MDH/MPCA Clandestine Lab Contractors’ Procedural Report

**Note:** This contractors' procedural report is for documenting assessment and cleanup of indoor/structural contamination created by meth production and meth lab wastes. The Minnesota Pollution Control Agency posts a continuation of this Contractors’ Procedural Report for outdoor cleanup guidance at [Clandestine methamphetamine labs and wastes in Minnesota](https://www.pca.state.mn.us/waste/clandestine-methamphetamine-labs-and-wastes-minnesota)

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<td>See note above. If outdoor cleanup is conducted, go to <a href="https://www.pca.state.mn.us/waste/clandestine-methamphetamine-labs-and-wastes-minnesota">Clandestine methamphetamine labs and wastes in Minnesota</a> for additional sheets.</td>
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Note: Each "sheet" or attachment will not be used for every remediation project. The local authority monitoring the project and/or the property owner paying for the remediation may use some discretion in deciding which portions of the report will be completed or required. This documentation is intended to provide a clear and accurate record of the assessment, cleanup and decision-making processes.

**Clan Lab Contractors Procedural Report**

**Sheet A: Property and Contact Identification**

MDH/MPCA Guidance Dated: **September, 2010**
Date Investigation Started: _______

<table>
<thead>
<tr>
<th><strong>Property</strong></th>
<th><strong>Local Authority Overseeing Cleanup</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (if business):</td>
<td>Name:</td>
</tr>
<tr>
<td>Site Street Address:</td>
<td>Agency:</td>
</tr>
<tr>
<td>Nearest City:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>County:</td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>Latitude:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Longitude:</td>
<td>Email:</td>
</tr>
<tr>
<td>Date of Lab Discovery:</td>
<td>FAX:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Property Owner/Other Client</strong></th>
<th><strong>Lead Criminal Investigator</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s):</td>
<td>Name:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Agency:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>Email:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>FAX:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Consultant/Contractor</strong></th>
<th><strong>Access Arrangements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact:</td>
<td>Name(s):</td>
</tr>
<tr>
<td>Project Manager:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Firm:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP:</td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Telephone of Project Manager:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>FAX:</td>
<td>FAX:</td>
</tr>
</tbody>
</table>
Clan Lab Contractors Procedural Report  
Sheet B: Project Checklist

(Contractor’s Project Manager must circle a Y/N or complete every line)

**Preliminary Tasks:**

- Contacted lead criminal investigator and requested police reports?   Y / N
- Gross Chemicals, filters, and glassware present?   Y / N  
  If Yes, call lead criminal investigator.   Y / N
- Contractor’s Project Manager approved by local authority?   Y / N
- Worker / Owner (as required) given Methamphetamine Right-to-Know Training   Y / N

**General Site Description:**

- Sheet A: *Property and Contact Identification* completed?   Y / N
- Sheet C: *Background Information* collected?   Y / N
- Sheet D1: *Map to Site* and Sheet D2: *Site Map* completed?   Y / N
- Sheet E: *Building Floor Plan Sketches* completed?   Y / N

**Indoor Assessment:**

- Sheet F: *Plumbing Cleanup* described?   Y / N
- Sheet G: *Individual Room Descriptions* completed?   Y / N
- Did assessment include outbuildings?   Y / N  
  Sheet H: *Garage, Outbuilding, and Other Non-Occupancy Structures* described?   Y / N
Were forced air systems present?  
Sheet I: Forced Air Heating System Description and Cleanup described?  
Comments________________________________________________________

Were furniture, carpet or other furnishings present?  
Sheet J: Furniture, Carpeting and Draperies described?  
Comments________________________________________________________

Were appliances present?  
Sheet K: Appliance Disposal and Cleanup described?  
Comments________________________________________________________

Was attic, crawl space or other limited access confined area present?  
Sheet L: Confined Spaces Plan completed?  
Comments________________________________________________________

Outdoor Assessment

Was a well(s) present on-site or within 250 ft. of cook or waste disposal site?  
Sheet M: Well Location and Testing described?  
Comments________________________________________________________

Was a sanitary sewer/septic system present on the property?  
Sheet N: Septic and Drainfield Description and Testing completed?  
Comments________________________________________________________

Were burn pits, burial or dumpsites present?  
Sheet O: Burn Pits, Burial Pits and Dump Sites?  
Comments________________________________________________________

Project Completion Report

Sheet P: Project Completion Report completed?  
Comments________________________________________________________

Customized Cleanup

Does owner want to do a customized cleanup because he/she believes an area of the structure is not contaminated (exclusion)?  
Y / N  
Comments________________________________________________________

If Yes, submit Pre-Cleanup Sampling plan, and Work Plan (including this report completed as needed to describe proposed work) to local authority.
Pre-Cleanup Sampling Plan submitted to local authority? Y / N
   If Yes, Name and city of analytical laboratory _________________________
   Date of laboratory’s MDH QA Checklist approval ______________________
   Date Sampling Plan approved ________________________________

Work Plan and sample results submitted to local authority? Y / N
Work Plan approval by local authority? Y / N
   Date Work Plan approved ________________________________

Post-Remediation

After cleanup, submitted cleanup completion notice to local authority Y / N

After-cleanup sampling completed and submitted to local authority? Y / N
   If Yes, date completed ________________________________
   Comments______________________________________________

Final report, with all analytical data attached, submitted to owner? Y / N
   Date submitted to owner ______________________________
   Comments______________________________________________

Owner signed and submitted final report to local authority? Y / N
   Date submitted to local authority _______________________

Additional Comments


Clan Lab Contractors Procedural Report
Sheet C: Background Information

Describe known or reported clandestine laboratory activity on the site (e.g., areas of meth cooking, date of last suspected cook (or suspect arrest date), law enforcement estimates of time meth operations existed, approximate quantities of meth produced, chemical location and amount disposed, and any lab apparatus, etc). Reference and attach appropriate available police reports:

Other observed contamination sources on the site, such as waste oil dumping, oil tanks, hobby or business chemical use, etc.
Clan Lab Contractors Procedural Report
Sheet D1: Map to site

Show roads from nearest town, major surface water, north arrow, and other important features. Attach separate sheet if necessary.

Additional directions to site if necessary:
Site map: Sketch buildings, wells, septic tank/drainfield, burn or burial pits; arrows and distances to nearest occupancies and wells, and surface water in each direction; north direction arrow. Attach separate sheet if necessary. **Number buildings on this sketch** for use in later sheets.
Label each room with floor and room number.

Basement

Floor One
Sheet E: Building Floor Plan, continued

Second Floor (ex: 2BR1, 2BR2)

Third floor or attic
Clan Lab Contractors Procedural Report  
Sheet F: Plumbing Cleanup

1. Flush all plumbing to clear traps of solvents, lye, etc.
2. Conduct PID readings of all plumbing traps.
3. Test for residual pH by collecting sample of material from each trap using a long handled cotton swab into each trap

<table>
<thead>
<tr>
<th>Sink/drain/trap location</th>
<th>PID – nondetect (ND) or reading</th>
<th>pH</th>
<th>Notes (e.g. visual evidence, stains, pitting or etching)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Bathroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement Utility Sink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage Utility Sink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement floor drain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clan Lab Contractors Procedural Report
Sheet G: Individual Room Descriptions

Contractor's Project Manager completes for each room sampled on property

Room Description (use)
______________________________________

Floor and room number from Sheet E
______________________________________

Wall building material
______________________________________

Floor building material
______________________________________

Ceiling building material
______________________________________

Sketch of room with windows, doors, vents; approximate dimensions, sample locations, obvious spillage, other features, north arrow.

If pre-cleaning sampling done per a sampling plan approved by the local authority, enter sampling results here or mark them with room number on laboratory reports:

Sample ID#_______ Result ______ μg/100cm² meth.
   Item or material sampled?

Sample ID#_______ Result ______ μg/100cm² meth.
   Item or material sampled?

Sample ID#_______ Result ______ μg/100cm² meth.
   Item or material sampled?
Sample ID#_______ Result ______ μg/100cm² meth.

Item or material sampled?

pH sampling results: _______

PID sampling results (30 second ambient air average):

PID highest reading found in room (e.g. stained area, sink trap, etc.):

Attach Laboratory Data Sheets to Report
Sheet G: Individual Room Description, continued

Describe room furniture and/or contents to be cleaned and/or disposed.

Describe cleaning methods used for each area or item. (e.g. manual scrub, xx solution, rinses, steam cleaning, other) (include walls, ceiling, floor, windows, counters, fans, etc.)

Describe sealing or painting (paint type (ex. oil, latex) and method (ex. rolling, spraying).

Floor
Walls
Ceiling
Woodwork
Other

After-cleaning sampling (locations and type must be pre-approved by local authority)

Sample ID#_______ Result _____ μg/100cm² meth. Item or material sampled:
   Item or material sampled?:
Sample ID#_______ Result _____ μg/100cm² meth. Item or material sampled:
   Item or material sampled?:

pH sampling results: ______

PID sampling results (30 second ambient air average): _______________________

PID highest reading found in room (e.g. stained area, sink trap, etc.): ____________

Other pertinent information:
Clan Lab Contractors Procedural Report
Sheet H: Garage, Outbuilding, and Other Non-Occupancy Structures

In first column, reference building numbers used on site sketch from Sheet D2. Describe the general construction, building materials, and use of each non-occupancy structure:

<table>
<thead>
<tr>
<th>Construction and dimensions (e.g. pole barn, 30'x20')</th>
<th>Building materials exposed to occupants (e.g. raw wood, dirt floor, wallboard, etc.)</th>
<th>Current use &amp; future usability (e.g. used for storage/barn, structurally unsound, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building 3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building 4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If pre-cleaning sampling done per an approved sampling plan, provide for each structure: Sample ID#_______ Result ______ μg/100cm² meth.

   Item or material sampled?

pH sampling results:
PID sampling results (30 second ambient air average):_______
PID highest reading found in room (e.g. stained area, sink trap, etc.):_______

| Building 1.                                           |                                                                                   |                                                                                        |
| Building 2.                                           |                                                                                   |                                                                                        |
| Building 3.                                           |                                                                                   |                                                                                        |
| Building 4.                                           |                                                                                   |                                                                                        |
Sheet H: Garage, Outbuilding, Other Non-Occupancy Structures, continued

For each garage, outbuilding, or non-occupancy structure describe a) structure cleaning and sealing; b) structure contents, and their cleaning or disposal.

<table>
<thead>
<tr>
<th>a) structure cleaning and sealing. Note here if structure is to be demolished.</th>
<th>b) structure contents, cleaning, disposal, remaining uncleaned contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 1.</td>
<td></td>
</tr>
<tr>
<td>Building 2.</td>
<td></td>
</tr>
<tr>
<td>Building 3.</td>
<td></td>
</tr>
<tr>
<td>Building 4.</td>
<td></td>
</tr>
</tbody>
</table>

Other pertinent information:

Attach Laboratory Data Sheets to Report
1. If sampling, sample flat surface at the cold air plenum of the furnace, before the filter.

   Result __________ μg/100cm² meth

2. Describe duct cleaning done per MDH guidance: (method, subcontractor, etc.)
See Guidance for furnishing cleanup/disposal options.

Describe any sampling and analytical results (if not detailed on Sheet F) when carpet, furniture or other household goods are sampled and cleaned. Attach laboratory data sheets to report.

Describe disposal of household furnishings, if not detailed on Sheet F. Render all furnishings unusable to discourage scavenging

Solid Waste Disposal Facility________________________ City___________________
Clan Lab Contractors Procedural Report
Sheet K: Appliance Disposal and Cleanup

1. Wash all appliances twice with hot detergent solution and rinse with clean water.
2. If sampling appliances, use methanol-dampened swab method described in Appendix C.
3. If sample is greater than 1.5 μg/100cm², rewash and resample the appliance or dispose of the appliance as solid waste or scrap. If disposing of the appliance, render the appliance unusable to discourage scavenging.

Record μg/100cm² for each major appliance, including but not limited to refrigerator, range/stove, dishwasher, washer and dryer:

Describe appliance cleaning or disposal

Attach laboratory data sheets to report
Clan Lab Contractors Procedural Report  
Sheet L: Confined Spaces Plan

If an attic, crawl space, pit or other limited access confined space was present on the property or in its structures, complete the following:

Describe the confined space:

Was the confined space a permit ______ or non-permit ______ confined space?

Identify any confined space hazards:

Describe hazard evaluation, assessment and entry plan:

Describe staff, equipment, environmental testing, and safety measures employed:

Other pertinent information:
**Clan Lab Contractors Procedural Report**  
**Sheet P: Project Completion Report.**

(Cross out words or phrases if not applicable.)

**Contractor Certification:** I certify that the investigation and cleanup described in this report is in compliance with the MDH/MPCA Guidance dated January 1, 2010 and required by state law (as well as any applicable county or city ordinance). I certify that all information submitted is true and accurate to my understanding, and that all laboratory results for this property are attached to this report.  
Contractor’s Project Manager signature:

__________________________________________
Date: ______________ Printed name:

__________________________________________

**Property Owner or Authority:** I own or have legal authority for this property. I have received this report and submitted it to the local authority responsible for oversight of this remediation project. I certify that the information in this report about structures, wells, septic tanks and drainfields, chemical and oil use on the property, and clandestine laboratory operation on the property is true and accurate to my understanding.  
Property Owner/Authority signature:

__________________________________________
Date: ______________ Printed name:

__________________________________________

**Local Authority:** I am the local authority for the property that is the subject of this report. I have accepted the final report signed and dated by Contractor’s project manager on ______________, and signed and dated by the property owner on ______________.  
The investigation and cleanup required under state and/or local ordinance and order are complete and satisfactory to the best of my knowledge. (Cross out following sentence(s) if not applicable.) Any no-occupancy order issued under ordinance or Chapter 145A will be vacated. Nothing prohibits a local authority from reinstituting a no-occupancy order or taking other action if subsequent information indicates further clandestine laboratory activity on this property, or if additional information is obtained.
regarding presence or health significance of methamphetamine or other chemical residues on this property.

Local Authority signature:

__________________________________________________

Date: ______________ Printed name:

__________________________________________________

Affidavits filed if required? Y / N