



QUALIFIED INSPECTOR'S CERTIFICATE OF ILLEGAL DRUG LAB CLEANUP

State Form 53276 (R9 / 8-17)

INDIANA STATE DEPARTMENT OF HEALTH

Environmental Public Health Division

100 North Senate Avenue IGCN 855

Indianapolis, Indiana 46204-2251

Telephone: (317) 234-1819

E-mail: druglabcleanup@ISDH.in.gov

INSTRUCTIONS:

1. Fill in all requested information using the check boxes and text fields provided. Provide testing information where required.
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 ISDH Environmental Public Health Division to druglabcleanup@ISDH.gov.
5. Keep records and all supporting documentation for five (5) years in accordance with 318 IAC 1-5-11.

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)

CLEANUP INFORMATION

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):

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:

Laboratory contact

Analytical method used:

EPA (SW-846) Method 8270C/D

NIOSH 9111 DRAFT

NIOSH 9106

Other:

Telephone number

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CERTIFICATION OF CLEANUP

"I am listed by the Indiana State Department of Health to inspect and clean up properties contaminated with chemicals used in the illegal manufacture of a controlled substance under 318 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 318 IAC 1. I certify that the property described above met all applicable decontamination levels listed in 318 IAC 1-5 at the time of sampling if sampling was required, and that all work required by 318 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)