

**2017 Wisconsin Batch Plant
Emergency Response & Hazardous Chemical Report**
Reporting Period: January 1 to December 31, 2017

WISCONSIN EMERGENCY
MANAGEMENT
DMA 1125B (R12-16) Wis. Stat. 323.60

1 Batch Plant Facility Identification

WEM Facility ID #	Is this a federal or federally recognized tribal facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Facility Contact Name		
Submission Type (Select One): <input type="checkbox"/> Original Submission – Provide date batch plant was set up in state for actual operation: <input type="checkbox"/> Revision of Original/ANNUAL Submission – Provide date batch plant was first set up: <input type="checkbox"/> Relocation Submission – Provide date batch plant relocated and set up for actual operation: <input type="checkbox"/> Revision of Relocation Submission – Provide date batch plant relocated:				Date: _____ _____ _____ _____
Facility Name		Facility E-mail		Facility Phone Number ()
Facility Street Address		County	City	State Zip
Total full-time equivalent employees employed within Wisconsin by this owner/operator when the plant began operation: _____		Municipality		Fire Department
Latitude		Longitude		Owner's Federal Employer ID # (EIN)
<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Maximum Number of Occupants (if manned)	NAICS Code		Dun & Bradstreet No.
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): _____				

2 For Relocation Submissions Only, List the Previous Location of the Batch Plant

Street Address		City	State
Zip	Municipality	Fire Department	
Latitude		Longitude	County

3 Mailing Address if Different from Batch Plant Location

Check if same as facility address

Company		Attn		
Street Address		City	State	Zip
Country	E-mail		Phone Number ()	
Employer Identification Number (EIN)				

WEM Facility ID #		Facility Name		WISCONSIN EMERGENCY MANAGEMENT DMA 1125B (R12-16) Wis. Stat. 323.60	
4 Batch Plant Owner/Operator					
Owner Name		Attn		Country	
Owner Mailing Address			City		State
					Zip
Employer Identification Number (EIN)		Phone ()		Email	
5 Parent Company Information (Optional)					
Company Name			Attn		
Street Address		City		State	Zip
Country		Phone ()		E-mail	Dun & Bradstreet #
6 Facility Emergency Planning Coordinator <i>*Required if at least one EHS at or above TPQ</i>			7 Batch Plant/Tier II Contact		
Name		Title		Name	
Phone ()		24 Hour Phone ()		Phone ()	
				24 Hour Phone ()	
E-mail			E-mail		
8 Facility Emergency Contacts (Minimum 2 Contacts, Maximum 3)					
1.	Name		Title		
	Phone Number ()		24-Hour Phone ()		E-Mail
2.	Name		Title		
	Phone Number ()		24-Hour Phone ()		E-mail
3.	Name		Title		
	Phone Number ()		24-Hour Phone ()		E-mail

WEM Facility ID #	Facility Name	WISCONSIN EMERGENCY MANAGEMENT DMA 1125B (R12-16) Wis. Stat. 323.60
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⁹HAZARDOUS CHEMICAL INVENTORY *Print additional pages as necessary

^a Chemical Description	^b Physical & Health Hazards	^c Inventory in POUNDS	^d Storage Location(s) <small>***For Container Type, Pressure, and Temperature See Instructions (9d) for Codes***</small>					
CAS Number <input type="checkbox"/> NA <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Max Daily Amt	1	Container*	Pressure*	Temperature*	Max Amt at Location (lbs)	Confidential <input type="checkbox"/>
Chemical Name		Avg. Daily Amt		Storage Location Description				
Extremely Hazardous Substance (EHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contains EHS		<input type="checkbox"/> Fee Exempt. Provide brief description (<i>See instructions for fee exemptions</i>)	# of Days On Site	2	Container*	Pressure*	Temperature*	Max Amt at Location (lbs)
EHS Name (if applicable)	# of Days On Site		Storage Location Description					
Select One: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Is Trade Secret				<input type="checkbox"/> Reported Voluntarily	<input type="checkbox"/> Chemical information is identical to information submitted last year			

Chemical Description	Physical & Health Hazards	Inventory in POUNDS	Storage Location(s) <small>***For Container Type, Pressure, and Temperature See Instructions (9d) for Codes***</small>					
CAS Number <input type="checkbox"/> NA <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Max Daily Amt	1	Container*	Pressure*	Temperature*	Max Amt at Location (lbs)	Confidential <input type="checkbox"/>
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EHS Name (if applicable)	# of Days On Site		Storage Location Description					
Select One: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Is Trade Secret				<input type="checkbox"/> Reported Voluntarily	<input type="checkbox"/> Chemical information is identical to information submitted last year			

Detailed descriptions of the items above, including a detailed list of fee exemptions, can be found in the Instructions for the Wisconsin Batch Plant Report Form.

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¹⁰FOR USE IN REPORTING CHEMICAL MIXTURE COMPONENTS PRESENT DURING 2017 (Optional)

Chemical Description Name		CAS Number		EHS <input type="checkbox"/>	Chemical Mixture Component Name	Percentage	Amount (lbs)
Powder with Particle Size <100 Microns <input type="checkbox"/>	In Solution <input type="checkbox"/>	Molten Form <input type="checkbox"/>	Solid with Particle Size >= 100 Microns <input type="checkbox"/>	Check if the EHS is in a powdered form and has a particle size less than 100 microns; or is handled in solution or in molten form; or meets the criteria for a National Fire Protection Association (NFPA) rating of 2, 3, or 4 for reactivity			

Chemical Description Name		CAS Number		EHS <input type="checkbox"/>	Chemical Mixture Component Name	Percentage	Amount (lbs)
Powder with Particle Size <100 Microns <input type="checkbox"/>	In Solution <input type="checkbox"/>	Molten Form <input type="checkbox"/>	Solid with Particle Size >= 100 Microns <input type="checkbox"/>	Check if the EHS is in a powdered form and has a particle size less than 100 microns; or is handled in solution or in molten form; or meets the criteria for a National Fire Protection Association (NFPA) rating of 2, 3, or 4 for reactivity			

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BATCH PLANT FEE STATEMENT**¹¹Facility Fee Exemptions (Full Exemptions)** **Fee Exemptions do not apply to this facility**

- The operator of this facility had fewer than 10 full-time equivalent employees (20,800 total employee hours) in the State of Wisconsin when the plant became operational. There were a total of [_____] (indicate number) full-time equivalent employees. If yes, proceed to section 13.

¹²Fee Determination

If Original submission, a \$27.00 fee is due, enter in 12a.

If a Revision of an Original Submission/Annual Submission, a Relocation Submission, or a Revision of a Relocation Submission, there is no Fee due.

a. FEE OWED	\$
b. LATE PAYMENT SURCHARGE, Add \$ 5.40 If the fee will be received after 15 calendar days of setting up the batch plant for actual operation in the state, add \$5.40.	\$
c. TOTAL FEES REMITTED (Add lines a and b):	\$

Send all hard copy Wisconsin Batch Plant Emergency Response and Hazardous Chemical Reports to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. If a fee is due, return the Batch Plant Invoice (located on last page) with check directly to Wisconsin Emergency Management, Fee Processing Service, Drawer 988, Milwaukee, WI, 53293-0988.

¹³CERTIFICATION (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 ()

**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>

BATCH PLANT INVOICE

For chemicals present during calendar year 2017

Wisconsin Emergency Management
DMA Form 1151 (R12-16)

Fee Payment Instructions

-- Complete the right-hand portion of this BATCH PLANT INVOICE and mail it with the fee payment to:

**Wisconsin Emergency Management
Fee Processing Service
Drawer 988
Milwaukee, WI 53293-0988**

-- Make checks payable to: **Wisconsin Emergency Management (WEM)**
-- **Mail this Batch Plant Invoice 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 Batch Plant Emergency Response & Hazardous Chemical Report with attachments 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.

Batch Plant Fee Invoice

WEM Facility ID #: <small>[See Section 1 "Facility Identification" of WI Batch Plant]</small>			
Owner's Employer Identification Number (EIN/FEIN): <small>[See Section 1 "Facility Identification" of WI Batch Plant Report]</small>			
Batch Plant Name:			
Location Address:			
City, State, Zip:			
County of:			
Fee Owed: <small>[See Section 12(a) "Fee Owed" of WI Batch Report]</small>			
Late Payment Surcharge: <small>[See Section 12(b) "Late Payment Surcharge" of WI Batch Report]</small>			
Total Fee Remitted: <small>[See Section 12(c) "Total Fee Remitted" of WI Batch Report]</small>			
Payer Check Number:			