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|  | **NATIONAL CLANDESTINE****LABORATORY SEIZURE REPORT** | TYPE OF REPORT\*OMB NO. 1117-0042 |
| [ ]  Lab Seizure[ ]  Chem/Glassware/Equip Seizure (Only)[ ]  Dumpsite Seizure (Only) |
| **I** | **Reporting Office (An asterisk symbol (\*) indicates a mandatory field)** |
| Seizure Date \* (MMDDYYYY)Enter Here | Agency \*Enter Here | ORI \*Enter Here | Agency City \*Enter Here |
| Agency State \*Enere | Case or File Number \*Enter Here | File Title Enter Here |  [ ]  Authorized Central Storage (ACS) Cleanup  If yes, site ID: Enter Here |
| Reporting Officer/Agent Name \* (Last, First)Enter Here | Telephone Number \* ( E ) Enter Here | COPS Number (DEA ‘S’ Number) Enter Here |
| **II** | **Seizure Location\* (Check one – put additional information in Remarks Section)** |
| [ ]  Apartment/Condo | [ ]  Family Dwelling | [ ]  Outbuilding | [ ]  Vehicle | [ ]  Other – Describe Enter Here |
| [ ]  Business | [ ]  Hotel/Motel | [ ]  School/Univ. | [ ]  Vessel |
| [ ]  Dumpster | [ ]  Open – No Structure | [ ]  Storage Facility |  |  |
| **III** | **Seizure Neighborhood (Check most appropriate)**  |
| [ ]  Commercial/Industrial | [ ]  Public Land – Name | [ ]  Rural | [ ]  Suburban | [ ]  Urban |
| [ ]  Other – Describe Enter Here |
| **IV** | **Estimated Lab Capacity (Based on seized chemicals, glassware, and equipment on site) (Mandatory if lab seizure is checked)** |
| [ ]  Under 2 oz. | [ ]  2 – 8 oz. | [ ]  9 oz. – 1 lb. | [ ]  2 – 9 lbs | [ ]  10 – 19 lbs. | [ ]  20 lbs. or Greater |
| **V** | **Laboratory Status (Check all that apply) (Mandatory if lab seizure is checked)** |
| [ ]  Operational – **Not** in Production | [ ]  Abandoned | [ ]  Explosion/Fire | [ ]  Other – Describe: Enter Here |
| [ ]  Operational – In Production | [ ]  Boxed/Dismantled |  |
| **VI** | **Laboratory Type (Check all that apply)** |
| [ ]  Cocaine Conversion (Crack) | [ ]  Honey Oil/THC Extraction (liq) | [ ]  Methamphetamine (Meth) | [ ]  Methcathinone | [ ]  Other – DescribeEnter Here |
| [ ]  Fentanyl | [ ]  LSD | [ ]  Meth/Ice Conversion | [ ]  PCP |
| [ ]  GHB/GBL | [ ]  MDMA | [ ]  Meth/Reconstitution | [ ]  PSE Tablet Extraction |
| **VII** | **Primary Methamphetamine Manufacturing Process (Required for Lab Seizure Report)**  |
| [ ]  Pseudoephedrine/Phosphorus/Hydriodic Acid/Iodine Reduction | [ ]  P2P – Methylamine | [ ]  Other – DescribeEnter Here |
| [ ]  Pseudoephedrine/Lithium, Sodium or Potassium/Anhydrous Ammonia (Nazi/Birch) | [ ]  One Pot Method/Shake & Bake |
| **VIII** | **THC Manufacturing Process** |
| [ ]  THC Extraction Chemical/Wet Method | [ ]  THC Extraction Dry Method |  |
| **IX** | **Seizure/Laboratory Address** |
| Street#Er H | Dir. (N., S., E., W., etc.)Enr Here | Street NameEnterre | Suffix (St., Ave., etc.)Enter e | Unit # (Apt)Entee | Box #Entere  |
| City Enterre | County\* Enterre | State\*Entre | Zip CodeEnterre | Latitude/Longitude Enter |
| **X** | **Chemist and Cleanup Personnel**  |
| Chemist on Site:[ ] None[ ] State/Local[ ]  DEA | Hazmat Contractor Used:[ ]  Yes [ ]  No | Name of Hazmat Contractor:Enter Here | Evaluation of Hazmat Contractor:[ ]  Excellent [ ]  Satisfactory [ ]  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 | # | [ ]  Subject Injured | # | [ ]  Subject Killed  | # |  |  |
| Remarks (Describe How People were Injured or Killed):Remarks |
| **XII** | **Weapons/Explosives Seized (Check all that apply and continue in Remarks Section)** |
| Type (Handgun, Rifle, etc.) | Number | Serial No. | Description (Make, Model, & Caliber) |
| Enter Here | # | Enter Here | Enter Here |
| Enter Here | # | Enter Here | Enter Here |
| Booby Trap – Describe: Describe |

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| **XIII** | **Quantity of All Drugs Seized at Lab Site (Check all that apply/Specify amount & unit of measure)** |
| [ ]  Amphetamine | amt | unit | [ ]  LSD | amt | unit | [ ]  Methamphetamine | amt | unit |
| [ ]  Cocaine | amt | unit | [ ]  Marijuana | amt | unit | [ ]  Methcathinone | amt | unit |
| [ ]  Fentanyl | amt | unit | [ ]  MDMA | amt | unit | [ ]  PCP | amt | unit |
| [ ]  GHB/GBL | amt | unit |  |  |  |  |  |  |
| **XIV** | **Subject Information** |
| Last Name (Paternal)Enter Here | Last Name (Maternal)Enter Here | First NameEnter Here | Middle NameEnter Here |
| Alias/MonikerEnter Here | Generation (Jr., Sr., etc.)Eer Here |  [ ]  Male [ ]  Female | Race C | Nationality (US, MX, etc.)Enter Here |
| DOB (MMDDYYYY)Enter Here | Alt DOB (MMDDYYYY) Enter Here | HeightEnter Here | Weight (lbs)Enter Here | Hair ColorEnter Here | Eye ColorColor | Arrested [ ]  Yes [ ]  No |
| Phone Type: [ ]  Home [ ]  Cell/Mobile [ ]  Pager Phone Number: ( e ) Enter Here |
| **Subject Residence Information** |
| Street Number# | Dir. (N., S., E., W., etc.)Enter Here | Street NameEnter Here | Unit # (Apt)Enter Here | Box #Enter Here |
| CityEnter Here | CountyEnter Here | StateEnter Here | CountryEnter Here | Zip CodeEnter Here |
| Social Security NumberEnter Here  | Driver License Number/StateEnter Here  |
| FBI NumberEnter Here  | Alien Registration NumberEnter Here  |
| NADDIS NumberEnter Here  | Other NumbersEnter Here  |
| **XV** | **Remarks Section** |
| Enter Here |
| **Technical Assistance: 915-760-2135** | **Internet:** [**https://www.epic.gov**](https://www.epic.gov) | **E-mail Address:** **CLS@epic.gov** | **Mailing Address:****El Paso Intelligence Center****ATTN: CLS****11339 SSG Sims Street****El Paso, Texas 79918-8098** |
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