



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

Pre-decontamination Template 10 NCAC 41D .0101-.0102

Instructions: Check every box as complete or nonapplicable. Type or print additional information in each text box. If needed attach additional information referenced by rule.

Certification: I understand that I must comply with all applicable state and federal laws and regulations. In addition, I certify that the documentation of the Pre-Decontamination Assessment is 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.
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 NCAC 41D .0101 GENERAL

.101(a)	Has the property been vacated and unoccupied until decontamination has been completed?	<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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10NCAC41D.0102 PRE-DECONTAMINATION ASSESSMENT

.102(2)	Does heating ventilation and air conditioning system serve more than one unit or structure (motels and multi-family dwellings)? If so list other units or structures	<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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.102(3)	Were any plumbing fixtures and systems visibly contaminated, etched, stained or emanate odors?	<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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.102(4)	Has a visual inspection of the severity of contamination inside the structure been performed?	<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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Attach a sketch of the floor plan of the affected structure, label each room

Identify rooms where methamphetamines were manufactured	<input type="checkbox"/>
Identify rooms where wastes from manufacture of methamphetamines were stored	<input type="checkbox"/>
Identify, rooms serviced by the same HVAC as the room where methamphetamines were manufactured	<input type="checkbox"/>
Inventory of non-machine washable porous materials in in rooms where methamphetamine was manufactured, rooms serviced by the same HVAC as the room where methamphetamine was manufactured, and rooms used to store precursor chemicals and chemical wastes every room	<input type="checkbox"/>
Inventory of appliances used to manufacture methamphetamine in rooms where methamphetamine was manufactured, rooms serviced by the same HVAC as the room where methamphetamine was manufactured, and rooms used to store precursor chemicals and chemical wastes	<input type="checkbox"/>
Identify floor coverings in room in rooms where methamphetamine was manufactured, rooms serviced by the same HVAC as the room where methamphetamine was manufactured, and rooms used to store precursor chemicals and chemical wastes	<input type="checkbox"/>
Identify type of ceiling e.g. painted drywall, wood, or textured (popcorn ceiling) in in rooms where methamphetamine was manufactured, rooms serviced by the same HVAC as the room where methamphetamine was manufactured, and rooms used to store precursor chemicals and chemical wastes	<input type="checkbox"/>
Inventory of ceramic, stone or tiled surfaces in rooms where methamphetamine was manufactured, rooms serviced by the same HVAC as the room where methamphetamine was manufactured, and rooms used to store precursor chemicals and chemical wastes	<input type="checkbox"/>
Inventory of wooden contents and furnishings in rooms where methamphetamine was manufactured, rooms serviced by the same HVAC as the room where methamphetamine was manufactured, and rooms used to store precursor chemicals and chemical wastes materials such as walls, floors, ceilings and cabinets	<input type="checkbox"/>
Inventory other contents, furnishings, tools, books, papers and other miscellaneous items in rooms where methamphetamine was manufactured, rooms serviced by the same HVAC as the room where methamphetamine was manufactured, and rooms used to store precursor chemicals and chemical wastes	<input type="checkbox"/>

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.102(4)(A)	Were any other visible spills identified and located?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.102(4)(B)	Were adjacent rooms, units, apartments or structures inspected for contamination e.g. chemical odors, staining or chemical spills?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.102(4)(C)	Did waste disposal methods potentially contaminate soil, groundwater, on-site waste water, or other cause other environmental contamination?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.102(5)	Has a waste disposal plan been developed for contaminated materials removed from the site; wastes produced during cleaning; solid wastes; hazardous wastes; and household hazardous wastes?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.102(6)	Did contamination cause a risk for fire or explosion?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
102(6)	When and for how long was were power sources were disconnected?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.102(7)	Was the personal protective equipment necessary for cleanup workers determined and used?	<input type="checkbox"/> COMPLETE Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.102(8)	Was the health director notified about potential contamination of septic systems, soil, or groundwater?	<input type="checkbox"/> COMPLETED Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.102(9)	Was the health department point of contact notified other evidence of methamphetamine manufacturing was discovered?	<input type="checkbox"/> COMPLETED Click or tap here to enter text.	<input type="checkbox"/> NA Click or tap here to enter text.
.102(10)	Date the pre-decontamination assessment and documentation were provided to the health Department	Click or tap here to enter text.	