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|  | **QUALIFIED INSPECTOR’S CERTIFICATE OF****ILLEGAL DRUG LAB CLEANUP**State Form 53276 (R14 / 2-23) | **INDIANA DEPARTMENT OF HEALTH****Environmental Public Health Division**2 North Meridian Street, 7-DIndianapolis, Indiana 46204Telephone: (317) 233-7177E-mail: druglabcleanup@ISDH.in.gov |
| *INSTRUCTIONS:* | 1. *Fill in all requested information using the check boxes and text fields provided. Provide testing documentation and all attachments.*
2. *Give the signed original to the property owner.*
3. *Provide a copy of the completed form to the local health department along with any additional information they require.*
4. *Send a copy of the completed form to IDOH Environmental Public Health Division to* *druglabcleanup@ISDH.gov**.*
5. *Keep records and all supporting documentation for five (5) years in accordance with 410 IAC 38-5-11.*
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| **PROPERTY INFORMATION** |
| Street address *(number and street) (include apartment, unit or room number if applicable)*      |
| City or town      | ZIP Code      | County      |
| Property type: | [ ]  Single family dwelling [ ]  Multiple family dwelling [ ]  Hotel, motel or other lodging[ ]  Mobile home [ ]  Vehicle or watercraft [ ]  Other *(describe)*:       |
| VehicleorWatercraft | Make      | Model      | Year       | Vehicle or Hull Identification number (VIN or HIN)      |
| Indiana State Police Methamphetamine Laboratory Occurrence Report: | Case number       | Date of Report *(month, day, year)*      |

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| **CLEANUP INFORMATION** |
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| Cleanup method used *(check one):*  [ ]  Cleared by initial testing [ ]  Demolition[ ]  Disposal of vehicle / watercraft [ ]  Removal in lieu of decontamination[ ]  Decontamination and removal of potentially contaminated materials  |
| Cleanup narrative:       |
| Disposal site(s):       |

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| **CONFIRMATION TESTING** |
| Testing was required for this cleanup? [ ]  Yes [ ]  No | Controlled substance tested for: [ ]  d-methamphetamine[ ]  Other:       |
| Date of sampling *(month, day, year)*      |
| Name of analytical laboratory      | Highest residual level observed through testing and remaining in property:        μg/100 cm2 |
| Address of analytical laboratory *(number and street, city, state, and ZIP code)*      | Location of highest level:       |
| Analytical method used:[ ]  EPA (SW-846) Method 8270C/D[ ]  NIOSH 9111 DRAFT[ ]  NIOSH 9106[ ]  Other:       |
| Laboratory contact      |
| Telephone number (     )       -       |

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| **CERTIFICATION OF CLEANUP** |
| I am listed by the Indiana Department of Health to inspect and clean up properties contaminated with chemicals used in the illegal manufacture of a controlled substance under 410 IAC 1, and my listing was effective on the date this certificate was signed. I have cleaned or supervised cleaning of the property described above as required by 410 IAC 1. I certify that the property described above met all applicable decontamination levels listed in 410 IAC 1-5 at the time of sampling if sampling was required, and that all work required by 410 IAC 1 was performed. I certify, under penalty of perjury as provided inIC 35-44-2-1, that to the best of my knowledge this information is true and accurate. |
| Signature  | Qualified Inspector Information *(name, address, telephone number, and e-mail address)*      |
| Date *(month, day, year)*      |
| Attachments: [ ]  ISP Occurrence Report [ ]  Chain of Custody [ ]  Initial Laboratory reports [ ]  Final Laboratory Reports  [ ]  Initial Test Photographs [ ]  Final Test Photographs [ ]  Site Map [ ]  Landfill / POTW receipt(s)  |