



# QUALIFIED INSPECTOR'S CERTIFICATE OF ILLEGAL DRUG LAB CLEANUP

State Form 53276 (R12 / 5-19)

**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](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 ISDH 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: <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Multiple family dwelling <input type="checkbox"/> Hotel, motel or other lodging <input type="checkbox"/> Mobile home <input type="checkbox"/> Vehicle or watercraft <input type="checkbox"/> 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):	
<input type="checkbox"/> Cleared by initial testing	<input type="checkbox"/> Demolition
<input type="checkbox"/> Disposal of vehicle / watercraft	<input type="checkbox"/> Removal in lieu of decontamination
<input type="checkbox"/> Decontamination and removal of potentially contaminated materials	
Cleanup narrative:	
Disposal site(s):	

CONFIRMATION TESTING	
Testing was required for this cleanup? <input type="checkbox"/> Yes <input type="checkbox"/> No	Controlled substance tested for:
Date of sampling (month, day, year)	<input type="checkbox"/> d-methamphetamine <input type="checkbox"/> Other:
Name of analytical laboratory	Highest residual level observed through testing and remaining in property: _____ µg/100 cm <sup>2</sup>
Address of analytical laboratory (number and street, city, state, and ZIP code)	Location of highest level:
Laboratory contact	Analytical method used:
Telephone number ( ) -	<input type="checkbox"/> EPA (SW-846) Method 8270C/D <input type="checkbox"/> NIOSH 9111 DRAFT <input type="checkbox"/> NIOSH 9106 <input type="checkbox"/> Other:

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 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: <input type="checkbox"/> ISP Occurrence Report <input type="checkbox"/> Chain of Custody <input type="checkbox"/> Initial Laboratory reports <input type="checkbox"/> Final Laboratory Reports <input type="checkbox"/> Initial Test Photographs <input type="checkbox"/> Final Test Photographs <input type="checkbox"/> Site Map <input type="checkbox"/> Landfill / POTW receipt(s)	