

# WISCONSIN TEMPORARY CONSTRUCTION FACILITY EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT

WISCONSIN EMERGENCY MANAGEMENT  
DMA 1125 A (R11-21) Wis. Stat. 323.60

## <sup>1</sup>Facility Details

Project Name		Is this a federal or federally recognized tribal facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Temporary Construction Facility Classified As (Check One): <input type="checkbox"/> Building Construction <input type="checkbox"/> Transportation Construction		Facility Contact Name	
Project Street Address		County	City
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of		Municipality	Fire Department
Longitude		Latitude	Facility Phone Number ( )
Facility E-mail	<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Max. Number of Occupants (If manned)	NAICS Code
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>Primary Contractor Mailing Address

Check if same as facility address

Company		Attn:	
Street Address		City	State
			Zip
Country	E-mail	Phone Number ( )	
Employer Identification Number (EIN)	Total full-time equivalent employees employed within Wisconsin, by this owner/operator during 2021 (see 2c in Instructions, on how to calculate): _____		

## <sup>3</sup>Facility Emergency Planning Coordinator

## <sup>4</sup>Tier II Contact

*\*Required if at least one EHS at or above TPQ*

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

Wisconsin Emergency Management (WEM), Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865

**THIS FORM MAY BE FILED ELECTRONICALLY AT <https://whopr.wisconsin.gov/asp>**

**5 Facility Emergency Contacts (Minimum 2 Contacts, Maximum 3)**

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

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

Estimated Start Date		Estimated Completion Date	
Building Permit Number	Date Permit Issued <input type="checkbox"/> NA	If no building permit required, provide date of contract award	

**7 Fee Payment Determination**

Temporary Construction Fee:	<b>\$27.00</b>
Late Payment Surcharge (Add \$5.40):	
<b>TOTAL:</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 the Wisconsin Haz-Mat Online Planning and Reporting System (WHOPRS). If sending hard copy forms to WEM, the information you provide will be entered in the order that it is received; when entered into 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.

**8 Certification**

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)		Official Title
Signature	Date	Telephone Number ( )

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

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**YOU MUST PROVIDE ALL THE INFORMATION REQUESTED ON THIS FORM TO FULFIL TIER II REPORTING REQUIREMENTS.**

**WHO MUST SUBMIT THIS FORM:** Recognizing the unique and temporary nature of construction projects, Chap. WEM 1 establishes reporting requirements for temporary construction facilities. 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.
- 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.

**REPORTING THRESHOLDS:** Minimum thresholds have been established for Tier II reporting in 40 CFR part 370. These thresholds are as follows:

- For Extremely Hazardous Substances (EHSs) designated under EPCRA Section 302 the reporting threshold is 500 pounds (or 227 kg.) or the threshold planning quantity (TPQ), whichever is lower. EHSs and their TPQs are listed in 40 CFR part 355 and can also be found on the EPA website at <http://www2.epa.gov/epcra/consolidated-list-lists>.
- For gasoline (all grades combined) at a retail gas station, the threshold level is 75,000 gallons (or approximately 283,900 liters), if the tank(s) was stored entirely underground and was in compliance at all times during the preceding calendar year with all applicable Underground Storage Tank (UST) requirements at 40 CFR part 280 or requirements of the State UST program approved by the Agency under 40 CFR part 281. *Note: A retail gas station means a retail facility engaged in selling gasoline and/or diesel fuel principally to the public for motor vehicle use on land.*
- For all other hazardous chemicals for which facilities are required to have or prepare a Safety Data Sheet (SDS), the minimum reporting threshold is 10,000 pounds (or 4,540 kg.).
- You need to report hazardous chemicals that were present at your facility at any time during the previous calendar year at levels that equal or exceed these thresholds.

**WHEN TO SUBMIT THIS FORM:** 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".

**WHERE TO SUBMIT THIS FORM:** Send the completed Temporary Construction form(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>.*

**PAGE 1**

**1. FACILITY DETAILS**

- a. **Project Name:** Enter the project name in the space provided.
  - b. **Federal or Tribal Facilities:** Indicate whether the facility is a federal or federally recognized tribal facility.
  - c. **Temporary Construction Facility Classification:** Indicate if the temporary construction facility is a building construction project or a transportation construction project.
    - i. 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
    - ii. 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).
  - d. **Project Address:** Enter the complete name and address of the location of your project facility where the hazardous chemicals are stored. Enter the full street address or state road, county, city, municipality, state, and zip code.
  - e. **Fire Department:** Enter the name of the fire department that services the facility.
  - f. **Facility Contact and Facility Phone Number:** Provide a daytime facility contact and general phone number for your facility.
  - g. **Longitude and Latitude:** Provide the longitude and latitude for the location of your facility.
  - h. **Facility E-mail:** Provide a general facility e-mail.
  - i. **Manned/Unmanned:** Indicate if the facility 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.
  - j. **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.
  - k. **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.
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1. **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.
  - m. **Chemical Accident Prevention:** Indicate whether the facility is subject to Chemical Accident Prevention under Section 112(r) of Clean Air Act (CAA) (40 CFR part 68) Risk Management Program. Check “yes” or “no”.
    - i. 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).
    - ii. The RMP facility ID is established when a facility registers an initial Risk Management Plan with the EPA.
  - n. **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 #.
    - i. 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.
    - ii. 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. **PRIMARY CONTRACTOR MAILING ADDRESS:** Provide the name, contact name, and mailing address for the temporary construction facility if different from the facility’s physical location indicated in part 1. If the address for the temporary construction is the same as the facility’s physical location indicated in part 1, check the box “Check if same as facility address.”
- a. Provide a general phone and e-mail address for the primary contractor of the temporary construction facility
  - b. **Employer Identification Number (EIN):** Provide the primary contractor’s nine-digit federal Employer Identification Number (EIN). This is the owner or operator’s Tax I.D. number or Social Security number. 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.
  - c. **Full-time Equivalent Employees (FTE):** Any owner/operator who had 20,800 employee hours (10 FTE) or more for the year 2021 may be subject to fees. To find the FTE number, take the total number of ALL employee hours for 2020 (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 facility.*

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.

3. **FACILITY EMERGENCY PLANNING COORDINATOR:** Enter the name, title, e-mail address, phone number and 24-hour phone number of the facility emergency coordinator.
  - a. *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.*
4. **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 II inventory form.

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5. **FACILITY 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 facility. The facility must make arrangements to ensure 24-hour contact.
6. **BUILDING DATES AND PERMIT OR CONTRACT INFORMATION**
  - a. Provide the estimated start and completion dates of the construction project. 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 select “NA” in the box titled “Date Permit Issued” and fill in the date the contract was awarded in the following space.
7. **FEE PAYMENT DETERMINATION**
  - a. 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 of \$5.40.
  - b. *Note: If the primary contractor has less than 10 full-time equivalent employees, (323.60 166.20(7)(d), Stats), no fee is due.*

**8. CERTIFICATION**

- a. 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 Tier II Report Form will be returned.

**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.**

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**PENALTIES: Any owner or operator who violates any Tier II reporting requirements shall be liable to the United States for a civil penalty 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 II form or Inventory Fee Statement shall be liable for civil penalty of not less than \$100 nor more than \$25,000.**

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