WISCONSIN TIER II EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY CONFIDENTIAL LOCATION INFORMATION SHEET

Wisconsin Emergency Management
DMA 1005 (R12-23) Wis. Stat. 323.60

Facility Identification

WEM Facility ID #	Facility Name		EIN/FEIN #	NAICS Code

Facility Street Address	County	City	Zip Code

Owner/Operator Name	Owner/Operator Street Address	Owner/Operator City	State	Zip Code

Chemical Description　　　　　　　　　　****See Instructions (9d) for Storage Codes****

CAS Number	☐ NA	Chemical Name

	Container*	Pressure*	Temperature*	Storage Location Description	Max Amt. at Location (in Pounds)	Confidential
1						☐
2						☐
3						☐

Chemical Description　　　　　　　　　　****See Instructions (9d) for Storage Codes****

CAS Number	☐ NA	Chemical Name

	Container*	Pressure*	Temperature*	Storage Location Description	Max Amt. at Location (in Pounds)	Confidential
1						☐
2						☐
3						☐

Certification (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 of Owner/Operator or Authorized Representative	Official Title	Signature	Date

Please return forms <u>with signatures</u> to: Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. Unsigned forms will be returned for a signature. For assistance call (608)242-3225. 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 County LEPC and the local Fire Department; and this meets the requirement to provide this information to them.