

CLAN LAB REMOVAL INCIDENT REPORT

DTSC Duty Officer: _____ CLUE #: _____

Date of Incident: _____ Time: _____

Address: _____ Zip Code: _____

Description of Location: _____
_____**HAZARDOUS MATERIALS (ATTACH ADDITIONAL SHEETS, IF NECESSARY)**

ITEM	SUBSTANCE	QUANTITY	HAZCAT RESULTS
1			
2			
3			
4			
5			

CLAN LAB OPERATOR (NAME, DRIVER'S LICENSE NUMBER, DATE OF BIRTH, VEHICLE REGISTRATION NUMBER, ADDRESS, PHONE): _____**PROPERTY OWNER** (NAME, DRIVER'S LICENSE NUMBER, DATE OF BIRTH, CAR REGISTRATION NUMBER, ADDRESS, APN, PHONE, ETC.): _____

US EPA ID NUMBER (ISSUED FOR CLAN LAB): _____

WARRANT ISSUED (YES OR NO): _____

LAW ENFORCEMENT AGENCY CASE NUMBER: _____

WARRANT NUMBER (IF APPLICABLE): _____

REPORT PREPARED BY:

NAME: _____ TITLE: _____

OFFICE PHONE: _____ TASK FORCE: _____

AGENCY: _____

SIGNATURE: _____