CLANDESTINE DRUG LABORATORY LAW ENFORCEMENT NOTIFICATION

WEST VIRGINIA BUREAU FOR PUBLIC HEALTH
Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division
Clandestine Drug Laboratory Remediation Program
350 Capitol Street
Room 313
Charleston, WV 25301-1798
Telephone (304) 558-2981   Fax (304) 558-0524

Date: __________________________ County: _______________________

Name of Investigating Agency: __________________ Contact Person: ____________

Notification #: ________________________________ Contact Phone: ______________

OEHS # (OEHS USE ONLY): ________________________________

Type of Notification:   
   _____ Original without Manifest (Within 24 hours of Seizure)   
   _____ Original with Manifest (Within 24 hours of Seizure)   
   _____ Manifest Only (Within 48 hours of Seizure)   

Date of Lab Seizure:   __________________    Time of Lab Seizure:    _____ AM/PM

Type of Lab:   
   _____ Red-Phosphorous  _____ NAZI (Birch/Lithium)   
   _____ Hypo-Phosphoric Acid   _____ Other   
                     (Please Indicate: _______________)

Location of Lab:   
   _____ Residential Dwelling  _____ Hotel/Motel   
   _____ Apartment (See Below)  _____ RV/Automobile (VIN ____________)   
   _____ Mobile Home (VIN ____________)  
                     (Please Indicate: _______________)

Commercial Property Information:   _____ # of Units

Type of HVAC: ________________________________

Location inside Dwelling: ________________________________

Physical Address of Lab: ________________________________

Street Address

Apt/Room # ____________ City ____________ Zip ____________

Property Owner Name: ________________________________

Address of Owner: ________________________________

Owner Phone Number: ________________________________

PLEASE ANSWER THE FOLLOWING:

1. LABORATORY ACTIVE:   YES   NO
2. DUMP SITE LOCATED:   YES   NO
3. BOOBY TRAPS LOCATED:   YES   NO