



OKLAHOMA CLANDESTINE LAB TRACKER REPORT INSTRUCTIONS

PURPOSE: The Oklahoma Clandestine Lab Tracker Report and the Clandestine Laboratory Database include data pertaining to clandestine laboratories seized in the Oklahoma by local, State and Federal law enforcement agencies. (*The entered data must meet Department of Justice 28 CFR Part 23 guidelines.*) The data will be useful in determining, among other criteria, the types, numbers, and locations of laboratories seized; manufacturing trends; precursor and chemical sources; the number of children and law enforcement officers affected; and investigative leads. The data may also be useful to agencies in justifying and allocating current or future resources.

TYPE OF REPORT: (top right corner) Check only one box to indicate the type of seizure being reported.

LAB SEIZURE: CLANDESTINE LABORATORY DEFINED: “An illicit operation consisting of a sufficient combination of apparatus and chemicals that either has been or could be used in the manufacture or synthesis of controlled substances.” Check this box only if the seizure meets this definition.

CHEM/GLASSWARE/EQUIPMENT SEIZURE: A seizure of only chemicals, glassware, and/or equipment normally associated with the manufacturing of a controlled/illicit substance, but there is insufficient evidence that the items were used in the manufacture of a controlled/illicit substance.

DUMPSITE SEIZURE: A location where discarded laboratory equipment, empty chemical containers, waste by products, pseudoephedrine containers, etc., were abandoned/dumped. There was no lab found with this seizure.

I. REPORTING OFFICE: Indicate the date of seizure (MMDDYYYY). Identify the seizing agency, ORI number, agency location (city and state), case or file number, reporting officer (first and last name) and telephone number. These are **mandatory** fields. The file title is not a mandatory field, but it can be queried. The primary subject’s name is often times used as the file title. Under “Reporting Officer/Agent” provide the full name and telephone number of the person submitting the information and any other person that can be contacted for further information or investigative referrals. Since more than one telephone number can be placed in the database, also provide a pager and/or cell number. Place additional phone numbers in the Remarks Section. The COPS number (‘S’ number) is assigned by DEA to agencies requesting DEA funding for lab clean up and should be provided if applicable. If more than one agency was involved in the seizure, the same identifying information can be placed in the database with each participating agency. Place additional agency information in the Remarks Section.

II. SEIZURE LOCATION: Check the box that most closely describes the location of the seizure. Vehicle is used for anything on wheels, to include cars, trucks, tractor-trailer, recreational vehicles, etc. Family dwelling includes residences or mobile homes. Use Remarks Section for additional information.

III. SEIZURE NEIGHBORHOOD: Check the box that most closely describes the surrounding area. An urban area is a city or town, suburban is the outskirts of a city or town, and rural is the countryside or an agricultural area. If the seizure occurs on public land, indicate the official name of the land.

IV. ESTIMATED LAB CAPACITY: Estimate the amount the seized lab could have produced, per cooking cycle, based on the amount of precursors, chemicals, and equipment at the lab site. This should be a best estimate, based on on-site observations or intelligence. This field is **mandatory** if the Type of Report has been checked as a Lab Seizure.



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V. LABORATORY STATUS: A laboratory is considered operational if all the necessary chemicals and apparatus are present, and it is set up so that a chemical synthesis can begin within a short period of time. Anything not considered an operational laboratory should be reported as non-operational. Other choices include Abandoned, Boxed/Dismantled, or Explosion/Fire. Check all that apply. This field is **mandatory** if the Type of Report has been checked as a Lab Seizure.

VI. LAB MANUFACTURING PROCESS: Check one. Choose the primary manufacturing process. Check Hydriodic Acid manufacturing or Ephedrine or Pseudoephedrine tablet extraction **ONLY** if the lab was operated solely for this purpose (i.e., the lab being reported was NOT manufacturing methamphetamine). In the OTHER block, indicate any substitute chemicals used.

VII. LABORATORY EQUIPMENT: Check the box that most closely describes the type of glassware and apparatus seized. Professional/retail indicates chemistry/research-type equipment. If available, provide information on the manufacturer, seller, etc. Remember, purchaser information is available on some equipment; therefore, the recording of brand name, model number, and serial number is encouraged for possible investigative follow-up.

VIII. LABORATORY TYPE: Check the type of drug being manufactured or produced. The **tablet extraction** box indicates the seizure of an extraction-type laboratory only (e.g. pseudoephedrine tablets). Check all boxes that apply.

IX. SEIZURE/LABORATORY ADDRESS: List the laboratory's complete address, including county, state, and zip code. (County and state are **mandatory** fields.) In the case of a traffic stop, indicate the location of the stop. If a seizure takes place in a rural area where there are no numbered addresses, put in the closest reference point (i.e., (2 miles West of County Road 220). Latitude/longitude for rural labs with no address are the best alternative.

X. CHEMIST AND CLEAN-UP PERSONNEL: This is a **mandatory** field. Check the appropriate box and provide the name of the HAZMAT contractor. Evaluation of Hazmat Contractor is **mandatory** for all DEA reported seizures.

XI. PERSONS AFFECTED: Check all boxes that apply. The number of children affected is a **mandatory** field. Total children affected would include children residing (not necessarily present) and any children visiting. *(If anyone was injured or killed at the lab site, provide additional details in the Remarks Section.)*

XII. WEAPONS/EXPLOSIVES SEIZED: Type of weapon is considered a handgun, shotgun, rifle, assault rifle, etc. The number indicates how many of the same make and model were seized. Under Description, indicate Make, Model and Caliber of the weapon. If a Booby Trap was encountered, indicate whether it was explosive, chemical or mechanical and any other identifying information.

XIII. QUANTITY OF ALL DRUGS SEIZED AT LAB SITE: Check all boxes that apply and provide quantity and unit of measurement. This category includes finished drugs, unfinished drugs, as well as manufactured drugs in solution (e.g. 22 grams of meth; 200 milliliters of meth in solution) and other types of drugs found, but not necessarily manufactured, at the lab site.

XIV. PRECURSOR/CHEMICAL SOURCE: Specify precursor and check the box that indicates the source. Manufacturer and distributor information, including lot or identification numbers, should be reported. Additional precursor information should be continued in the Remarks Section.



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XV. PRECURSOR AGENTS/ CATALYSTS/ SOLVENTS/ REAGENTS SEIZED: Check all known precursors/chemicals used and provide applicable amounts (as indicated by seized containers and chemical analysis). If ephedrine or pseudoephedrine is seized, 'packaging' is a mandatory field. For bulk amounts, use weight amount. For tablets, use pill counts and dosage units (i.e., Pseudoephedrine – "250 Tablets/60 mg"). For blister packs, indicate number of blister packs, tablet count per pack, dosage unit size, and any brand name and lot number information (i.e., "Pseudoephedrine – 20 blister packs, 48 tabs each, 120 mg"). If known, select the source of the ephedrine or pseudoephedrine. Provide manufacturer, brand and lot number information where available. Include amounts of empty containers that are found (e.g., 2 ea empty 11oz Ether cans, etc.) When reporting cans or containers of an item, indicate the capacity/size of the containers. (Use Remarks Section for additional space.)

XVI. CRIMINAL AFFILIATION: Check the box for any known affiliation that applies to the subjects of the investigation. If the name of the organization is not known, put 'unknown' in the Organizational Name field.

XVII. SUSPECT/CRIMINAL BUSINESS/CRIMINAL VEHICLE INFORMATION: Provide the suspect's full name, DOB and address, including county and zip code. Include any other available identifying information. Provide business name and address and vehicle information if criminally associated. (Use additional sheets as necessary.)

XVIII. DEA REPORTING ONLY: Provide the GDEP Identifier, DEA office and case number (if other than reporting office), Special Agent's name and telephone number.

XIX. REMARKS SECTION: Please use this section to expand on any answers or for any additional relevant information.

Completed Oklahoma Clandestine Lab Tracker Reports should be **faxed to 405-524-7619**

or mailed to: **Oklahoma Bureau of Narcotics
440 N.E. 39th Street
Oklahoma City, OK 73105**