

# PAST YEARS' INVENTORY FEE STATEMENT AND TIER II HAZARDOUS CHEMICAL INVENTORY

For Hazardous Chemicals Present During Calendar Years 2012 to 2015

WISCONSIN EMERGENCY MANAGEMENT  
DMA 1171 AND 1172 (R12-16) Wis. Stat. 323.60

## <sup>1</sup>Facility Identification

WEM Facility ID #		Owner's Federal Employer ID # (EIN)		Is this a federal or federally recognized tribal facility?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Facility Name			Dun & Bradstreet Number		NAICS Code				
Facility Street Address			County		City		State	Zip	
Municipality				Fire Department					
Number of full-time equivalent employees employed within Wisconsin, by this owner/operator during the calendar year:				2012	2013	2014	2015		
Latitude		Longitude		This facility is:		Maximum Number of Occupants (if Manned): _____			
				<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned					
Facility Contact			Facility E-mail			Facility Phone Number ( )			
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
						RMP Facility ID (Required if "Yes" is selected): _____			
Subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR part 372)?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
						TRI Facility ID (Required if "Yes" is selected): _____			

## <sup>2</sup>Mailing Address

Check if same as facility address

Company		Attn:							
Street Address		City			State		Zip		

## <sup>3</sup>Owner or Operator Information

Check if same as facility address

Check if same as mailing address

Owner Name		Attn:							
Street Address		City		State			Zip		
Phone ( )		E-mail							

## <sup>4</sup>Parent Company Information (Optional)

Company Name		Attn:							
Street Address		City		State			Zip		
Country		Phone ( )		E-mail				Dun & Bradstreet #	

Wisconsin Emergency Management (WEM), Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865

THIS FORM MAY BE FILED ELECTRONICALLY AT <https://whoprs.wisconsin.gov/submit>

WEM Facility ID #	Facility Name	<b>WISCONSIN EMERGENCY MANAGEMENT DMA 1171 AND 1172 (R12-16) Wis. Stat. 323.60</b>
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<b>5 Emergency Planning Coordinator</b> <small>*Required only if at least one EHS at or above TPQ</small>		<b>6 Tier II Contact</b>	
Name	Title	Name	Title
Phone (    )	24 Hour Phone (    )	Phone (    )	24 Hour Phone (    )
E-mail		E-mail	

<b>7 Facility Emergency Contacts (Minimum 2 Contacts, Maximum 3)</b>			
<b>1</b>	Name	Title	
	Phone Number (    )	24-Hour Phone (    )	E-Mail
<b>2</b>	Name	Title	
	Phone Number (    )	24-Hour Phone (    )	E-Mail
<b>3</b>	Name	Title	
	Phone Number (    )	24-Hour Phone (    )	E-Mail

<b>8 Reporting Exemptions (Select One)</b>		<small>*See instructions for a detailed summary of reporting exemptions</small>
<input type="checkbox"/>	This facility had hazardous chemicals present in reportable amounts between 2012-2015 AND is required to file a Wisconsin Tier II Emergency and Hazardous Chemical Inventory Report. Continue to the Hazardous Chemical Inventory on Page 3.	
<input type="checkbox"/>	This facility did not have present at any time during 2012-2015 any hazardous chemicals at or above 10,000 pounds. Also, it did not have any Extremely Hazardous Substances at or above 500 pounds or the designated Threshold Planning Quantity, if lower than 500 pounds. I understand that if the situation changes, it is the facility's responsibility to notify Wisconsin Emergency Management. Provide the date the chemicals fell below reportable quantities and sign below.	Date
<input type="checkbox"/>	This facility is exempt from filing a Wisconsin Tier II Emergency and Hazardous Chemical Inventory Report by meeting the requirements of one or more of the state and federal reporting exemptions. <b>The exemption(s) cover all the chemicals present at the facility between 2012-2015 calendar years that were above reportable quantities.</b> Provide a brief description of the nature of the exemption and sign below. <i>Description (Ex: Medical facility with all chemicals used under the direct supervision of a technically qualified individual)</i>	

**FOR REPORTING EXEMPTIONS ONLY. Sign below and send this form to the address at the bottom of the page.**

I certify under penalty of law that I have personally examined and am familiar with the information submitted and, to the best of my knowledge, I believe that the submitted information is true, accurate, and complete.

I understand that I am officially submitting this Report and associated information to authorities. I also understand that once this submission is completed I cannot edit the information and it will become an official archive for authorities.

Name of Owner/Operator or Authorized Representative (Print)	Official Title
Signature	Date
	Telephone Number (    )

WEM Facility ID #	Facility Name	<b>WISCONSIN EMERGENCY MANAGEMENT DMA 1171 AND 1172 (R12-16) Wis. Stat. 323.60</b>
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**<sup>9</sup>Hazardous Chemical Inventory**

*\*Print additional pages as needed*

CAS Number	Chemical Name	EHS Name, if different	<input type="checkbox"/> Fee Exempt (Write exemption)	<input type="checkbox"/> Reported Voluntarily				
<b>Check all that apply</b>	Trade Secret <input type="checkbox"/>	Pure <input type="checkbox"/>	Mix <input type="checkbox"/>	Solid <input type="checkbox"/>	Liquid <input type="checkbox"/>	Gas <input type="checkbox"/>	EHS <input type="checkbox"/>	Contains EHS <input type="checkbox"/>
<b>Physical Health Hazards</b>	Fire <input type="checkbox"/>	Pressure <input type="checkbox"/>	Reactivity <input type="checkbox"/>	Immediate <input type="checkbox"/>	Delayed <input type="checkbox"/>			

Past Years' Inventory			
Year	Max Daily Amount (lbs.)	Avg. Daily Amount (lbs.)	Number of Days On-Site
2012			
2013			
2014			
2015			

**Storage Codes and Locations** \*See tables in instructions section (9j) for codes

1	Container*	Pressure*	Temperature*	Storage Location	Max Amt. At Location	Confidential <input type="checkbox"/>

*\*\*For a full list of fee exemptions, see Section 11 of Past Years' Tier II Instructions\*\**

CAS Number	Chemical Name	EHS Name, if different	<input type="checkbox"/> Fee Exempt (Write exemption)	<input type="checkbox"/> Reported Voluntarily				
<b>Check all that apply:</b>	Trade Secret <input type="checkbox"/>	Pure <input type="checkbox"/>	Mix <input type="checkbox"/>	Solid <input type="checkbox"/>	Liquid <input type="checkbox"/>	Gas <input type="checkbox"/>	EHS <input type="checkbox"/>	Contains EHS <input type="checkbox"/>
<b>Physical Health Hazards:</b>	Fire <input type="checkbox"/>	Pressure <input type="checkbox"/>	Reactivity <input type="checkbox"/>	Immediate <input type="checkbox"/>	Delayed <input type="checkbox"/>			

Past Years' Inventory			
Year	Max Daily Amount (lbs.)	Avg. Daily Amount (lbs.)	Number of Days On-Site
2012			
2013			
2014			
2015			

**Storage Codes and Locations** \*See tables in instructions (9j) section for codes

1	Container*	Pressure*	Temperature*	Storage Location	Max Amt. At Location	Confidential <input type="checkbox"/>

### Fee Exemptions

#### <sup>10</sup>Full Fee Exemptions The 2 full fee exemptions below do not apply to this facility

2012	2013	2014	2015	The operator of this facility had fewer than 10 full-time equivalent employees (20,800 hrs.) in the State of Wisconsin. <b>Indicate the number of full-time equivalent (FTE) employees for the year below the checkboxes.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

This is a federal or federally recognized tribal facility.

#### <sup>11</sup>Chemical Specific Fee Exemptions Chemical specific fee exemptions do not apply to this facility

If *all* the hazardous chemicals on-site during the reporting calendar year are exempt from Inventory Fee calculation, check the box "Full Fee Exemption." If only *some* of the hazardous chemicals are exempt from Inventory Fee calculation, check the box "Partial Fee Exemption." Below, select the appropriate box(es) for the exemption(s) being claimed.

Type	Reporting Year				Chemical Fee Exemptions
<input type="checkbox"/> Full <input type="checkbox"/> Partial	2012	2013	2014	2015	This is a petroleum marketing facility with reportable amounts of gasoline and/or diesel fuel present, held for resale or retail. (See instructions for definition of a petroleum marketing facility)
<input type="checkbox"/> Full <input type="checkbox"/> Partial	2012	2013	2014	2015	The facility had sand, gravel or both on-site in reportable quantities.
<input type="checkbox"/> Full <input type="checkbox"/> Partial	2012	2013	2014	2015	The facility had calcium chloride, sodium chloride, or calcium magnesium acetate, used as road de-icing agents.
<input type="checkbox"/> Full <input type="checkbox"/> Partial	2012	2013	2014	2015	Some or all of the chemicals present on the Tier II Report are reported voluntarily and are not present in reportable quantities or are exempt from reporting for Section 311(e)(MSDS/Chemical List), Section 312 (annual Tier II Reporting), or the OSHA Hazard Communications Act Regulations.

#### <sup>12</sup>Annual Inventory Fee Calculation

Complete each year, as appropriate. **If a fee is due, a 20% late payment surcharge must be included.** Please refer to the fee schedule below in order to determine fee amount for number of chemicals present and cumulative chemical weight.

Number of Chemicals:	1	2-10	11-100	101-200	201-300	301-400	401-500	500+
A) Fee Amt: ( <u>under</u> 100,000 lbs. cumulative)	\$205	\$405	\$610	\$745	\$880	\$1015	\$1150	\$1285
B) Fee Amt: (100,000 lbs. or more cumulative)	\$245	\$485	\$730	\$890	\$1055	\$1215	\$1375	\$1540

<b>REPORTING YEAR 2012</b>	Total Number of reportable chemicals on Tier II Form for chemicals present during 2012:	
	Number of fee exempt chemicals on Tier II Form:	
	Number of chemicals subject to fee calculation on Tier II Form:	
	Is the cumulative actual maximum daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inventory fee due (see schedule above):	
	Late payment surcharge (20% of fee):	
	<b>TOTAL DUE:</b>	
<b>REPORTING YEAR 2013</b>	Total Number of reportable chemicals on Tier II Form for chemicals present during 2013:	
	Number of fee exempt chemicals on Tier II Form:	
	Number of chemicals subject to fee calculation on Tier II Form:	
	Is the cumulative actual maximum daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inventory fee due (see schedule above):	
	Late payment surcharge (20% of fee):	
	<b>TOTAL DUE:</b>	

WEM Facility ID #	Facility Name	WISCONSIN EMERGENCY MANAGEMENT DMA 1171 AND 1172 (R12-16) Wis. Stat. 323.60
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**Annual Inventory Fee Calculation Continued**

<b>REPORTING YEAR 2014</b>	Total Number of reportable chemicals on Tier II Form for chemicals present during 2014:	
	Number of fee exempt chemicals on Tier II Form:	
	Number of chemicals subject to fee calculation on Tier II Form:	
	Is the cumulative actual maximum daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inventory fee due (see schedule above):	
	Late payment surcharge (20% of fee):	
	<b>TOTAL DUE:</b>	
<b>REPORTING YEAR 2015</b>	Total Number of reportable chemicals on Tier II Form for chemicals present during 2015:	
	Number of fee exempt chemicals on Tier II Form:	
	Number of chemicals subject to fee calculation on Tier II Form:	
	Is the cumulative actual maximum daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inventory fee due (see schedule above):	
	Late payment surcharge (20% of fee):	
	<b>TOTAL DUE:</b>	
<b>TOTAL PAST YEARS' TIER II INVENTORY FEES:</b> (Add inventory fees due from 2012-2015 listed above)		
<b>TOTAL LATE PAYMENT SURCHARGES:</b> (Add late payment surcharges due from 2012-2015 listed above)		
<b>TOTAL FEES REMITTED:</b> (Add both totals above)		
<b>PAYERCHECK NUMBER:</b>		

**<sup>13</sup>Required Attachment**

I have attached a site plan

**<sup>13</sup>Certification (REQUIRED)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted and, to the best of my knowledge, I believe that the submitted information is true, accurate, and complete.

I understand that I am officially submitting this Report and associated information to authorities. I also understand that once this submission is completed I cannot edit the information and it will become an official archive for authorities.

Name of Owner/Operator or Authorized Representative (Print)		Official Title
Signature	Date	Telephone Number (     )

**Send all hard copy Wisconsin Tier II Emergency and Hazardous Chemical Inventory Reports to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. If a fee is due, return the Inventory Fee Invoice form (*located on last page*) with check directly to Wisconsin Emergency Management with the Wisconsin Tier II Emergency and Hazardous Chemical Inventory Report.**

**FOR QUESTIONS OR ASSISTANCE CALL:  
(608) 242-3224 or (608) 242-3225**

**For additional information or blank forms visit our website at:  
<http://emergencymanagement.wi.gov>**

**Alternate online reporting is available at <https://whoprs.wisconsin.gov>**

# PAST YEARS' INVENTORY FEE INVOICE

For chemicals present during calendar years 2012-2015

Wisconsin Emergency Management  
DMA Form 1160 (R12-16)

**Fee Payment Instructions**

-- Complete the right-hand portion of this INVENTORY FEE INVOICE form and mail it with the fee payment to:

**Wisconsin Emergency Management  
Attn: Facility Reporting Section  
P.O. Box 7865  
Madison, WI 53707-7865**

-- Make checks payable to: **Wisconsin Emergency Management (WEM)**  
-- **Mail this Fee Invoice Form along with payment to ensure proper application of the payment to your facility's account**  
*Note: New facilities will be issued a WEM ID #*

**Program Documents Submission Instructions**

The signed Wisconsin Past Years' Tier II Emergency and Hazardous Chemical Inventory Report form with attached site plan and any other correspondence or documents should be mailed to:

**Wisconsin Emergency Management  
Attn: Facility Reporting Section  
P.O. Box 7865  
Madison, WI 53707-7865**

*Please Note: The information you provide to WEM will be entered by WEM staff in the order that it is received. When entered into the system, the information will be available to LEPCs and local Fire Departments, and meets the requirement to provide this information to them.*

Inventory Fee Invoice			
<b>WEM Facility ID #:</b> <small>[See Section 1 "Facility Identification" of Past Years' Tier II Report]</small>			
<b>Owner's Employer Identification Number (EIN/FEIN):</b> <small>[See Section 1 "Facility Identification" of Past Years' Tier II Report]</small>			
<b>Facility Name:</b>			
<b>Facility Street Address:</b>			
<b>City, State, Zip:</b>			
<b>Facility County:</b>			
<b>Total Past Years' Tier II Inventory Fee(s):</b> <small>[See Section 12 Annual Inventory Fee Calculation]</small>			
<b>Total Late Payment Surcharge(s):</b> <small>[See Section 12 Annual Inventory Fee Calculation]</small>			
<b>Total Fee Remitted:</b> <small>[See Section 12 Annual Inventory Fee Calculation]</small>			
<b>Payer Check Number:</b>			