



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
DANNY STALEY • Director, Division of Public Health

Decontamination Template 10A 41D .103 -.0105

Instructions: Check every box if complete or nonapplicable Type or print extra information in text boxes. If needed attach additional supporting information referenced by rule

Certification: I have complied with all applicable state and federal laws and regulations. I hereby certify that the documentation of the Pre-decontamination Assessment and the Decontamination Activities are true and accurate to the best of my knowledge for property located at

Property Address	Click or tap here to enter text.
Printed Name and Signature of Owner or Responsible Party	Click or tap here to enter text.
Date Signed	Click or tap here to enter text.

Contractor Company Name	Click or tap here to enter text.
Contractor Mailing Address	Click or tap here to enter text.
Contractor Phone Number	Click or tap here to enter text.
Printed Name and Signature of Contractor	Click or tap here to enter text.
Date Signed	Click or tap here to enter text.

10A 41D NCAC .0103

.103(1)	Date HVAC Disconnected	Click or tap here to enter text.
.103(1)	Date Exhaust ventilation initiated	Click or tap here to enter text.
.103(1)	Date Decontamination activities initiated	Click or tap here to enter text.
Name and Address of Waste Disposal Facility Click or tap here to enter text.		

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5505 Six Forks Road, Building 1, Raleigh, NC 27609
MAILING ADDRESS: 1912 Mail Service Center, Raleigh, NC 27699-1912
www.ncdhhs.gov • TEL: 919-707-5900 • FAX: 919-870-4807

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.103(2)	Have any additional syringes or drug or paraphernalia found at the site been placed into rigid containers?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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.103(3)	Were all chemical spills neutralized?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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.103(3)(C)	Were any liquids wastes absorbed nonreactive materials, such as kitty litter?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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.103(3)(D)	Were all solid wastes properly packaged for waste disposal?	<input type="checkbox"/> COMPLETED Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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.103(4)	In rooms assessed as contaminated and rooms served by the same HVAC as the room where methamphetamine was manufactured, were porous machine washable materials washed twice with detergent and water, or disposed following the waste disposal plan?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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	In rooms assessed as contaminated and rooms served by the same HVAC as the room where methamphetamine was manufactured, were all non-washable porous materials (beds, box springs, and upholstered furniture) disposed following the waste disposal plan?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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	In rooms serviced by the same HVAC system as the room where methamphetamine was manufactured and all other parts of the dwelling unit, was all carpet disposed of in accordance with the waste disposal plan?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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.103(5)(A)	Were all plumbing fixtures with visible contamination removed and disposed?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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.103(5)(A)	Were all other plumbing fixtures cleaned and flushed?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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.103(5)(A)(2)	Were all HVAC filters removed and changed?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.103(5)(A)(2)	Were all HVAC diffusers and intake grilles scrubbed clean?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
0103(5)(A)(2)	Was ductwork made of nonporous materials vacuumed with a High efficiency particulate air (HEPA) vacuum and then washed at least two feet into the ductwork from the opening?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
0103(5)(A)(2)	Was all internal porous insulation in air ducts removed and replaced to at least two feet from the opening?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.

.0103(6)	Were all appliances used to manufacture methamphetamine removed and disposed following the waste disposal plan?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
	Were all other appliances cleaned?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.

.103(7)	In rooms where methamphetamine was manufactured, room served by the same HVAC where methamphetamine was manufactured, and other rooms assessed as contaminated, were ceilings, walls and floors scrubbed three times with a detergent system and rinsed with clean water?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.103(7)	Were there any surfaces which after washing, still had visible contamination, staining or odors? If so were these areas rewashed, and painted with a non-water-based paint until the odor and visible contamination was no longer present?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.103(7)	Were there any surfaces or materials removed because staining or odors could not be eliminated?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.

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.103(7)	After cleaning rooms where methamphetamine was manufactured, were walls and ceilings painted with a non- water-based paint?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.103(7)	In rooms where methamphetamine was manufactured, were resilient floor coverings or after cleaning, covered in place with new floor coverings?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.103(7)	In rooms used to manufacture methamphetamine, were ceramic or stone tiled surfaces, (floors, countertops, walls, or other ceramic or stone tiled surfaces) removed after cleaning, re-glazed or have grout	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.103(7)	In rooms used to manufacture methamphetamine, were all wooden materials removed, or after cleaning painted with non-water -based coating.	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.

.103(8)	Was property aired out for at least three days by opening all windows and using exhaust fans?		
	Date and time ventilation started	Click or tap here to enter text.	Date and time Ventilation Stopped
			Click or tap here to enter text.

.103(9)	Was any outdoor cleanup conducted accordance with the Rules administered by N.C. Department of Environmental Quality?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
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10A NCAC41D .0104

.104	Date the responsible party notified the health department that decontamination has been completed	Click or tap here to enter text.
	Date(s) that the health department notified the responsible party that documentation of assessment and decontamination activities were incomplete.	Click or tap here to enter text.
	Dates health department inspected property (if applicable)	Click or tap here to enter text.