

**2017 Emergency Planning Notification (EPN)**WISCONSIN EMERGENCY MANAGEMENT  
DMA 1003 (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			Facility Contact Name		If FARM, check primary activity: <input type="checkbox"/> Crops <input type="checkbox"/> Livestock
Facility Street Address			County	City	Zip
Municipality	Fire Department		Total full-time equivalent employees employed within Wisconsin by this owner/operator when the threshold quantity was exceeded: _____		
Latitude	Longitude	Facility E-mail		Facility Phone Number ( )	
<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Maximum Number of Occupants (If manned): _____	2012 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): _____					

**<sup>2</sup> Mailing Address** Check if same as facility address

Company		Attn:			
Street		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		City	State	Zip	
Phone ( )		E-mail			

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

Company Name		Attn:			
Street		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 1003 (R12-16) Wis. Stat. 323.60</b>	
<b>5 Facility Emergency Planning Coordinator</b>		<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>			
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

**If revising chemical information to add additional EHS chemicals, or if deleting one or more from a group of EHS chemicals, continue to Section 10 of this form titled "10 Extremely Hazardous Substance (EHS) Identification".**

<b>8 Emergency Planning Notification Determination</b>			
This facility is required to participate in Emergency Planning because this facility has or had an Extremely Hazardous Substance (EHS) present at any one time at or above the Designated Threshold Planning Quantity (TPQ):			
<input type="checkbox"/> <b>YES</b>	Provide date the Extremely Hazardous Substance(s) exceeded the Threshold Planning Quantity (TPQ):	Date:	
<input type="checkbox"/> <b>NO</b>	This facility <u>has never had</u> an Extremely Hazardous Substance present at or above the Threshold Planning Quantity		
<b>Amended Emergency Planning Notifications Only:</b>			
<input type="checkbox"/> <b>NO</b>	Provide date the Extremely Hazardous Substance(s) <u>no longer exceeded</u> the Threshold Planning Quantity (TPQ):	Date:	
<b>9 Fee Determination (answer only if question 8 is YES)</b>			
<input type="checkbox"/>	This facility is required to participate in planning and pay the EMERGENCY PLANNING NOTIFICATION FEE: <b>\$1080.00</b> . The operator has 10 or more full-time equivalent employees in the State of Wisconsin. If the fee is paid <b>more than 60 days</b> after an Extremely Hazardous Substance exceeded the Threshold Planning Quantity, add a <b>20% late payment surcharge of \$216.00</b> .	Total Fee Remitted:	
<input type="checkbox"/>	This facility is required to participate in planning, but is exempt from paying the fee because the operator of this facility has fewer than 10 full-time equivalent employees <b>in the State of Wisconsin</b> . Provide the number of full-time equivalent employees employed by this operator in the State of Wisconsin during 2017 to the right.	No. of Employees	
<input type="checkbox"/>	This facility is required to participate in planning and the Emergency Planning Notification Fee has already been paid for this facility.	Date of Payment	Check Number

WEM Facility ID #	Facility Name	<b>WISCONSIN EMERGENCY MANAGEMENT DMA 1003 (R12-16) Wis. Stat. 323.60</b>
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**<sup>10</sup> Extremely Hazardous Substance (EHS) Identification**

ADD	DELETE	CAS NUMBER	EHS CHEMICAL NAME	Max Qty. Present at or Above Threshold Planning Quantity at Any One Time (in pounds)	Date EHS Exceeded TPQ (DD/MM/YYYY)
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

**<sup>11</sup> CERTIFICATION (REQUIRED)**

This section must be completed even if this facility does not have an Extremely Hazardous Substance present at or above the Threshold Planning Quantity and is not required to participate in emergency planning.

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)	Telephone Number
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Official Title

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

Please send completed forms to Wisconsin Emergency management, Attn: Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. If a fee is due, return the Emergency Planning Notification Invoice (located on last page) with check directly to Wisconsin Emergency Management, Fee Processing Service, Drawer 988, Milwaukee, WI, 53293-0988

**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>**

# EMERGENCY PLANNING NOTIFICATION (EPN) INVOICE

Wisconsin Emergency Management  
DMA Form 1160 (R12-16)

## Fee Payment Instructions

-- Complete the right-hand portion of this EPN 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 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 2017 Emergency Planning Notification Report form with 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

**WEM Facility ID #:**

*[See Section 1 "Facility Identification" of 2017 EPN Report]*

**Owner's Employer Identification Number (EIN/FEIN):**

*[See Section 1 "Facility Identification" of 2017 EPN Report]*

**Facility Name:**

**Facility Street Address:**

**City, State, Zip:**

**Facility County:**

**Annual Inventory Fee Owed:**

*[See Section 9 "Fee Determination" of 2017 EPN Report]*

**Late Payment Surcharge:**

*[See Section 9 "Late Payment Surcharge" of 2017 EPN Report]*

**Total Fee Remitted:**

*[See Section 9 "Total Fee Remitted" of 2017 EPN Report]*

**Payer Check Number:**