

CLAN LAB REMOVAL WORK LOG

DATE(S) OF REMOVAL: _____ CLUE #: _____

LOCATION OF REMOVAL: _____

CONTRACTOR: _____ CONTRACTOR'S PHONE: _____

CONTRACTOR'S REPRESENTATIVE: _____

DESCRIPTION OF CLANDESTINE LABORATORY (TYPE OF PROCESS):

_____DESCRIPTION OF REMOVAL ACTIVITIES:

_____**EQUIPMENT USED**

ITEM	DESCRIPTION	TIME OF ARRIVAL	TIME OF DEPARTURE
1			
2			
3			
4			
5			

LABOR USED

STAFF	JOB CLASSIFICATION	TIME OF ARRIVAL	TIME OF DEPARTURE
1			
2			
3			
4			
5			

MATERIALS USED

ITEM	DESCRIPTION	NUMBER OF UNITS
1		
2		
3		
4		
5		

(USE ADDITIONAL SHEETS FOR THE ABOVE INFORMATION IF NEEDED)

COMMENTS ON CONTRACTOR'S PERFORMANCE:

REGISTERED HAULER USED: _____ HAULER NUMBER: _____

MATERIAL TRANSPORTED TO: _____ MANIFEST NUMBER: _____

TIME AND DATE JOB WAS COMPLETED: _____

REPORT PREPARED BY:

NAME: _____

TITLE: _____

AGENCY: _____