DMA 1005 (R14-15)
Wis. Stat. 323.60

WISCONSIN TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
For use in reporting chemicals present during *2014* (Due March 1, 2015)

FACILITY LOCATION:

Name:
Address:
City, ZIP:

OWNER/OPERATOR:

Name:
Address:
City, State, ZIP:

New facilities will be assigned a WEM I.D. #

WEM I.D. #:
EIN/FEIN #: –
NAICS:

Confidential Location Information Sheet

CHEMICAL DESCRIPTION

CAS Number:
Chemical Name:

Storage Codes and Locations (see instructions) (Confidential)

Container	Pressure	Temperature	Storage Locations	Max. Amt. at Location in Pounds	Confi-dential
					☐
					☐

CHEMICAL DESCRIPTION

CAS Number:
Chemical Name:

Storage Codes and Locations (see instructions) (Confidential)

Container	Pressure	Temperature	Storage Locations	Max. Amt. at Location in Pounds	Confi-dential
					☐
					☐

Certification Read and Sign after completing all sections. ***Signature Required***.
I certify under penalty of law that I have personally examined and am familiar with the information submitted on pages 1 through _____ (***indicate last page***) in addition to all attached documents, and that, based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

REQUIRED ATTACHMENT:

☐ I have attached a site plan.

Name & Official Title of owner/operator OR owner/operator's authorized representative | *Signature | Date Signed

Please Return Forms with Signatures to: Wisconsin Emergency Management, Facility Reporting, P.O. Box 7978, Madison, WI 53707-7978.
Unsigned signature forms will be returned for a signature. For assistance call (608) 242-3225 or (608) 242-3224. The information provided to WEM will be entered by WEM staff in the order it was received. When entered into the system, the information will be available to the County Local Emergency Planning Committee and the local Fire Department; and this meets the requirement to provide this information to them.