



# 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 * (MM-DD-YYYY)	Agency *	ORI *	Agency City *
Agency State *	Case or File Number *	File Title	E143 ID (for EPIC use - autogenerated)
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 Facility	<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 in remarks

### III Seizure Neighborhood (Check most appropriate)

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

### 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. (less than 1 gal)	<input type="checkbox"/> 2 – 8 oz. (1-5 gal)	<input type="checkbox"/> 9 oz. – 1 lb. (6-10 gal)	<input type="checkbox"/> 2 – 9 lbs. (11-14 gal)	<input type="checkbox"/> 10 – 19 lbs. (>= 15 gal)	<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 – <b>Not</b> 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 in remarks

### VI Lab Manufacturing Process (Check ONLY one)

<input type="checkbox"/> Ephedrine/Phosphorus/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/Phosphorus/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"/> One-Pot Method
		<input type="checkbox"/> Other - Describe in remarks

### 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 in remarks				

### IX Seizure/Laboratory Address\* (Either County/State or Lat/Long must be entered)

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

### X Chemist and Cleanup Personnel\*

Chemist on Site: <input type="checkbox"/> None <input type="checkbox"/> State/Local <input type="checkbox"/> DEA	Hazmat Contractor Used: <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)

Total Children Affected (# )	Child Injured (# )	Child Killed (# )	Law Enforcement Injured (# )
Law Enforcement Killed (# )	Suspect Injured (# )	Suspect Killed (# )	

Describe How People were Injured or Killed in remarks section.

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**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	LSD	Methamphetamine	_____	Amt
Cocaine	MDMA	Methcathinone	_____	Amt
GHB/GBL	Marijuana	PCP	_____	Amt

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

Specify Precursor: \_\_\_\_\_ Source:  Chemical Company  Convenience Store  Retail Outlet  Unknown  
 Store Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Other – Describe in remarks \_\_\_\_\_

**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	Amt					Unit of Measure					Pseudoephedrine	Amt					Unit of Measure				
	Unknown	Powder	Tablets	Blister Packs		Unknown	Powder	Tablets	Blister Packs			Unknown	Powder	Tablets	Blister Packs						
Source:	Domestic	Canada	Mexico	India	China	Source:	Domestic	Canada	Mexico	India	China										

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
Benzylchloride	_____	Amt	Methylamine	_____	Amt	P2P
Benzylcyanide	_____	Amt	Phenylpropanolamine	_____	Amt	

**Catalysts/Solvents/Reagents - Enter amount and unit of measure**

Amt	Unit of Measure	Amt	Unit of Measure	Amt	Unit of Measure
Acetone		Grignard		PCC	Amt
Alcohol		Hexamine		Phenylacetic Acid	Amt
Aluminum		Hydriodic Acid (HI)		Phosphorus	Amt
Ammonium Nitrate		Hydrochloric Acid (Muriatic)		Potassium Chlorate (Perchlorate)	Amt
Ammonium Sulfate		Hydrogen Chloride Gas		Potassium Cyanide	Amt
Anhydrous Ammonia		Hydrogen Gas		Potassium Metal	Amt
Benzene		Hydrogen Peroxide		Potassium Nitrate	Amt
Bromobenzene		Hypophosphorous Acid		Potassium Permanganate	Amt
Castor Seeds		Iodine (Crystals)		Sodium Chloride (Salt)	Amt
Caustic Soda		Iodine (Tincture)		Sodium Cyanide	Amt
Charcoal Lighter Fluid		Lithium Metal		Sodium Dichromate	Amt
Chloroform		Magnesium		Sodium Hydroxide (Lye)	Amt
Chromium Trioxide		Mercuric Chloride		Sodium Metal	Amt
Citric Acid		Methanol		Sulfuric Acid	Amt
Coleman/Camping Fuel		Methyl Ethyl Ketone (MEK)		Thionyl Chloride	Amt
Cyclohexanone		Methylsulfonylmethane (MSM)		Toluene	Amt
Ether		Naphtha		Urea	Amt
Ethylene Glycol		Nitric Acid		Other	
Freon		Nitromethane			

**NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT - CONTINUED**

<b>XVI Criminal Affiliation (If applicable - Type and name are mandatory if entered)</b>																	
<input type="checkbox"/> Asian Org		<input type="checkbox"/> Mexican Org		<input type="checkbox"/> Militia Group		<input type="checkbox"/> Motorcycle Gang		<input type="checkbox"/> Organized Crime				<input type="checkbox"/> Middle Eastern Group					
<input type="checkbox"/> Other						Organization/Gang/Group Name:											
<b>XVII Suspect/Criminal Business/Criminal Vehicle Information</b>																	
<b>Suspect #1 Information</b>																	
Last Name (Paternal)				Last Name (Maternal)				First Name				Middle Name					
Alias/Moniker						Generation (Jr., Sr., etc.)		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race		Nationality (US, MX, etc.)					
DOB (MM-DD-YYYY)			Alt DOB (MM-DD-YYYY)			Height (in)	Weight (lbs)		Hair Color	Eye Color	Arrested	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Phone Type:	<input type="checkbox"/> Home		<input type="checkbox"/> Cell/Mobile		<input type="checkbox"/> Pager		Phone Number										
<b>Suspect Residence Information</b>																	
Street Number			Dir. (E., S., etc.)		Street Name				Unit # (Apt)		Box #						
State	County				City				Country		Zip Code						
<b>Involvement (Role) and Identification Numbers</b>																	
<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 in remarks											
Social Security Number						Driver License Number/State											
FBI Number						Alien Registration Number											
NADDIS Number						Other Numbers											
<b>Suspect #2 Information</b>																	
Last Name (Paternal)				Last Name (Maternal)				First Name				Middle Name					
Alias/Moniker						Generation (Jr., Sr., etc.)		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race		Nationality (US, MX, etc.)					
DOB (MM-DD-YYYY)			Alt DOB (MM-DD-YYYY)			Height (in)	Weight (lbs)		Hair Color	Eye Color	Arrested	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Phone Type	<input type="checkbox"/> Home		<input type="checkbox"/> Cell/Mobile		<input type="checkbox"/> Pager		Phone Number										
<b>Suspect Residence Information</b>																	
Street Number			Dir. (E., S., etc.)		Street Name				Unit # (Apt)		Box #						
State	County				City				Country		Zip Code						
<b>Involvement (Role) and Identification Numbers</b>																	
<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 in remarks											
Social Security Number						Driver License Number/State											
FBI Number						Alien Registration Number											
NADDIS Number						Other Numbers											
<b>Suspect #3 Information</b>																	
Last Name (Paternal)				Last Name (Maternal)				First Name				Middle Name					
Alias/Moniker						Generation (Jr., Sr., etc.)		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race		Nationality (US, MX, etc.)					
DOB (MM-DD-YYYY)			Alt DOB (MM-DD-YYYY)			Height (in)	Weight (lbs)		Hair Color	Eye Color	Arrested	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Phone Type	<input type="checkbox"/> Home		<input type="checkbox"/> Cell/Mobile		<input type="checkbox"/> Pager		Phone Number										
<b>Suspect Residence Information</b>																	
Street Number			Dir. (E., S., etc.)		Street Name				Unit # (Apt)		Box #						
State	County				City				Country		Zip Code						

**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 in remarks	
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:		Business AKA:		
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 - if entered, vehicle type is mandatory)**

License Plate Number	Temporary License Plate #	State	Country	Seized	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	

**XVIII DEA Reporting Only**

GDEP Identifier	<input type="checkbox"/> Special Operations Division Supported Case	Enter DEA Office Identifier and Case Number in remarks, if applicable
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**

Submission status reports and NSS incident numbers will be sent to the POC e-mail address    Internet: <https://www.esp.gov>    915-760-2135: Technical Assistance

Please do not e-mail a PDF file, as these files cannot be processed. Click the "SUBMIT" button and e-mail the Form Data File (FDF) to: [epic\\_dropbox@epic.gov](mailto:epic_dropbox@epic.gov) or as directed by State/Local Clan Lab Coordinator.

POC e-mail address(es) - separate with semicolon and use no spaces