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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-D  Indianapolis, Indiana 46204  Telephone: (317) 233-7177  E-mail: [druglabcleanup@ISDH.in.gov](mailto: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*](mailto:druglabcleanup@ISDH.gov)*.* 5. *Keep records and all supporting documentation for five (5) years in accordance with 410 IAC 38-5-11.* | | | | | | |
| **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)*: | | | | | | |
| Vehicle  or  Watercraft | 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 in  IC 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) | |