

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

For WEM use only: Facility I.D. # :

Data can be entered directly into the on-line reporting system at: <https://whoprs.wisconsin.gov>

**Check if applicable:**

NAICS Code:

This is a Federal Facility, or a federally recognized Tribal Facility.

1. **Temporary Construction Facility Classified as (check one) :**  Building Construction Project

Transportation Construction Project

**2. Temporary Construction Project Name & Location**

Project Name:			
Location Address:			
City, State, ZIP:			
County:		Tribe:	Fire Department:
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:			
Latitude / Longitude:			

**3. Temporary Construction Facility Hazardous Chemical Storage Information : Daytime and Afterhours**

This facility MAY have reportable amounts of hazardous chemicals present. For more information on hazardous chemicals which may be present during construction at the project, or to view a copy of project plans and specifications, contact the following during normal business hours:

Contact Name	Title	Phone	24 Hr. Phone
		(    )	(    )
		(    )	(    )
		(    )	(    )

**4. Primary Contractor of this Project**

Company Name:	<div style="display: flex; justify-content: space-between;"> <span><b>Attention:</b></span> <span><b>Phone: (    )</b></span> </div>	
Employer Identification Number:	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	No. of Full-time Equivalent Employees employed within the state of WI: _____
Street Address:		
City, State, ZIP:		

**5. Mailing Address for this Project (If different from the address in section 4)**

Project Name:			
Attention:			
Street Address:			
City, State, ZIP:			

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

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

Estimated Start Date:

Building Permit # :

Estimated Completion Date:

Date Issued :

**OR** If no building permit required; Date of Contract Award:

**7. Fee Payment Determination**

a) Temporary Construction Fee:

b) Late Payment Surcharge (add \$5.40):   
(20% of amount on line "a", see NOTE below )

c) Total Fee Owed:   
Line "a" plus Line "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) with 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 system in the order that it is received; when entered into Wisconsin Haz-Mat On-Line Planning & 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 & Fire Departments.

**8. CERTIFICATION**

I, as the authorized representative of the owner/operator OR primary contractor for this temporary construction facility, have reviewed this statement and certify that the information submitted is true, accurate and complete. Copies of this submission have been forwarded to all Local Emergency Planning Committees (LEPCs) with jurisdiction over the facility, and to all local Fire Departments with jurisdiction over the facility.

\_\_\_\_\_  
Printed Name

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Representing:

Owner  Contractor

Owner/Contractor Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING DMA FORM 1125A,  
WISCONSIN TEMPORARY CONSTRUCTION FACILITY  
EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT**

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Recognizing the unique and temporary nature of construction projects, Chap. WEM 1 establishes reporting requirements for temporary construction facilities. Construction projects which meet the definition of a temporary construction facility that may have reportable amounts of hazardous chemicals present during construction operations must submit to Wisconsin Emergency Management (WEM) DMA FORM 1125A and the applicable fee payment within 15 calendar days of obtaining a building permit or if a building permit is not required, within 15 calendar days of the date of the "contract award". Temporary construction facilities do not have the option of reporting under s. 323.60, Stats., (submission of a Tier Two report).

"Temporary construction facility" means a facility under construction containing more than 50,000 total cubic feet of new structure or 50,000 cubic feet of remodeled structure or additions or a transportation construction project as defined under s. 84.013(1), Stats., as well as all sites within the project limits.

A "reportable chemical" means a hazardous chemical present at or above the 10,000 pound threshold reporting quantity and an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ) or 500 pound threshold, whichever is lower.

**If sending hard copy forms to WEM, the information you provide will be entered in the system in the order that it is received. When entered into Wisconsin Haz-Mat On-Line Planning & 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 & Fire Departments.**

If the owner/operator of a temporary construction facility determines that reportable amounts of hazardous chemicals will not be present during construction operations, the temporary construction facility is exempt from the requirement to submit DMA FORM 1125A.

For assistance & questions about completing the forms, please call the Facility Reporting/Compliance Section at (608) 242-3224/3225.

*Note: A temporary construction facility that has an extremely hazardous substance at or above the threshold planning quantity is still subject to emergency planning notification and planning fee requirements under s. 323.60, Stats.*

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SUBMISSION OF DMA FORM 1125A, Wisconsin Temporary Construction Facility  
Emergency Response & Hazardous Chemical Report. and Fee Invoice for same:  
Send the completed forms and payment to:

**Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978**

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**Form Instructions** (use one DMA FORM 1125A for each temporary construction facility):

Above Item 1. Complete appropriate **NAICS** code. ( [www.naics.com/search.htm](http://www.naics.com/search.htm) ) **Now required.** If the facility is a Federal Facility or federally recognized Tribal Facility, check the box.

**Item #1** indicates if the temporary construction facility is a building construction project or a transportation construction project. Please check the appropriate box to indicate the appropriate box..

- A building construction project is a facility under construction containing more than 50,000 total cubic feet of new structure or 50,000 cubic feet of remodeled structure or additions **or**
- A transportation construction project as defined under s. 84.013(1), Stats., as well as all sites within the project limits (this typically is referred to as a "majors" project).

**Item #2** indicates where the construction project is located. Provide the name of the project and location address. Please check the box for city, village, or town of, and write in the name. Provide the name of the county(ies) in which the construction project is located, as well as the tribal name if appropriate, and appropriate Fire. In addition, **Latitude and Longitude are now required.**

**Item #3** indicates primary and alternate phone contacts during normal business hours, as well as 24 hours, for information regarding hazardous chemicals which may be stored at the construction project. Please provide the names and telephone numbers for primary and alternate contact persons.

**Item #4** indicates the primary contractor for the construction project. Please provide the name of the primary contractor for the construction project, their Employer Identification Number (EIN) or Tax I.D. number, and their mailing address. **The number of full-time equivalent employees employed in Wisconsin is now required.**

**Item #5**, if the mailing address for the construction project is different from the mailing address indicated in #4 for the primary contractor, please indicate the construction project's mailing address. If they are the same, go to Item #6.

**Item #6** indicates information regarding the estimated start and completion dates of the construction project. Please provide the estimated starting date of the construction project and estimated completion date.

- **If a building permit is required**, fill in the construction permit number and the date the permit was issued.
- **If a building permit is not required**, fill in the date the contract was awarded.

**Item #7** indicates the fee determination. For a temporary construction facility the fee is \$27.00 and must be paid to WEM within 15 calendar days of obtaining a building permit, or if a building permit is not required, within 15 calendar days of the date of the contract award. Fee payments received after the due date shall include a 20% Late Payment Surcharge. **The number of FTE is required for all facility ID entries.**

- (a) The \$27.00 fee is indicated on line "a".
- (b) If a 20% late payment surcharge is due, please fill in \$5.40 on line "b".
- (c) Please total of lines "a" and "b" and enter it on line "c". This is the fee due.

Please note, if the operator has less than 10 FTE, (323.60 166.20(7)(d), Stats.), no fee is due.

**Item #8** serves to certify the submission. Complete the name, phone number and official title of the person certifying the form with a signature and date. Also indicate whether the person is the representative for the owner of the temporary construction facility or the primary contractor. Also include the Owner/Contractor Fax number and E-mail address.

**PLEASE FOLLOW INSTRUCTIONS CAREFULLY**

**FEE PAYMENT INSTRUCTIONS:**

Complete the right-hand portion of this Temporary Construction Invoice, and mail it with the fee payment, Wisconsin Temporary Construction Facility Report, site plan, and any other correspondence or documents to:

**Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978**

Make checks payable to: **WISCONSIN EMERGENCY MANAGEMENT**

**Please Note:** If sending hard copy forms to WEM, the information you provide will be entered in the system in the order that it is received. When entered into Wisconsin Haz-Mat On-Line Planning & 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.

**WISCONSIN EMERGENCY MANAGEMENT  
Form DMA-1125A**

**TEMPORARY CONSTRUCTION INVOICE**

**Emergency Response & Hazardous Chemical Report**

Construction Project Name:

Operator's Employer Identification Number (EIN):

Location Address:   
City, State, Zip:   
County of:

Payer Check #:

Fee Type: **C** – Construction

(1) Fee:

(2) Late Payment Surcharge:

(3) Total Fee Payment:

*See #7 of Form DMA 1125A*

Return This Invoice Form with Fee Payment and report to:

**Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978**

