

## 2022 Farm Emergency Planning Notification (EPN)

WISCONSIN EMERGENCY MANAGEMENT  
DMA 83R (R11-21) Wis. Stat. 323.60

### <sup>1</sup> Farm Identification

WEM Facility ID #		Owner's Federal Employer ID # (EIN)		Is this a federal or federally recognized tribal facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Farm Name		Farm Contact Name		Check primary activity: <input type="checkbox"/> Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Both	
Farm Street Address		County	City		State Zip
Total full-time equivalent employees employed within Wisconsin by this owner/operator when the threshold quantity was exceeded: _____			Fire Department		
Latitude		Longitude		Farm E-mail	
				Farm Phone Number ( )	
<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Maximum Number of Occupants (If manned): _____		2012 NAICS Code		Dun & Bradstreet No.
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): _____					

### <sup>2</sup> Mailing Address Check if same as farm address

Company		Attn:			
Street		City		State	Zip

### <sup>3</sup> Owner or Operator Information Check if same as farm address Check if same as mailing address

Owner Name		Attn:			
Street		City		State	Zip
Phone ( )		E-mail			

### <sup>4</sup> Farm Emergency Planning Coordinator

### <sup>5</sup> Tier II Contact

Name		Title		Name		Title	
Phone ( )		24 Hour Phone ( )		Phone ( )		24 Hour Phone ( )	
E-mail				E-mail			

WEM Facility ID #	Farm Name	<b>WISCONSIN EMERGENCY MANAGEMENT DMA 1004 (R11-21) Wis. Stat. 323.60</b>
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**6 Farm Emergency Contacts**

1.	Name	Title		
	Phone Number (    )	24-Hour Phone (    )	E-Mail	
2.	Name	Title		
	Phone Number (    )	24-Hour Phone (    )	E-mail	

**7 Extremely Hazardous Substance (EHS) Identification**

**In the space below, list the agricultural Extremely Hazardous Substances and the maximum amount stored at any one-time by this farm operation. Chemicals are considered stored if they are present on the farm, at a minimum, overnight. Do not include chemicals brought to the farm and immediately applied (used) during the same day.**

ADD	DELETE	CAS NUMBER	EHS CHEMICAL NAME	Max Qty. Present at or Above Threshold Planning Quantity at <b>Any One Time</b> (in Pounds)	Date EHS Exceeded TPQ (DD/MM/YYYY)
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

**8 Farm Site(s) Information**

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Does your farm operation own or lease any other fields (not connected to the main farm-site) where agricultural chemicals listed above are stored (overnight or longer) above the planning quantity?</b>
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**9 Farm Site Drawing**

Below, please make a simple drawing of your farm site. Use squares for buildings and label them. Include driveways, roads (with names), and any rivers, streams or creeks (with names, if available). A compass is provided in the bottom left hand corner of this document. Indicate where chemicals are stored on the property (structures, fields, containers, etc.).



**<sup>10</sup>CERTIFICATION (Required)**

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)	Telephone Number
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Official Title	
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Signature*	Date
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**INSTRUCTIONS FOR COMPLETING THE  
2022 FARM EMERGENCY PLANNING NOTIFICATION – DMA FORM 83**

**WHO MUST SUBMIT THIS FORM:** Wisconsin Statute 323.60(5)(a), requires the owner/operator of a facility which has an Extremely Hazardous Substance (EHS) present at any one time at or above the designated Threshold Planning Quantity (TPQ), to provide Emergency Planning Notification to Wisconsin Emergency Management (WEM) and the appropriate county Local Emergency Planning Committee (LEPC), within sixty days of the EHS being present at or above the TPQ.

**REPORTING THRESHOLDS:** The Extremely Hazardous Substance list with the designated Threshold Planning Quantities is available from <https://dma.wi.gov/DMA/wem/preparedness/epcra/forms-resources>, your county LEPC, or the U.S. EPA Hotline at (800) 424-9346.

**WHEN TO SUBMIT THIS FORM:** Owners or operators of facilities that have an Extremely Hazardous Substance (EHS) present at any one time at or above the designated Threshold Planning Quantity (TPQ) must provide Emergency Planning Notification to Wisconsin Emergency Management (WEM) and the appropriate county Local Emergency Planning Committee (LEPC), **within sixty days of the EHS being present at or above the TPQ.** *Note: When entered into the Wisconsin Hazmat Online Planning and Reporting System (WHOPRS), the information will be available to LEPC's and Local Fire Departments, and this meets the requirements to provide this information to them. The information you provide to WEM will be entered by WEM staff in the order it is received.*

**WHERE TO SUBMIT THIS FORM:** Send the completed Emergency Planning Notification(s) by mail, fax, or e-mail. Address mail to **Wisconsin Emergency Management, Attn: Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865.** Fax forms to 608-242-3249. E-mail forms to [DMAWHOPRS@wisconsin.gov](mailto:DMAWHOPRS@wisconsin.gov). *Note: This form may be filed electronically at <https://whoprs.wisconsin.gov/aspx>.*

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**SUBMISSION TYPE:** Check **ORIGINAL** on the top of the form only if this is the first time the farm is submitting an Emergency Planning Notification **OR** check **AMENDED** if the submission is amending an original Emergency Planning Notification previously submitted by the farm.

### 1. FARM IDENTIFICATION

- a. **WEM Facility ID #:** This is the facility's WEM assigned I.D. number. Indicate this number in the upper left corner on each page of these forms. A new farm/facility will be assigned this number when the first submission is received. If your facility does not yet have a facility I.D. number, leave this space blank.
- b. **Owner's Federal Employer ID # (EIN):** Provide the farm owner or operator's nine-digit federal Employer Identification Number (EIN). This is the owner's Tax I.D. Number or Social Security Number. All facilities have an EIN, including municipalities and other "tax exempt" organizations. See your farm's preprinted Federal Tax Deposit Coupon (IRS Form 8109) for your EIN.
- c. **Federal or Tribal Facilities:** Indicate whether the facility is a federal or federally recognized tribal facility.
- d. **Farm Owner/Operator Name and Address:** Enter the complete name and address of the location of your facility where the hazardous chemicals are stored. Enter the full street address or state road, county, city, state, and zip code.
- e. **Primary Activity:** Select the primary farm activity. Select only one.
- f. **Farm Contact Name and Facility Phone Number:** Provide a daytime farm contact and general phone number for your farm.
- g. **Full-Time Equivalent Employees (FTE):** Any owner/operator who has 20,800 employee hours (10 FTE) or more for the year may be subject to fees. To find the FTE number, take the total number of **ALL employee hours** (including part-time) at **ALL the owner/operator's locations, in the State of Wisconsin** (regardless of employee occupation) and divide by 2,080. *ALL persons employed in Wisconsin by this owner must be included in this calculation, not just those employed at the farm.*

When the same EIN/Taxpayer ID is used for multiple facilities, it shows that the owner/operator has multiple locations. If this is the case, each report should show the same number of FTE's because all employee hours are added across all locations, collectively. WEM verifies the number of FTE's by using the EIN/Taxpayer ID.

Example: If XYZ Facility has 5 locations in the State of Wisconsin, and only 3 of those report under EPCRA, they would still add all employee hours worked at all 5 locations. So, if the total number of hours for XYZ facility totals 18,050 hours they would divide that by 2,080 to get 8.67. Please round the number down to the nearest whole number, or 8, in this case.

- h. **Fire Department:** Provide the name of the local fire department that services the farm.
- i. **Longitude and Latitude:** Provide the longitude and latitude for the location of your farm.
- j. **Farm E-mail:** Provide a general farm e-mail.
- k. **Manned/Unmanned:** Indicate if the facility where the chemicals are stored is manned or unmanned. If the facility is manned at least part of the day, check the box "manned". The box "unmanned" should only be checked if the facility is never manned.
- l. **Maximum Occupants:** Estimate the maximum number of occupants that may be present at any one time at your facility. If the facility is manned at least part of a day, indicate the number of persons present. You should include contractors, vendors and people that may be present for any training or other events as well as employees. If the location is never manned, leave the box blank.
- m. **NAICS Code:** Enter the primary 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 website at <http://www.census.gov/eos/www/naics/>, or you can find a link to the listing on our website.
- n. **Dun & Bradstreet Number:** Enter the Dun & Bradstreet number of your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. If your firm does not have this information, contact the State or the regional office of Dun & Bradstreet to obtain your facility number or have one assigned.
- o. **Subject to Emergency Planning:** Indicate if your facility is subject to the Emergency Planning Notification requirement under EPCRA section 302, codified in 40 CFR part 355. Check the box "yes" or "no". 40 CFR part 355 establishes requirements for a facility to provide information necessary for developing and implementing State and local chemical emergency response plans, and requirements for emergency notification of chemical releases. This part also lists Extremely Hazardous Substances (EHSs) and Threshold Planning Quantities (TPQs) in Appendices A and B, which are used in determining if you are subject to these requirements.

- p. **Chemical Accident Prevention:** Indicate whether the facility is subject to Chemical Accident Prevention under Section 112r of Clean Air Act (CAA) (40 CFR part 68) Risk Management Program. Check “yes” or “no”.
- Section 112 of CAA (40 CFR part 68) Risk Management Program lists regulated substances and thresholds, the process for adding or deleting substances to the list of regulated substances, the requirement for owners or operators of stationary sources concerning the prevention of accidental releases, and the state accidental release prevention programs under section 112(r).
  - The RMP facility ID is established when a facility registers an initial Risk Management Plan with the EPA.
- q. **Toxic Release Inventory Program:** Indicate whether the facility is subject to Toxic Release Inventory (TRI) under Section 313 of EPCRA (40 CFR part 372). If “Yes” is selected, provide the TRI Facility ID #.
- EPCRA Section 313 (40 CFR Part 372) requires facilities to report releases and waste management activities associated with listed toxic chemicals that they manufacture, process, or otherwise use above applicable threshold quantities.
  - The TRI Facility ID is established when a facility owner or operator first submits a TRI Form R or Form A for a particular location. The facility retains this identification even if the facility changes ownership, name, production processes, or NAICS codes.
2. **MAILING ADDRESS:** If the mailing address for the facility is different from the facility’s physical location indicated in Section 1, provide the name and address in the appropriate boxes. If the address for the facility is the same as the facility’s physical location indicated in Section 1, check the box “Check if same as facility address.”
3. **OWNER OR OPERATOR INFORMATION:** Enter the owner or operator’s full name, mailing address, and phone number. Provide the e-mail address of the owner or operator of the facility. *Note: This is the owner or the company that is required to maintain the Safety Data Sheet.* If a facility has an owner and an operator that are different, the two entities must choose which one will report under EPCRA. The EIN/Taxpayer ID of the chosen entity must be used for EPCRA reports and notifications. The owner or operator’s name listed in the EPCRA report must match to the EIN/Taxpayer ID number on their IRS form W-9. When the EIN/Taxpayer ID is used for multiple facilities, it shows that the owner/operator has multiple locations. WEM uses the EIN/Taxpayer ID to verify the number of Full-Time Equivalent Employees (FTE’s) in the State of Wisconsin.
4. **FARM EMERGENCY PLANNING COORDINATOR:** Enter the name, title, e-mail address, phone number and 24-hour phone number of the facility emergency coordinator. The facility must make arrangements to ensure 24-hour contact.
- Note: this data element is only applicable to facilities subject to EPCRA section 302(c) emergency planning notification. Section 303(d)(1) of EPCRA requires facilities subject to the emergency planning notification requirement under Section 302(c) to designate a facility representative who will participate in the local emergency planning process as a facility emergency coordinator. EPA encourages facilities not subject to the emergency planning notification requirement also to provide this information for effective emergency planning in your community.*
5. **TIER II CONTACT:** Enter the name, title, e-mail address and phone number of the person knowledgeable of the information contained in the Tier II inventory form. EPA requires that facilities provide the contact information of the individual responsible for completing the Tier Two Inventory form.

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6. **FARM EMERGENCY CONTACTS:** Enter the name, title, phone number and e-mail address of at least two local contacts that can act as a referral if emergency responders need assistance in responding to a chemical accident at the farm. The facility must make arrangements to ensure 24-hour contact.
7. **EXTREMELY HAZARDOUS SUBSTANCE (EHS) IDENTIFICATION**
- ADD or DELETING Chemicals:** Indicate if **ADDING** or **DELETING** an Extremely Hazardous Substance (EHS). If another Extremely Hazardous Substance has been added on-site after previous submittal of an Emergency Planning Notification listing chemicals, enter the chemical(s) in this section.
  - 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 Safety Data Sheet (SDS).
  - EHS Chemical Name:** Enter the chemical or common name of the Extremely Hazardous Substance (EHS).
  - Max Qty. Present at or Above Threshold Planning Quantity at Any One Time (in pounds):** Enter the maximum quantity present on-site at any one time. All amounts must be recorded in **pounds**.
    - To convert a liquid or gas volume to weight in pounds, multiply the specific gravity (usually located on the MSDS/SDS) by 8.33 to get the number of pounds per gallon. Multiply the pounds per gallon by the weight in gallons to get the weight in pounds.
  - Date EHS Exceeded TPQ (DD/MM/YYYY):** Enter the date the Extremely Hazardous Substance on-site exceeded the Threshold Planning Quantity (TPQ).
8. **FARM SITE(S) INFORMATION:** Indicate if your farm operation owns or leases any other fields (not connected to the main farm site) where agricultural chemicals listed above are stored (overnight or longer) above the planning quantity.
9. **FARM SITE DRAWING:** Make a simple drawing of the farm site. Use squares for buildings and label them. Include driveways, roads (with names), and any rivers, streams or creeks (with names, if available). A compass is provided in the bottom left hand corner of the space. Indicate where chemicals are stored on the property (structures, fields, containers, etc.)

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10. **CERTIFICATION: COMPLETE THE ENTIRE CERTIFICATION SECTION.** This section must be completed even if the facility does not have any Extremely Hazardous Substance (EHS) chemicals present at or above the Threshold Planning Quantity and is not required to participate in emergency planning.
- Select the box stating “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.”
  - On the bottom of the page, enter the full name and official title. **A SIGNATURE AND DATE ARE REQUIRED.** An incomplete or unsigned Emergency Planning Notification will be returned.

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**Please send completed forms to Wisconsin Emergency Management,  
Attn: Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865.**

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**Note: Under the Wisconsin Hazmat Online Planning and Reporting System (WHORPS), 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 requirements to provide this information to them.**