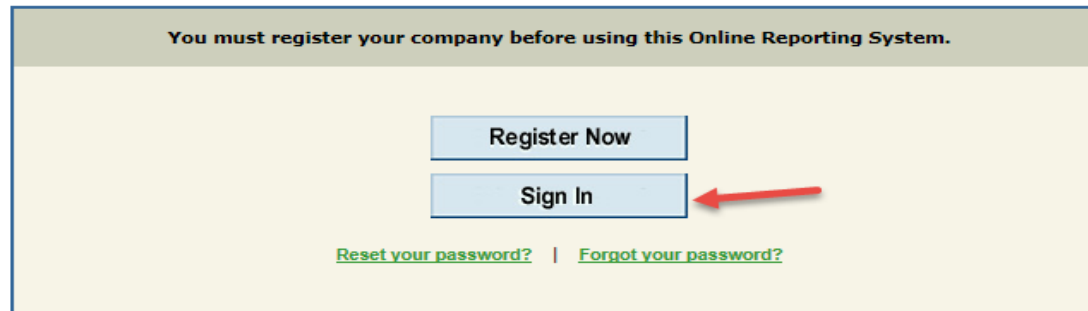
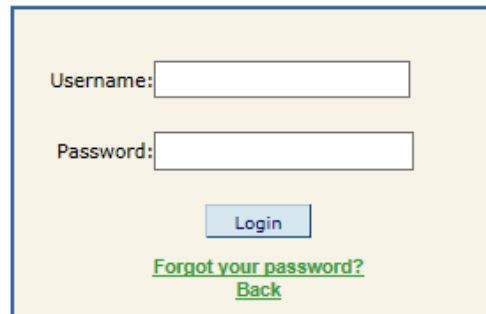


Facility Information

1. Go to <https://whoprs.wisconsin.gov/submit/>.
2. To Sign in to WHOPRS, click [Sign In] button.
 - If you have forgotten your password, click [Forgot your password?](#).
 - If you wish to reset your password, click [Reset your password?](#).



3. Enter the username and password.
4. Click [Login] button.



The screenshot shows a login form with two input fields: "Username:" and "Password:". Below the fields is a blue "Login" button. At the bottom, there are two green links: "Forgot your password?" and "Back".

5. A Regulations page will generate. To proceed, click either of the [Continue>>] buttons located on the right side of the screen.

- A Main Menu page will generate:

Main Menu

[Add a New Facility](#) |
 [Update User Profile](#) |
 [Help on Tier II Reporting](#) |
 [Consolidated Invoice Statement\(CIS\)](#)

The following facilities are registered under this username. You can update information by clicking on the Facility Name. If you want to preview the most current data entered, click on the Current Data icon across from each Facility Name.

Search

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Other

[1] Page 1 of 1 (Total Results:1)

| FID | Facility/Site Name ▲ | Address | Current Data | Facility Type | Submission Status | Planning Facility |
|---------------------|--------------------------------------|---|---|-------------------------------|-----------------------------------|-----------------------------------|
| 200462 | WEM FACILITY 1 | 2400 WRIGHT STREET MADISON, WI 53707 |  | Facility | Not Started | Unknown |

[1] Page 1 of 1 (Total Results:1)

Rows per page

6. Select the appropriate facility to begin the Tier II Report from the Facility/Site Name column.
 - The Submissions Listing page will generate.

7. To access the Tier II Report, click the blue [Edit] button found below the most recent report year.
- To access a previous year in order to file a revision for an existing report or to submit a missing report year, select the [Click here to request an edit for a Previous Reporting Year](#) option. Once the request is submitted, an [Edit] option will generate under the selected year.
 - If you click on the "Edit Facility" button on the top left, you will be able to change facility information such as an email address or phone number without having to certify a report. You may want to use this option to update contact information between reporting periods to assure reminders and other announcements are sent to the correct contact.

Submissions Listing for WEM FACILITY 1 (ID: 200462)
Facility Type: FACILITY
Planning Facility: Unknown

[Edit Facility](#)

Tier II Reports

[Below Reportable Quantities?](#) [New Report](#)

| Report Year | Initiated Time | Submission Class | Reporting Exemption | Signed By | Signed Date | Submission Status | Invoice | View | Submission Type | Report Status |
|-------------|----------------|------------------|---------------------|-----------|-------------|-------------------|---------|------|-----------------|---------------|
| 2013 | | | | | | Not Started | | | | |

[Click here to request an edit for a Previous Reporting Year.](#)

Facility Home Page: Tier II Report

Facility Home Page for WEM FACILITY 1 (ID:200462)
Facility Type: FACILITY
Facility Reporting Exemption Status: Non Exempted

[Submissions Listing](#) | [ERP](#) | [Billing Summary](#) | [Are you exempt from fees?](#)

312 (Tier II)

Reporting Year 2013 ▼

Last Update: 07/16/2014
Last Tier II Submission:

WEM FACILITY 1
2400 WRIGHT STREET
MADISON, WI 53707
Phone: (608)242-1234

Step 1: Review Facility Information

Step 2: Review Reporting Exemption or Chemical Inventory

[Import Chemicals](#)

[All] **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Other**

Click on table header to sort and filter selections.

| Chemical ID | CAS | Chemical Name | Is or Contains EHS | Edit | Delete |
|---------------------|-----|---------------|--------------------|------|--------|
| No Chemicals Found. | | | | | |

[All] **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Other**

List of EHS Chemicals

Click on table header to sort and filter selections.

| CAS | EHS Name | TPQ Value | Quantity Stored(lbs) | EHS Exceeds TPQ(Yes/No) |
|-----|----------|-----------|----------------------|-------------------------|
| | | | | |

Step 3: Review Attachments

| Attachment | File Name | Browse File to Upload | Add / Update | Remove |
|-------------------------------|-----------|---|---------------------------------------|---------------------------------------|
| Siteplan ** | | <input type="text"/> <input type="button" value="Browse..."/> | <input type="button" value="Attach"/> | <input type="button" value="Remove"/> |
| Site coordinate abbreviations | | <input type="text"/> <input type="button" value="Browse..."/> | <input type="button" value="Attach"/> | <input type="button" value="Remove"/> |
| Safeguard measures | | <input type="text"/> <input type="button" value="Browse..."/> | <input type="button" value="Attach"/> | <input type="button" value="Remove"/> |

**** Siteplan required for Annual and Revision submission(s).**
 To attach a file, click on Browse, choose the location of the file, click Open. The name of the file will appear. Then click Attach. The document format will appear underlined. To remove a file, click Remove.

Step 4: Submit Tier II Report

You have not made any submissions for the Report Year (2013).

- The Tier II Report is composed of 4 steps:
 - 1) Review Facility Information
 - 2) Review Reporting Exemption or Chemical Inventory
 - 3) Review Attachments
 - 4) Submit Tier II Report
- Review each section to verify all provided information is correct and up to date.
- Upon completion of Sections 1-3, click the [CLICK HERE TO START/CHANGE YOUR TIER II SUBMISSION FOR THIS YEAR] button.



- To begin the Tier II Report, select the [Edit Facility] button.
- The Edit Facility Details page will generate.

8. Enter Facility Details.

| STEP 1: ENTER FACILITY DETAILS | | | | | |
|--|--|---|--|---|--|
| Facility Type: Facility | | | | | |
| All red fields are required. Enter phone number as 123-456-7890x1234567. | | | | | |
| Is this a Federal or federally recognized Tribal Facility? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | Owner/Operator Mailing Address If you enter an address outside of the US or Canada, enter the state/province name in the City field. | | |
| Facility Physical Location <input type="checkbox"/> Check if facility address is not a standard address | | | Name: <input type="text"/> | | |
| Facility Name: <input type="text"/> | | City: <input type="text"/> | | Attn: <input type="text"/> | |
| Facility Street: <input type="text"/> | | County: <input type="text"/> | | Country: <input type="text"/> | |
| County: <input type="text"/> | | Municipality: <input type="text"/> | | Street Address: <input type="text"/> | |
| LEPC: <input type="text"/> | | Tribe: <input type="checkbox"/> | | City: <input type="text"/> | |
| Fire Department: <input type="text"/> | | State: <input type="text"/> | | State: <input type="text"/> | |
| State: <input type="text"/> | | Zip Code: <input type="text"/> | | Zip Code: <input type="text"/> | |
| Facility Contact Name: <input type="text"/> | | Parent Company | | Email: <input type="text"/> | |
| Facility Phone: <input type="text"/> | | Fax Number: <input type="text"/> | | If you enter an address outside of the US or Canada, enter the state/province name in the City field. | |
| Number of Full Time Employees Employed within the State of WI: <input type="text"/> | | Website: <input type="text"/> | | Copy from Facility Address Copy from Owner/Operator Address | |
| <input type="checkbox"/> Check if facility email is Confidential | | Parent Company Name: <input type="text"/> | | Dun & Brad Number: <input type="text"/> | |
| Facility Email: <input type="text"/> | | Retype Email: <input type="text"/> | | Street Address: <input type="text"/> | |
| Latitude: <input type="text"/> | | Longitude: <input type="text"/> | | City: <input type="text"/> | |
| Longitude: <input type="text"/> | | Latitude and Longitude must be in Decimal Degrees. | | State: <input type="text"/> | |
| Latitude and Longitude must be in Decimal Degrees. | | Other Details | | Zip Code: <input type="text"/> | |
| <input type="radio"/> Manned <input type="radio"/> Unmanned | | Maximum Number of Occupants at one time (if Manned): <input type="text"/> | | Email: <input type="text"/> | |
| Regulation Status | | | | | |
| Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? What is this? | | | <input type="radio"/> Yes <input type="radio"/> No | | |
| Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? What is this? | | | <input type="radio"/> Yes <input type="radio"/> No | | |
| RMP Facility ID: <input type="text"/> | | (Required if "Yes" is selected) | | | |
| Subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR part 372)? What is this? | | | <input type="radio"/> Yes <input type="radio"/> No | | |
| TRI Facility ID: <input type="text"/> | | (Required if "Yes" is selected) | | | |
| Facility Emergency Coordinator (Required if at least one EHS over TPQ is entered) | | | | | |
| Name: <input type="text"/> | | Title: <input type="text"/> | | Email: <input type="text"/> | |
| Phone Number: <input type="text"/> | | 24 Hr. Phone: <input type="text"/> | | Email: <input type="text"/> | |
| Tier II Contact | | | | | |
| Name: <input type="text"/> | | Title: <input type="text"/> | | Email: <input type="text"/> | |
| Phone Number: <input type="text"/> | | 24 Hr. Phone: <input type="text"/> | | Email: <input type="text"/> | |
| Emergency Contact Information (Min 2 - Max 3 Emergency Contacts) | | | | | |
| Name: <input type="text"/> | | Title: <input type="text"/> | | Email: <input type="text"/> | |
| Phone Number: <input type="text"/> | | 24 Hr. Phone: <input type="text"/> | | Cell/Pager: <input type="text"/> | |
| Name: <input type="text"/> | | Title: <input type="text"/> | | Email: <input type="text"/> | |
| Phone Number: <input type="text"/> | | 24 Hr. Phone: <input type="text"/> | | Cell/Pager: <input type="text"/> | |
| Mailing Address, if different from Facility Physical Location Copy Owner/Operator Mailing Address | | | | | |
| If you enter an address outside of the US or Canada, enter the state/province name in the City field. | | | | | |
| Company: <input type="text"/> | | Attn: <input type="text"/> | | | |
| Country: <input type="text"/> | | Street Address 1: <input type="text"/> | | | |
| Street Address 1: <input type="text"/> | | Street Address 2: <input type="text"/> | | | |
| City: <input type="text"/> | | State: <input type="text"/> | | State: <input type="text"/> | |
| Zip Code: <input type="text"/> | | Phone: <input type="text"/> | | Phone: <input type="text"/> | |
| Facility Identification Information | | | | | |
| SIC Code: <input type="text"/> | | Dun & Brad No: <input type="text"/> | | Dun & Brad No: <input type="text"/> | |
| TRIFID: <input type="text"/> | | 2012 NAICS: <input type="text"/> | | 2012 NAICS: <input type="text"/> | |
| EIN (Tax ID Number): <input type="text"/> | | EIN (Tax ID Number): <input type="text"/> | | | |

- Please note that all fields highlighted **Red** are *required*. Fields that are highlighted **Black** are *optional*. You will not be able to proceed with your report if any of the required fields are not submitted.

Facility Physical Location Section

9. Fill in all sections highlighted in **Red**. A facility fax number and website are optional.
10. Selecting the County will auto-populate the LEPC field and will allow you to select the Facility Municipality. To select the Municipality, click the  box. A listing of cities, towns and villages will open. Select the appropriate municipality.
11. Once the Municipality is selected, the Fire Department field dropdown will populate; select the appropriate Fire Department.
12. To calculate the Latitude and Longitude, click the Locate Lat/Long tool: 

Other Details: Is the Facility Manned (occupied) or Unmanned (unoccupied)?

13. Select either the 'Manned' or 'Unmanned' radial. If Manned is selected, supply the maximum number of occupants.

Regulations Statuses: Emergency Planning; Chemical Accident Prevention; Toxic Release Inventory

14. Emergency Planning: Section 302 of EPCRA – If your facility maintains Extremely Hazardous Substance(s) at or above the Threshold Planning Quantity, select the 'Yes' radial. If not, select the 'No' radial.
 - Chemical Accident Prevention: Section 112(r) of CAA (40 CFR part 68, Risk Management Program – To determine if your facility is subject to this regulation, please consult the EPA List of Lists to determine if your facility is subject to this regulation: <http://1.usa.gov/1qzyiH>.
 - Toxic Release Inventory: Section 313 of EPCRA (40 CFR part 372) – To determine if your facility is subject to this regulation, please consult the EPA List of Lists to determine if your facility is subject to this regulation: <http://1.usa.gov/1qzyiH>.

Facility Emergency Coordinator

- Required only if facility has entered at least one Extremely Hazardous Substance that is at or above the Threshold Planning Quantity.
- If applicable to your facility, provide the name, title, phone number and email of the Facility Emergency Coordinator.

Tier II Contact

15. Provide the name, title, phone number and email of individual responsible for submission of Tier II.

Emergency Contact Information

16. A minimum of two emergency contacts are required.

17. Provide the name, title, phone number and email of the emergency contacts.

Owner/Operator Mailing Address

18. All fields are required.

- If the Owner/Operator address is the same as the Facility Physical Location, use the  button to import the Facility Physical Location information.

Parent Company

- This section is optional.

Mailing Address, if different from Facility Physical Location

- If the mailing address is different, please provide the mailing address in this section.

Facility Identification Information

19. EIN, Dun & Brad Number and 2012 NAICS are required.

- If the Dun & Brad Number is unknown, you may put 'N/A' in the field.

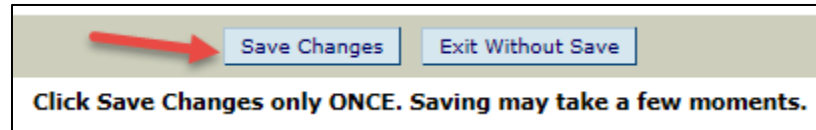
20. Click the  to the right of the **2012 NAICS** to look up your facility's NAICS code.

- The SIC Code and TRIFID are optional in this section.

21. Once all required fields have been entered, review the inputted data to ensure that the information is accurate and correct.

- All required fields must be complete in order to save changes to the Facility Details section.

22. Click [Save Changes] button when finished:



- Upon saving changes, you will be redirected to the Facility Home page.

For further assistance, please contact the WHOPRS Help Desk at <https://whoprs.wisconsin.gov/HelpDesk.asp>.