

2011 INVENTORY FEE STATEMENT
(For Chemicals Present During Calendar Year 2010)

Facility Name: _____

Facility I.D. #: _____

Note fee exemptions below: YOU CANNOT CLAIM BOTH #10, FULL FEE EXEMPTION, AND #11, PARTIAL FEE EXEMPTION.

(10) This facility is required to file a Tier Two report but is **FULLY** exempt from paying ANY Inventory Fees: YES NO
If answer to this question is "YES", check the appropriate fee exemption below. If "NO", Skip to question 11.

- a. This is a petroleum marketing facility with reportable amounts of gasoline and/or diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. (See instructions for definition of a petroleum marketing facility).
- b. This facility has reportable amounts of sand and/or gravel present, which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility.
- c. The operator of this facility had fewer than 10 full-time equivalent employees (20,800 hrs.) in the state of Wisconsin in 2010. **There were a Total of [____] (indicate number) full-time equivalent employees. (Enter number of employees on the blank provided.)**
- d. This facility has reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present, used as a road de-icing agent which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. These are the **only** de-icing chemicals which fit this exemption.

(11) This facility is required to file a Tier Two report but is claiming **PARTIAL** exemption from the fees because some of the reportable substances present are fee exempt as follows: YES NO
If answer to this question is "YES", check the appropriate fee exemption below. If "NO", Skip to question 12.

- a. This is a petroleum marketing facility with reportable amounts of gasoline and/or diesel fuel present, held for resale or retail, which is exempt from Inventory Fee calculation and there are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. (See instructions for definition of a petroleum marketing facility).
- b. This facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation and there are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility.
- c. This facility has reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present used as a road de-icing agent which are exempt from Inventory Fee calculation and there are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility.

(12) *FEE DETERMINATION:

- a. Total Number of Chemicals Reported on 2011 Tier Two Form for chemicals present during 2010:
- b. Number of Chemicals on Tier Two Form that are exempt from fees (see instructions): -
- c. Number of Chemicals for which fees are being paid (Subtract line b from line a): =
- d. Is the **cumulative** total of the actual **maximum** daily amounts of the chemicals (line c) 100,000 pounds or more?
 YES NO If "YES", determine fee on line (B) below. If "NO", determine fee on line (A) below.
- e. Fee Owed (See fee schedule below to determine fee. Enter this amount on line 1 of the 2011 Fee Invoice form): \$

Number of Chemicals (see 12c above):		1	2-10	11-100	101-200	201-300	301-400	401-500	500+
Line A	Fee: (<u>under</u> 100,000 lbs. Cumulative)	\$205	\$405	\$610	\$745	\$880	\$1015	\$1150	\$1285
Line B	Fee:(100,000 lbs or more cumulative)	\$245	\$485	\$730	\$890	\$1055	\$1215	\$1375	\$1540

f. **LATE PAYMENT SURCHARGE:**
If payment of the fee will be received by the due date of March 1, 2011, enter "Ø". If the fee will be received after the due date of March 1, 2011, enter 20% of fee on line 12e. SurchARGE: \$

g. **TOTAL FEES REMITTED:**
(Add lines 12e and 12f) \$
Enter this amount on line 3 of the 2011 Fee Invoice form

Check #: _____

2011 INVENTORY FEE STATEMENT
(For Chemicals Present During Calendar Year 2010)

WISCONSIN EMERGENCY MANAGEMENT
DMA 1004 (R12-10)
Wis. Stat. 323.60

Facility Name: _____

Facility I.D. #: _____

(13) CERTIFICATION: I, as the owner/operator OR owner/operator's authorized representative, have reviewed this Fee Statement and certify that the information submitted is true, accurate and complete.

Printed Name

*Signature

Date Signed

Official Title

()

Telephone Number

Return the Inventory Fee Statement and Tier Two Form with signatures, directly to: Wisconsin Emergency Management(WEM), Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. **Unsigned signature forms will be returned for a signature; the entry will not be complete without the authorized signature.*

Return the Fee Invoice form with check (if fee due), directly to Wisconsin Emergency Management/SERB, Fee Processing Service, Drawer 988, Milwaukee, WI 53293-0988, *unless you are filing for the first time. Then send the Fee Invoice Form along with the check, Inventory Fee Statement & Tier Two to the Madison address in the paragraph above.*

NOTE: The information you provide to WEM will be entered by WEM staff in the order it is received. When entered into the system, the information will be available to LEPC's and Local Fire Departments, and this meets the requirement to provide this information to the LEPC's and Fire Departments.

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INSTRUCTIONS FOR 2011 INVENTORY FEE STATEMENT – DMA Form 1004 (R12-10)
For use in reporting chemicals present during calendar year 2010. Due March 1, 2011

The Inventory Fee Statement and Tier Two Form with signatures, are to be returned directly to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. The Fee Invoice and check (if fee due) is to be mailed to Wisconsin Emergency Management/SERC, Fee Processing Service, Drawer 988, Milwaukee, WI 53293-0988.

NOTE: The information you provide to WEM will be entered by WEM staff in the order it is received. When entered into the system, the information will be available to LEPC's and Local Fire Departments, and this meets the requirement to provide this information to them.

DMA Form 1004 (R12-10) Instructions:

#1: This is the facility's WEM assigned I.D. #. Indicate this number in the upper right corner on each page of this fee statement. If this is the first time that this facility is submitting an Inventory Fee Statement, leave the I.D. # blank; one will be assigned after the first submission is received.

#2: (a) Provide the facility owner's nine-digit Employer Identification Number (EIN). This is the owner's Tax I.D. # or Social Security #. All facilities have an EIN, including municipalities and other "tax exempt" organizations. See your facility's preprinted Federal Tax Deposit Coupon (IRS Form 8109) for your EIN. **If the owner submits for several facilities under the same owner EIN, each facility must list the same owner information in #6.**

(b) Indicate whether the facility is a Federal or federally recognized tribal facility.

(c) Indicate the number of full-time equivalent (FTE) employees employed by this owner/operator in the State of Wisconsin during 2010. To get this number, add the total number of employee hours and divide by 2,080. **NOTE:** ALL persons employed in Wisconsin by this owner must be included in this calculation, not just those employed at the facility or working with the chemicals. **This is a new mandatory entry.**

#3: Provide the facility name and physical location address in the boxes to the right. Mark and provide the name of the city, village or town in which the facility is located in the box to the right. Provide the name of the County the facility is located in. Provide the name of the fire department with jurisdiction over the facility. If this is a tribal facility, mark the appropriate box and indicate the tribal name. Provide the name of a daytime contact and telephone number for the facility. Provide the latitude and longitude of the facility; **this is a new mandatory entry.**

#4: If the mailing address for the facility is different from the facility's physical location indicated in # 3, provide the name and address in the boxes to the right. Please indicate the Country where the mailing address is located and a contact name and phone for the mailing address.

#5: Provide the facility's email address and reprint in the box to the right. If you want the email to be considered confidential, please check the box. This would be the email address that you want correspondence to go to.

#6: Provide the facility owner's name and mailing address in the boxes to the right. Note: This is the owner or the company who is required to maintain the Material Safety Data Sheet. Only one owner name, address and contact name may be used in this block, for an EIN number, see #2(a).

#7: Indicate the six-digit North American Industry Classification System (NAICS) Code that best describes this facility's activities. NAICS Codes can be searched on the U.S Census Bureau web site at <http://www.census.gov/eos/www/naics/>, or you can find a link to the listing on our web site.

#8: Indicate if the facility is required to file a Tier Two Emergency and Hazardous Chemical Inventory Report. The owner/operator of any facility that is required, under regulations implementing the Occupational Safety and Health Act of 1970 (OSHA), to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility; or a public or private agency as defined below, is subject to the Tier Two reporting requirements. The OSHA Hazard Communication Standard (specifying MSDS requirements) includes the non-manufacturing sector.

A "Facility" is defined as, "All buildings, equipment, structures, and other stationary items which are located on a single site or on contiguous or adjacent sites, and which are owned or operated by the same person (or by any person who controls, is controlled by, or under common control with, such person) or used for conducting the activities of a public or private agency. It includes man-made structures as well as all natural structures in which chemicals are purposefully placed or removed through human means. (A public right-of-way does not separate into two facilities, two sites owned or operated by the same person.)"

"Private Agency" is defined as a, "Privately owned and operated research facility or educational institution." "Public Agency" is defined as a, "State or local office, agency, board, commission, committee, council, department, research facility, educational institution or public body corporate or politic created by constitution, law, ordinance, rule or order, or a governmental or quasi-governmental corporation."

"YES" would be marked if the facility is required to file a Tier Two Report Form listing reportable hazardous chemicals present during 2010. This Inventory Fee Statement must be completed and submitted and fees paid, as appropriate. See the Tier Two instructions for information on which hazardous chemicals must be listed on a Tier Two Report Form.

"NO" would be marked ONLY if ALL of the hazardous chemicals present at the facility during 2010 fall under one or more of the Tier Two reporting exemptions listed under #9. See page one of the Tier Two Report Form instructions for a detailed list of the Tier Two reporting exemptions. **To make this facility inactive, this Inventory Fee Statement must still be completed and returned, noting the applicable exemption(s) from Tier Two reporting. A signature is required.**

#9: Complete this item only if you answered "NO" to #8. If ALL of the hazardous chemicals present at this facility during 2010 are exempt from Tier Two reporting, mark the appropriate box (es) for Tier Two reporting exemption (s) (items a-d) below and proceed to #12 - Fee Determination.

Mark box "a": If the facility is not covered by the OSHA Hazard Communication Act and is not a public or private agency.

Mark box "b": If this facility did not have present at any time last year any hazardous chemicals at or above 10,000 pounds. Also, if it did not have any extremely hazardous substances at or above 500 pounds or the designated threshold planning quantity (TPQ), whichever is lower. If the situation changes, it is the facility's responsibility to notify Wisconsin Emergency Management.

#9: (continued)

Mark box "c": If per OSHA Hazard Communication Act regulations, hazardous chemicals present are not required to have Material Safety Data Sheets prepared or available at this facility because of CFR Chapter 29, Section 1910.1200(b)]. See page one of the Tier Two Report Form instructions for a detailed list of the eight OSHA reporting exemptions.

Mark box "d": If hazardous chemicals present at this facility fall under one or more of the five Section 311(e) exemptions. See page one of the Tier Two Report Form instructions for a detailed list of the five 311(e) reporting exemptions.

Mark box "e": If this is a Retail Gas Station and all of the following apply:

- 1) Gasoline and diesel fuel were stored in a tank(s) entirely underground,
- 2) Less than 75,000 gallons of gasoline and/or 100,000 gallons of diesel fuel were present at any one time,
- 3) The facility was in compliance with all applicable Underground Storage Tank program requirements at all times during the preceding calendar year, and
- 4) No other substances were present at or above EPCRA reporting thresholds.

Please note: You cannot answer "YES" to BOTH #10 and #11. A facility cannot be both fully and partially exempt from fees.

#10: Mark "YES" to indicate the facility is **FULLY FEE EXEMPT** if **ALL** of the reportable hazardous chemicals present at this facility fall under one or more of the fee exemptions listed below (a-d) and mark as appropriate. Mark "NO" if this does not apply.

Mark box "a": If this is a Petroleum Marketing Facility with reportable amounts of gasoline and diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of gasoline and/or diesel fuel present must still be listed on the Tier Two Report Form.*

*A Petroleum Marketing Facility is defined as "A facility where petroleum products are stored for retail or resale, and are received by tank vessels, tank car or tank vehicle, and are stored or blended in bulk for the purpose of distributing such liquids by tank vessel, tank car, tank vehicle, or portable tank, and where petroleum products used as fuels are stored and dispensed from fixed equipment into vehicle fuel tanks. Retail applies to all instances of resale as defined in the law. Resale facilities also includes every person engaged in the business of making sales to the general public at retail within this State. **NOTE:** Gasoline and diesel fuel stored for use by the facility is not covered by this exemption.*

Mark Box "b": If the facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of sand and/or gravel present must still be listed on the Tier Two Report Form.*

Mark box "c": If the operator of this facility had fewer than ten full-time equivalent employees in the State of Wisconsin during 2010. [20,800 hours of employee time annually equals ten full-time equivalent (FTE) employees]. Please indicate the number of FTE employees in the space provided. **NOTE:** *ALL persons employed in Wisconsin by this owner must be included in this calculation, not just those employed at the facility or working with the chemicals. Reportable amounts of hazardous chemicals present must still be listed on the Tier Two Report Form. **Entry of a number on this blank is now mandatory for all facilities; only those claiming the exemption will check the box.***

Mark box "d": If the facility has reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present used as a road de-icing agent which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of road de-icing agents present must still be listed on the Tier Two Report Form.*

#11: Mark "YES" to indicate the facility is **PARTIALLY FEE EXEMPT** if **SOME** of the reportable hazardous chemicals present at the facility are fee exempt and mark as appropriate below. Mark "NO" if this does not apply.

Mark box "a": If this is a Petroleum Marketing Facility (see definition above) with reportable amounts of gasoline and diesel fuel present held for resale or retail which are exempt from Inventory Fee calculation, but there **are** other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of gasoline and/or diesel fuel present must still be listed on the Tier Two Report Form.*

Mark box "b": If the facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation, but there are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of sand and/or gravel present must still be listed on the Tier Two Report Form.*

Mark box "c": If the facility has reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present used as a road de-icing agent which are exempt from Inventory Fee calculation, but there are other reportable hazardous chemicals subject to the Inventory Fee present at the facility. **NOTE:** *Reportable amounts of the de-icing agents present must still be listed on the Tier Two Report Form.*

#12, Fee Determination:

Box "a": Enter the total number of reportable chemicals listed on the 2011 Tier Two Report Form (for chemicals present during 2010).

Box "b": Enter the total number of chemicals exempt from fees (fee exemptions claimed in questions 10 or 11).

NOTE: If you choose to include chemicals on the Tier Two that are considered reporting exempt, they should also be included in the fee exempt total. Fee calculation is based on the number of reportable chemicals and their cumulative weight. If any Chemicals are claimed as exempt, make sure to check the appropriate exemption box.

Box "c": Enter the total number of chemicals subject to fee calculation (subtract line b from line a).

#12: (continued)

Box "d": Mark "YES" if the cumulative actual maximum amount of all chemicals in box "c" is 100,000 pounds or more, and use Fee Schedule line B. Mark "NO" if the cumulative actual maximum amount of all chemicals in box "c" is less than 100,000 pounds, and use Fee Schedule line A.

Number of Chemicals (see 12c):	1	2-10	11-100	101-200	201-300	301-400	401-500	500+
A) Fee Amt.: (<u>under</u> 100,000 lbs. Cumulative)	\$205	\$405	\$610	\$745	\$880	\$1015	\$1150	\$1285
B) Fee Amt.:(100,000 lbs.or more Cumulative)	\$245	\$485	\$730	\$890	\$1055	\$1215	\$1375	\$1540

Box "e": Enter the Inventory Fee due using the fee schedule above. Also enter this amount on line 1 of the 2011 Fee Invoice Form.

Box "f": If fees will be received on or before March 1, 2011, enter "0"; if fees will be received after March 1, 2011, enter 20% of the amount in box (e). Also enter this amount on line 2 of the 2011 Fee Invoice Form.

Box "g": This is the total of lines (e) and (f). Also enter this amount on line 3 of the 2011 Fee Invoice Form.

#13: COMPLETE THE ENTIRE CERTIFICATION SECTION. A signature is required. An incomplete or unsigned Inventory Fee Statement will be returned.

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WISCONSIN 2011 TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
For use in reporting chemicals present during 2010 (Due March 1, 2011)

FACILITY LOCATION:

Name: _____
Address: _____
City, State, ZIP: _____

OWNER/OPERATOR:

Name: _____
Address: _____
City, State, ZIP: _____

New facilities will be assigned WEM I.D. #

WEM I.D. #: _____
EIN #: _____
NAICS: _____

EMERGENCY CONTACT INFORMATION:

Name #1:	Name: _____	Title: _____	Phone #1: _____	24-hr. #: _____
Name #2:	Name: _____	Title: _____	Phone #2: _____	24-hr. #: _____
Name #3:	Name: _____	Title: _____	Phone #3: _____	24-hr. #: _____

CHEMICAL DESCRIPTION

CAS Number:	_____					
Chemical Name:	_____					
Physical and Health Hazards (see instructions)						
Fire	Pressure	Reactivity	Immediate	Delayed		
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>		

Pick one of these two			Pick one or more of these four.			
Trade Secret	Pure	Mix	Solid	Liquid	Gas	EHS
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

EHS Name (if different from chemical name): _____

Inventory (see instructions)

Max. Daily Amount in Pounds	Avg. Daily Amount in Pounds	No. of Days On Site	Fee Exempt
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	Reporting Exempt
_____	_____	_____	<input type="checkbox"/>

Storage Codes & Health Hazards (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification Read and Sign after completing all sections. * **Original Ink 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.

Name & Official Title of owner/operator OR owner/operator's authorized representative _____ Date Signed _____

Site plan is required & must be no larger than 11x17 inches.

REQUIRED ATTACHMENT:

* **Signature** _____
Please Return Forms with Signatures to: Wisconsin Emergency Management, Facility Reporting, P.O. Box 7978, Madison, WI 53707-7978.
***Forms must be signed to be accepted as completed.** For assistance call (608) 242-3224 or 3225. 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 LEPC and Fire Department; and this

WISCONSIN 2011 TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Continuation Page for use in reporting chemicals present during 2010 (Due March 1, 2011)

Facility Name:

WEM I.D. #:

CHEMICAL DESCRIPTION

CAS Number:

Chemical Name:

Physical and Health Hazards (see instructions)

Fire	Pressure	Reactivity	Immediate	Delayed
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Storage Codes & Health Hazards (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade Secret		Pick one of these two		Pick one or more of these four.		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pure	Mix	Solid	Liquid	Gas
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

EHS Name (if different from chemical name):

Inventory (see instructions)

Max. Daily Amount in Pounds	Avg. Daily Amount in Pounds	No. of Days On Site	Fee Exempt <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Reporting Exempt <input type="checkbox"/>

Confidential

CHEMICAL DESCRIPTION

CAS Number:

Chemical Name:

Physical and Health Hazards (see instructions)

Fire	Pressure	Reactivity	Immediate	Delayed
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Storage Codes & Health Hazards (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade Secret		Pick one of these two		Pick one or more of these four.		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pure	Mix	Solid	Liquid	Gas
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

EHS Name (if different from chemical name):

Inventory (see instructions)

Max. Daily Amount in Pounds	Avg. Daily Amount in Pounds	No. of Days On Site	Fee Exempt <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Reporting Exempt <input type="checkbox"/>

Confidential

INSTRUCTIONS FOR WISCONSIN 2011 TIER TWO REPORT FORM – DMA FORM 1005 (R1-11)

For use in reporting chemicals present during calendar year 2010. Due March 1, 2011

THE TIER TWO REPORT FORM IS DUE MARCH 1, 2011. The reporting period is January 1 to December 31, 2010.

WHERE TO SUBMIT THE TIER TWO FORM? The Tier Two Form with the original signature is mailed directly to Wisconsin Emergency Management, Facility Reporting Section, 2400 Wright Street, Room 212, P.O. Box 7978, Madison, WI 53707-7978.

WHO MUST SUBMIT THIS FORM? Title III of SARA (Superfund Amendments and Reauthorization Act at 42 USC 11022) states that the owner/operator of a facility required under the Occupational Safety and Health Act (OSHA) to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility [see OSHA MSDS requirements at Title 29 CFR Section 1910.1200] and public and private agencies [defined by Wis. Stat. 323.60(1)(h) and (i)], are subject to the Tier Two requirements. A separate Tier Two Report must be submitted for each facility with reportable hazardous chemicals. See Fee Statement instructions for definition of facility. A facility exempt from Tier Two Reporting, must return an Inventory Fee Statement to certify the facility is exempt.

WHAT CHEMICALS MUST BE REPORTED? Any hazardous chemical for which OSHA requires an MSDS that was present at a facility at any one time during 2010, at or above 10,000 pounds, and/or any Extremely Hazardous Substance (EHS) that was present at a facility at any one time during 2010, at or above 500 pounds or the threshold planning quantity (TPQ), whichever is lower; unless one or more of the exemptions below apply. ***If you have claimed a fee exemption or partial fee exemption on the Inventory Fee Statement, mark the appropriate box next to the applicable chemical on the Tier Two for which you are claiming the exemption.***

Title 29 CFR, Section 1910.1200(b), OSHA exemptions include:

(i) Any hazardous waste as such term is defined by the Solid Waste Disposal Act, as amended (42 U.S.C. 6901 et seq.) when subject to regulations issued under that Act.

(ii) Tobacco or tobacco products;

(iii) Wood or wood products;

(iv) "Article" means a manufactured item, other than a fluid or a particle: which is formed to a specific shape or design during manufacture; which has end use functions dependent in whole or in part upon the shape or design during end use; and which under normal conditions of use does not release more than very small quantities, e.g., minute or trace amounts [as determined under 29 CFR 1910.1200(d)] and does not pose a physical hazard or health risk to employees.

(v) Food, drugs, cosmetics or alcoholic beverages in a retail establishment which are packaged for sale to consumers;

(vi) Foods, drugs, or cosmetics intended for personal consumption by employees while in the workplace;

(vii) Any consumer product or hazardous substance, as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 1251 et seq.) respectively, where the employer can demonstrate it is used in the workplace in the same manner as normal consumer use, and which use results in a duration and frequency of exposure which is not greater than exposures experienced by consumers; and

(viii) Any drug, as that term is defined in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.), when it is in solid, final form for direct administration to the patient (*i.e.* tablets or pills).

Section 311(e) of Title III excludes the following substances:

(i) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;

(ii) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;

(iii) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;

(iv) Any substance to the extent it is used in a hospital or other medical facility under the direct supervision of a technically qualified individual (Substances used in research facilities are not excluded under Wisconsin law.);

(v) Any substance to the extent it is used in routine agricultural operations (by the end user) or is a fertilizer held for sale by the retailer to the ultimate customer.

If you choose to report a chemical that is reporting exempt, please mark the reporting exempt box next to the applicable chemical.

Retail Gas Station Reporting Exemption. The US EPA has changed reporting thresholds at retail gas stations. **The following conditions must be met:**

1. Gasoline and diesel fuel were stored at a retail gas station, in a tank(s) entirely underground; the facility was in compliance with all Underground Storage Tank requirements at all times during 2010; no other substances were present at or above EPCRA reporting thresholds; and
2. Less than 75,000 gallons of gasoline and/or 100,000 gallons of diesel fuel were present.

INSTRUCTIONS FOR COMPLETING THE TIER TWO FORM

You may make copies of the blank "continuation page", as needed, to list additional reportable chemicals and complete accordingly.

Facility Location: Enter the facility name, street address or road, and city. If an address is not available, provide the appropriate latitude/longitude that describes the physical location.

Owner/Operator: Enter the owner's or operator's full name and mailing address with city and state. Note: This is the owner or the company who/which is required to maintain the Material Safety Data Sheet.

WEM I.D. #: If you are reporting for the first time, then leave the WEM I.D. # blank. This number will be assigned to the facility after the initial submission is received. If a WEM I.D. # has been assigned, please enter.

EIN #: Enter the facility owner's nine-digit Employer Identification Number. This is your federal taxpayer I.D. number.

NAICS Code: Enter facility's North American Industry Classification System Code.

Emergency Contact Information: Enter the name, title and work phone # of three individuals who can be contacted by emergency responders. Provide a 24 hour phone # where emergency information will be available 24 hours a day, every day. This requirement is mandatory. The facility must make arrangements to ensure 24-hour contact.

Chemical Description: This main section requires specific information on chemical identity, hazards, amounts and chemical locations. All information must be entered.

Chemical Abstract Service (CAS) number: For mixtures, enter the CAS number of the mixture as a whole if it has a CAS number distinct from its components. This information is on the Material Safety Data Sheet (MSDS). For a mixture that has no CAS number, enter **N/A** or report the CAS numbers of as many constituents as possible.

Trade Secret: Mark "YES" if you elect to withhold the name of a chemical under Title III Section 322. Enter the generic chemical class under chemical name (*e.g.*, list toluene diisocyanate as organic isocyanate). Refer to EPA's regulation on trade secrecy for information.

Chemical Descriptions: Mark: **either** pure or mixture, and then solid, liquid or gas; and EHS if the chemical is or contains an EHS, as appropriate. Example: You have pure chlorine gas on hand, as well as two mixtures that contain liquid chlorine. Then you would mark "Yes" for "pure" and "mix," "liquid" and "gas," and "EHS".

Chemical Name: Enter the chemical or common name of each hazardous chemical and name of any EHS, if present.

Physical and Health Hazards: Mark "YES" for hazards that apply for each reportable hazardous chemical you have listed. The physical hazard and health hazard categories [defined in 40 CFR 370.3] are a consolidation of the 23 OSHA hazard categories at 29 CFR 1910.1200. See hazard category descriptions below.

EPA's Hazard Categories

Fire Hazard

Sudden Release of Pressure
Reactive

Immediate (acute) Health Hazard

Delayed (chronic) Health
Hazard

OSHA's Hazard Categories

Flammable, Combustion liquid, Pyrophoric,
Oxidizer.

Explosive, Compressed Gas.
Unstable Reactive, Organic Peroxide, Water
Reactive.

Highly Toxic, Toxic, Irritant, Sensitizer, Corrosive,
other hazardous chemicals with an adverse effect
with short-term exposure.

Carcinogens, other hazardous chemicals with an
adverse effect with long-term exposure.

Inventory: Calculate all amounts as weight in pounds. To convert a liquid volume from gallons, to weight in pounds, multiply by the specific gravity (usually located on the MSDS). If a hazardous chemical is part of a mixture, you can either report the weight of the entire mixture or the weight of the individual component within the mixture. However, this must remain consistent with Section 311 (MSDS/Chemical List Submission). See Note on the next page.

EHSs have lower reportable amounts and they (both a pure EHS and EHSs in mixtures) must be **aggregated** to determine if there is a reportable amount. If you determine an EHS is reportable, you may (1) list the weight of the EHS by itself **OR** (2) list the weight of each mixture containing the EHS. *The EHS present in the mixture must be identified in the "EHS name" box.* Again, this must remain consistent with Section 311 (MSDS/Chemical List Submission). See Note below.

NOTE: Enter all chemicals in pounds. The reporting of mixtures must remain consistent with the format used in the facility's Section 311 report (MSDS/Chemical List Submission). (1) If the MSDS lists a hazardous chemical or the facility has submitted a MSDS Chemical List with the hazardous chemical broken out, report just that hazardous chemical on the Tier Two. (2) If the MSDS or MSDS Chemical List is submitted under the mixture's name, it must be reported on the Tier Two as one mixture.

Example: A facility has chosen to submit a MSDS under Section 311, listing a mixture that is 10% Chlorine (an EHS) and 90% Water. The maximum amount present at the facility at any one time is 500 gallons of the mixture. The weight of the mixture (found usually on the MSDS) is 10 pounds per gallon. Multiply 500 (gallons) by 10 (pounds), the total weight of the mixture is 5000 pounds. To calculate the EHS amount, take the total mixture weight and multiply by the percentage of the EHS in the mixture. 5000 (total weight) X .10 (amount of Chlorine) = 500 pounds. This meets the reporting requirement for an EHS (500 pounds or the TPO, whichever is less). The total weight of the mixture (Chlorine and Water) is 5000 pounds, which is below the 10,000 pound reporting threshold, but since the EHS amount did meet the reporting requirement, the Chlorine must be reported either as an individual chemical or as a component of the mixture. Since the facility has chosen to submit the MSDS and not a MSDS Chemical List by individual component, the entire mixture of 5000 pounds will need to be reported on the Tier Two. *The EHS present in the mixture (Chlorine) must be identified in the "EHS name" box.* **NOTE: Always review your Material Safety Data Sheet for the correct weight per gallon and convert to pounds.**

When reporting an EHS that meets or exceeds its specific Threshold Planning Quantity (TPQ), an Emergency Planning Notification Fee Statement must also be submitted (if one has not been submitted previously). If a fee is owed for Planning Notification and it is received over 60 days after an EHS exceeded the TPQ, add a 20% late payment surcharge.

Maximum daily amount: For each reportable hazardous chemical, calculate the maximum amount present at your facility on any single day during the reporting period. **Enter this actual amount in pounds in the appropriate box.** The online system will make the conversion to the code.

Example: You received a shipment of 5,000 gallons of mixture last year. At the time of the shipment you already had 1,000 gallons of the mixture on site. The mixture weighs 7.0 pounds per gallon, so multiply 6,000 by 7.0 to get a weight of 42,000 pounds. **Enter this actual amount in the appropriate box**

Average daily amount: For each hazardous chemical, estimate the average daily weight in pounds that was present at your facility during the year. To do this, total all daily weights and divide by the number of days the chemical was present on the site.

Example: A mixture was present for 315 days with a sum of the daily volume levels of 1,417,500 gallons. By dividing 1,417,500 gallons by 315 days on-site, you have an average daily amount of 4,500 gallons. The mixture weighs 7.0 pounds per gallon. Multiply 4,500 by 7.0 to get a weight of 31,500 pounds. **Enter this amount in the appropriate box**

Number of days on-site: In the box enter the number of days the hazardous chemical was on-site.

Fee and/or Reporting Exempt: Check the box if this chemical is either fee or reporting exempt. Include these chemicals in the fee exempt total (12b) on the Inventory Fee Statement. **You must identify what the exemption is.**

Storage codes and locations: For each reportable hazardous chemical location, enter the appropriate codes for storage type(s)/condition(s) associated with each location and note storage locations. A particular chemical may be located in several places around the facility.

Container: Look at Table 2. For each location, find the appropriate storage container type. Enter the corresponding code in the box.

TABLE 2 - STORAGE CONTAINER TYPES

Code	Container Type	Code	Container Type
A	Above ground tank	J	Bag
B	Below ground tank	K	Box
C	Tank inside building	L	Cylinder
D	Steel drum	M	Glass bottles / jugs
E	Plastic or non-metallic drum	N	Plastic bottles / jugs
F	Can	O	Tote bin
G	Carboy	P	Tank wagon
H	Silo	Q	Rail car
I	Fiber drum	R	Other

Pressure and temperature: Look at Table 3. For each storage type, find the pressure and temperature conditions. Enter the applicable pressure code and applicable temperature code in the boxes.

TABLE 3 - PRESSURE AND TEMPERATURE CONDITIONS

Code	Pressure	Code	Temperature
1	Ambient	4	Ambient Temp
2	Greater than ambient	5	Greater than ambient Temp
3	Less than ambient	6	Less than ambient temp, Not Cryogenic
		7	Cryogenic conditions

Storage locations: Briefly describe the precise location(s) of the chemical, so that emergency responders can locate the area easily, indicating at a minimum, the building or lot. Where practical, indicate the room, area or appropriate site coordinates or abbreviations. Do not exceed the space provided (100 characters: spaces and punctuation count as characters).

Confidential Location Information Option: Under Title III, Section 324, you may elect to withhold the location of a specific chemical from disclosure to the public. If you choose to do so, check the "confidential" box and write "confidential" in the Tier Two storage location box. *You must also request a Tier Two Confidential Location Information Sheet from Wisconsin Emergency Management and complete the confidential location information for each chemical location you are designating as confidential.* Return the Confidential Location Information Sheet (**by March 1, 2011**) to Wisconsin Emergency Management.

Required Site Plan Attachment: Wis. Stats. 323.60 requires a site plan be attached to the Tier Two. A site plan means facility floor plans showing the storage location of hazardous chemicals. Mark the required attachment box. **The site plan is mandatory and can be no larger than 11 x 17 inches.**

CERTIFICATION: The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the bottom of the first page of the Tier Two form, enter the full name, and official title. **A signature and date are required.** Also, list the total number of pages included in the Tier Two Report and mark attachment boxes. An incomplete or unsigned Tier Two Report Form will be returned.

Note: Under the new Wisconsin Haz-Mat Online Planning and Reporting System (WHOPRS), there are mandatory data fields that must be entered, thus the need for completion of all areas of the form. This information you provide to WEM will be entered by WEM staff in the order it is received. When entered into the system, the information will be available to LEPC's and Local Fire Departments, and this meets the requirement to provide this information to them.

**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>**

**To data enter the Tier Two submission into WHOPRS,
GO TO: <https://whoprs.wisconsin.gov>**

PENALTIES: Any owner or operator who violates any Tier Two reporting requirements shall be liable to the United States for a civil penalty of up to \$25,000 for each such violation. Wisconsin law provides a civil penalty of up to \$25,000 for each violation. Each day a violation continues shall constitute a separate violation. Under Wisconsin law any owner or operator who negligently makes a false statement or representation on the Tier Two form or Inventory Fee Statement shall be liable for a civil penalty of not less than \$100 nor more than \$25,000.