

## WISCONSIN TEMPORARY CONSTRUCTION FACILITY EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT

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

<b><sup>1</sup>Facility Details</b>					
Project Name			Is this a federal or federally recognized tribal facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Temporary Construction Facility Classified As (Check One): <input type="checkbox"/> Building Construction <input type="checkbox"/> Transportation Construction				Facility Contact Name	
Project Street Address		County		City	Zip
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of	Municipality			Fire Department	
Longitude		Latitude		Facility Phone Number (    )	
Facility E-mail		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Max. Number of Occupants (If manned)		NAICS Code
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): _____					
<b><sup>2</sup>Primary Contractor Mailing Address</b>					
					<input type="checkbox"/> Check if same as facility address
Company			Attn:		
Street Address		City		State	Zip
Country		E-mail		Phone Number (    )	
Employer Identification Number (EIN)		Total full-time equivalent employees employed within Wisconsin, by this owner/operator during 2017: _____			
<b><sup>3</sup>Facility Emergency Planning Coordinator</b>			<b><sup>4</sup>Tier II Contact</b>		
<i>*Required if at least one EHS at or above TPQ</i>					
Name			Name		
Title			Title		
Phone (    )	24 Hour Phone (    )		Phone (    )	24 Hour Phone (    )	
E-mail			E-mail		

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>**

**5 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

**6 Building Dates and Permit or Contract Information**

Estimated Start Date		Estimated Completion Date	
Building Permit Number	Date Permit Issued <input type="checkbox"/> NA	If no building permit required, provide date of contract award	

**7 Fee Payment Determination**

Temporary Construction Fee:	<b>\$27.00</b>
Late Payment Surcharge (Add \$5.40):	
<b>TOTAL:</b>	

**Note:** For temporary construction facilities all fee payments must be submitted to Wisconsin Emergency Management within **15 calendar days** of obtaining a building permit or, if a building permit is not required, within **15 calendar days** of the "contract award". All fee payments submitted after the above due date shall include a **20%** late payment surcharge.

The owner/operator or primary contractor of a temporary construction facility is required to file the original of this form (DMA 1125A) within Wisconsin Emergency Management (WEM) in hard copy, or in WHOPRS. If sending hard copy forms to WEM, the information you provide will be entered in the order that it is received; when entered into the Wisconsin Haz-Mat Online Planning and Reporting System (WHOPRS), the information will be available to the LEPC and local Fire Departments, and this meets the requirement to provide this information to the LEPCs and Fire Departments.

**8 Certification**

**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 ( )