

Appendix A Notice of Site of Illegal Drug Manufacturing

2006 Public Act 258/260

****To complete this form electronically, use the Tab key (not the Enter key) to move from field to field.****

Date of Incident: _____ Current Occupant Name(s): _____	
Address/Location of Drug Lab: County: _____ Street: _____ City: _____ Township (if applicable): _____ Zip: _____	
Property Owner (if known): Name: _____ Phone: _____	
Address of Property Owner (if different from Lab): Street: _____ City: _____ State: _____ Zip: _____	
Lead Law Enforcement Agency: _____ Contact Person: _____ Number: _____	
Number and Ages of Minors on Site: _____	
Type of Suspected Drug Lab: <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Methcathinone <input type="checkbox"/> LSD <input type="checkbox"/> Other: _____	
Is there evidence of recent manufacturing or smoking illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which, or both, of the following: <input type="checkbox"/> Evidence of manufacturing illegal drugs. <input type="checkbox"/> Evidence of smoking illegal drugs.	
Where did you observe evidence of manufacture, use, storage or disposal? (Indicate specific areas or rooms) _____	
Type of Dwelling (specific location(s) where clandestine lab was operating): <input type="checkbox"/> Single-Family Home <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family Apartments <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Utility Building (e.g. Barn/Garage) <input type="checkbox"/> Other: _____	
Is there evidence of spilling, leaking, pouring, emitting, discharge, dumping, or disposing of hazardous substances into the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were Hazardous Substances Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who removed the substances and when?	
Were persons evacuated? _____ If yes: Number of adults _____ Number of children _____	
What was removed? Acetone <input type="checkbox"/> Anhydrous Ammonia <input type="checkbox"/> Iodine <input type="checkbox"/> Solvents <input type="checkbox"/> Red Phosphorous <input type="checkbox"/> Ether <input type="checkbox"/> Other (please specify if known): _____ <input type="checkbox"/>	Amount (lbs or gallons): _____ _____ _____ _____ _____ _____
Please fax or email this form to the Department of Community Health, by fax (517)335-9775 or by email to dykema@michigan.gov. Send additional copies to: <ul style="list-style-type: none"> • Local Health Department, • State Police (if performed by local law enforcement), • Local Sheriffs Office (if performed by State Police). 	
Remarks: _____	