Supported Case	DEA Office Identifier and Case Number if other than Reporting Office		
Special Agent's Name* (First, Last)		Phone #* ()		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acknowledgement that the Clan Lab Seizure has been reported to CCF via a standard seizure form and submitted to the Division Asset Removal Group for processing and input into the Consolidated Asset Tracking System.		

XIX Remarks Section				

CLSS Help Desk	UNCLASSIFIED FAX:	CLASSIFIED FAX:	E-mail Address	MAILING ADDRESS
1-888-USE-EPIC 873-3742 (Option 7)	(915) 760-2913	(915) 760-2538	clss@epicmail.riss.net	El Paso Intelligence Center ATTN: Clan Lab 11339 SSG Sims Street El Paso, Texas 79908-8098

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