LAB PACK INVENTORY

PAGE _____

Submitting Department _____
Submitting Officer _____
Submitting Officer Contact Phone_____
Suspect (s) Name_____
Lab Address_____

OBN Lab # _____
Number of Buckets_____
Total Approx. Weight_____
Packed By_____
Date Packed _____

Lab Tracker Completed Y or N (circle one)
ACS Notification Completed Y or N (circle one)
OBN Lab # Affixed to Bucket and on Paperwork Y or N (circle one)

ITEM	Propper DOT Shipping Description	Type of Material or Description of contents to include color, state (liquid or solid), and pH	QTY	WEIGHT

FOR ASSISTANCE SEE DEA SHIPPING INFO MATRIX