



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 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:

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/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:

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
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 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) (Check all that apply and indicate number)

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

Describe How People were Injured or Killed:

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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 _____ Amt	LSD _____ Amt	Methamphetamine _____ Amt
Cocaine _____ Amt	MDMA _____ Amt	Methcathinone _____ Amt
GHB/GBL _____ Amt	Marijuana _____ Amt	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: _____

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						Pseudoephedrine _____ Amt					
Packaging:*	Unknown	Powder	Tablets	Blister Packs		Packaging:*	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 _____ Amt
Benzylchloride _____ Amt	Methylamine _____ Amt	P2P _____ Amt
Benzylcyanide _____ Amt	Phenylpropanolamine _____ Amt	Other _____ Amt

Catalysts/Solvents/Reagents

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

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XVI Criminal Affiliation (If applicable)															
<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				
Other - Describe:						Organization/Gang/Group Name:									
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.)		<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 ()											
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.)		<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 ()											
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.)		<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 ()											
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
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	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

Internet: https://www.esp.gov	UNCLASSIFIED FAX:	UNCLASSIFIED FAX:	E-mail Address	MAILING ADDRESS
915-760-2135: Technical Assistance	(915) 760-2359	(915) 760-2312	CLS@epic.gov	El Paso Intelligence Center ATTN: DMU/CLS 11339 SSG Sims Street El Paso, Texas 79908-8098

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