

		NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT			TYPE OF REPORT*		
					<input type="checkbox"/> Lab Seizure <input type="checkbox"/> Chem/Glassware/Equip Seizure (Only) <input type="checkbox"/> 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		<input type="checkbox"/> Authorized Central Storage (ACS) Cleanup If yes, site ID:		
Reporting Officer/Agent Name * (Last, First)				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"/> Family Dwelling	<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Other – Describe			
<input type="checkbox"/> Business	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> School/Univ.	<input type="checkbox"/> Vessel				
<input type="checkbox"/> Dumpster	<input type="checkbox"/> Open – No Structure	<input type="checkbox"/> Storage Facility					
III Seizure Neighborhood (Check most appropriate)							
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Public Land – Name	<input type="checkbox"/> Rural	<input type="checkbox"/> Suburban	<input type="checkbox"/> Urban			
<input type="checkbox"/> 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		
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"/> Other – Describe:		
<input type="checkbox"/> Operational – In Production		<input type="checkbox"/> Boxed/Dismantled					
VI Laboratory Type (Check all that apply)							
<input type="checkbox"/> Cocaine Conversion (Crack)	<input type="checkbox"/> Honey Oil/THC Extraction (liq)	<input type="checkbox"/> Methamphetamine (Meth)	<input type="checkbox"/> Methcathinone	<input type="checkbox"/> Other – Describe			
<input type="checkbox"/> Fentanyl	<input type="checkbox"/> LSD	<input type="checkbox"/> Meth/Ice Conversion	<input type="checkbox"/> PCP				
<input type="checkbox"/> GHB/GBL	<input type="checkbox"/> MDMA	<input type="checkbox"/> Meth/Reconstitution	<input type="checkbox"/> PSE Tablet Extraction				
VII Primary Methamphetamine Manufacturing Process (Required for Lab Seizure Report)							
<input type="checkbox"/> Pseudoephedrine/Phosphorus/Hydriodic Acid/Iodine Reduction		<input type="checkbox"/> P2P – Methylamine		<input type="checkbox"/> Other – Describe			
<input type="checkbox"/> Pseudoephedrine/Lithium, Sodium or Potassium/Anhydrous Ammonia (Nazi/Birch)		<input type="checkbox"/> One Pot Method/Shake & Bake					
VIII THC Manufacturing Process							
<input type="checkbox"/> THC Extraction Chemical/Wet Method			<input type="checkbox"/> THC Extraction Dry Method				
IX Seizure/Laboratory Address							
Street#	Dir. (N., S., E., W., 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:		Hazmat Contractor Used:	Name of Hazmat Contractor:	Evaluation of Hazmat Contractor:			
<input type="checkbox"/> None	<input type="checkbox"/> State/Local	<input type="checkbox"/> DEA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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)							
<input type="checkbox"/> Total Children Affected	#	<input type="checkbox"/> Child Injured	#	<input type="checkbox"/> Child Killed	#	<input type="checkbox"/> Law Enforcement Injured	#
<input type="checkbox"/> Law Enforcement Killed	#	<input type="checkbox"/> Subject Injured	#	<input type="checkbox"/> Subject Killed	#		
Remarks (Describe How People were Injured or Killed):							
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)								
<input type="checkbox"/>	Amphetamine			<input type="checkbox"/>	LSD			<input type="checkbox"/>	Methamphetamine
<input type="checkbox"/>	Cocaine			<input type="checkbox"/>	Marijuana			<input type="checkbox"/>	Methcathinone
<input type="checkbox"/>	Fentanyl			<input type="checkbox"/>	MDMA			<input type="checkbox"/>	PCP
<input type="checkbox"/>	GHB/GBL								

XIV	Subject Information							
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 (MMDDYYYY)	Alt DOB (MMDDYYYY)	Height	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: ()								

Subject Residence Information							
Street Number	Dir. (N., S., E., W., etc.)	Street Name			Unit # (Apt)	Box #	
City		County		State	Country	Zip Code	
Social Security Number				Driver License Number/State			
FBI Number				Alien Registration Number			
NADDIS Number				Other Numbers			

XV	Remarks Section						

Technical Assistance: 915-760-2135		Internet: 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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