

**BILL EMLEN**

Director  
(707) 784-6765

**TERRY SCHMIDTBAUER**

Assistant Director  
(707) 784-6765

**JAGJINDER SAHOTA**

Environmental Health Manager  
(707) 784-6765

**DEPARTMENT OF RESOURCE MANAGEMENT**



**SOLANO COUNTY**

Environmental Health Division

675 Texas Street, Suite 5500

Fairfield, CA 94533-6342

(707) 784-6765

Fax (707) 784-4805

[www.solanocounty.com](http://www.solanocounty.com)

SWEEPS #

21/22- \_\_\_\_\_ - 4

**Methamphetamine Laboratory Inspection Report**

Property Owner(s) Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Property Address \_\_\_\_\_

Defendant(s) Name & Address \_\_\_\_\_ Page \_\_\_ of \_\_\_

**Site Information** [Permission to Inspect, Sample & Photo: Yes \_\_\_ No \_\_\_] **Comments**

1. Type of Property:	Private Residence ___ Apartment ___ Mobile Hm ___ Hotel/Motel (Total Units) ___ Other _____
2. Property Description:	Single Story ___ Multi-Story ___ Bedrooms ___ Bathrooms ___ Garage # Cars ___ Other _____
3. Property Status at Time of Incident:	Owner Occupied: Rental ___ Vacant ___ Sewage System: Septic ___ Sewer ___
4. Structures Involved in Lab Operations:	Building Descriptions: _____ Involved Motel Units: _____
5. Clan Lab Information:	Process Used: _____ Photos Taken: Yes ___ No ___
	Length of Cook Time: _____ Source: _____
	Cooking Locations: _____
	Proximity to Living Areas (Physical Description): _____
	Disposal Locations: _____
6. Evidence Noted (as marked):	Burn Pits/ Barrels ___ Chemical Containers ___ Wastes ___ Glassware ___ Subsurface Pits ___
	Stained/Disturbed Soil ___ Distressed Vegetation ___ Discharge to Creeks, Pits Ponds, Etc. ___
7. Staining Pitting, Odors or Holes on:	Carpet ___ Formica ___ Tile ___ Concrete ___ Linoleum ___ Sheet Rock ___ Kitchen Appliances ___
	Kitchen/Bathroom Fixtures _____
8. Discharge to Sewer/Septic:	Sewer Drain Corrosion ___ Drain Odors ___ Porcelain Fixtures Stained/Pitted ___
9. Chemicals Found / Suspected Drug Lab	1. Chemical Name _____ Location: _____ Amount: _____
Pre-cursors Potentially Identified:	2. Chemical Name _____ Location: _____ Amount: _____
	3. Chemical Name _____ Location: _____ Amount: _____
	4. Chemical Name _____ Location: _____ Amount: _____
	5. Chemical Name _____ Location: _____ Amount: _____
	6. Chemical Name _____ Location: _____ Amount: _____
10. Recommended Sample Locations & Remediation Procedures	1. _____
	2. _____
	3. _____
	4. _____
11. Notice Posted Within 48 Hours	Entrance Warning Posted: Yes ___ No ___ Date, Time & Name Posted: _____
12. Related Agency Report Numbers:	DSTC CLU #: _____ OES Incident #: _____ Prop 65 Release #: _____
13. Law Enforcement Agency/Report #:	Agency Name: _____ Report #: _____
14. Law Enforcement Officer/Phone #:	Officer Name: _____ Phone #: _____

Diagram attached on continuation page

Comments, Additional Chemicals & Additional Recommendations attached on continuation page

Received By \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

T: EnvHealth\ Hazmat\ Clanlab\ meth lab report template Revision Date: 1-23-06