PAST YEARS' INVENTORY FEE STATEMENT AND TIER II HAZARDOUS CHEMICAL INVENTORY

For Hazardous Chemicals Present During Calendar Years 2021 to 2023

WISCONSIN EMERGENCY MANAGEMENT
DMA 1171 AND 1172 (R12-25) Wis. Stat. 323.60

[1]Facility Identification

WEM Facility ID #	Owner's Federal Employer ID # (EIN)	Is this a federal or federally recognized tribal facility? ☐ Yes ☐ No		
Facility Name	Dun & Bradstreet Number	NAICS Code		
Facility Street Address	County	City	State	Zip
Municipality	Fire Department			
Number of full-time equivalent employees employed within Wisconsin, by this owner/operator during the calendar year (see instructions, 1h):	2021	2022	2023	
Latitude	Longitude	This facility is: ☐ Manned ☐ Unmanned	Maximum Number of Occupants (if Manned): _____	
Facility Contact	Facility E-mail	Facility Phone Number ( )		

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? ☐ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? ☐ Yes ☐ No

RMP Facility ID (Required if "Yes" is selected): _____

Subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR part 372)? ☐ Yes ☐ No

TRI Facility ID (Required if "Yes" is selected): _____

[2]Mailing Address

☐ Check if same as facility address

Company	Attn:		
Street Address	City	State	Zip

[3]Owner or Operator Information

☐ Check if same as facility address ☐ Check if same as mailing address

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

[4]Parent Company Information (Optional)

Company Name	Attn:			
Street Address	City	State	Zip	
Country	Phone ( )	E-mail	Dun & Bradstreet #	

WEM Facility ID #	Facility Name	WISCONSIN EMERGENCY MANAGEMENT DMA 1171 AND 1172 (R12-25) Wis. Stat. 323.60

[5] Emergency Planning Coordinator

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

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

[6] Tier II Contact

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

[7] 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

[8] Reporting Exemptions (Select One)

*See instructions for a detailed summary of reporting exemptions

☐	This facility had hazardous chemicals present in reportable amounts between 2021-2023 AND is required to file a Wisconsin Tier II Emergency and Hazardous Chemical Inventory Report. Continue to the Hazardous Chemical Inventory on Page 3.	
☐	This facility did not have present at any time during 2021-2023 any hazardous chemicals at or above 10,000 pounds. Also, it did not have any Extremely Hazardous Substances at or above 500 pounds or the designated Threshold Planning Quantity, if lower than 500 pounds. I understand that if the situation changes, it is the facility's responsibility to notify Wisconsin Emergency Management. Provide the date the chemicals fell below reportable quantities and sign below.	Date
☐	This facility is exempt from filing a Wisconsin Tier II Emergency and Hazardous Chemical Inventory Report by meeting the requirements of one or more of the state and federal reporting exemptions. **The exemption(s) cover *all* the chemicals present at the facility between 2021-2023 calendar years that were above reportable quantities.** Provide a brief description of the nature of the exemption and sign below.	
	Description *(Ex: Medical facility with all chemicals used under the direct supervision of a technically qualified individual)*	

FOR REPORTING EXEMPTIONS ONLY. Sign below and send this form to the address at the bottom of the page.

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 ( )

WEM Facility ID #	Facility Name	WISCONSIN EMERGENCY MANAGEMENT DMA 1171 AND 1172 (R12-25) Wis. Stat. 323.60

[9]Hazardous Chemical Inventory

*Print additional pages as needed

CAS Number	Chemical Name	EHS Name, if different	☐ Fee Exempt** (Write exemption)	☐ Reported Voluntarily

Check all that apply	Trade Secret ☐	Pure ☐	Mix ☐	Solid ☐	Liquid ☐	Gas ☐	EHS ☐	Contains EHS ☐

Physical Hazards	Health Hazards
☐ Flammable (gases, aerosols, liquids, or solids) ☐ Gas under pressure ☐ Explosive ☐ Self-heating ☐ Pyrophoric (liquid or solid) ☐ Pyrophoric Gas ☐ Oxidizer (liquid, solid or gas) ☐ Organic peroxide ☐ Self-reactive ☐ In contact with water emits flammable gas ☐ Combustible Dust ☐ Hazard Not Otherwise Classified (HNOC) ☐ Corrosive to metal	☐ Carcinogenicity ☐ Acute toxicity (any route of exposure) ☐ Reproductive toxicity ☐ Skin Corrosion or Irritation ☐ Respiratory or Skin Sensitization ☐ Serious eye damage or eye irritation ☐ Specific target organ toxicity (single or repeated exposure) ☐ Aspiration Hazard ☐ Germ cell mutagenicity ☐ Simple Asphyxiant ☐ Hazard Not Otherwise Classified (HNOC)

Past Years' Inventory

Year	Max Daily Amount (lbs.)	Avg. Daily Amount (lbs.)	Number of Days On-Site
2021			
2022			
2023			

Storage Codes and Locations ***See tables in instructions (9j) section for codes**

1	Container*	Pressure*	Temperature*	Storage Location	Max Amt. At Location	Confidential ☐
2	Container*	Pressure*	Temperature*	Storage Location	Max Amt. At Location	Confidential ☐
3	Container*	Pressure*	Temperature*	Storage Location	Max Amt. At Location	Confidential ☐

For a full list of fee exemptions, see Section 11 of Past Years' Tier II Instructions

Fee Exemptions

[10]Full Fee Exemptions

☐ The 2 full fee exemptions below do not apply to this facility

2021	2022	2023	
☐ ____	☐ ____	☐ ____	The operator of this facility had fewer than 10 full-time equivalent employees (20,800 hrs.) in the State of Wisconsin. See Instructions, Section 10a, for full description. **Indicate the number of full-time equivalent (FTE) employees for the year below the checkboxes.**
☐			This is a federal or federally recognized tribal facility.

[11]Chemical Specific Fee Exemptions

☐ Chemical specific fee exemptions do not apply to this facility

If *all* the hazardous chemicals on-site during the reporting calendar year are exempt from Inventory Fee calculation, check the box "Full Fee Exemption." If only *some* of the hazardous chemicals are exempt from Inventory Fee calculation, check the box "Partial Fee Exemption." Below, select the appropriate box(es) for the exemption(s) being claimed.

Type	Reporting Year			Chemical Fee Exemptions
☐Full ☐Partial	2021 ☐	2022 ☐	2023 ☐	This is a petroleum marketing facility with reportable amounts of gasoline and/or diesel fuel present, held for resale or retail. (See instructions for definition of a petroleum marketing facility)
☐Full ☐Partial	2021 ☐	2022 ☐	2023 ☐	The facility had sand, gravel or both on-site in reportable quantities.
☐Full ☐Partial	2021 ☐	2022 ☐	2023 ☐	The facility had calcium chloride, sodium chloride, or calcium magnesium acetate, used as road de-icing agents.
☐Full ☐Partial	2021 ☐	2022 ☐	2023 ☐	Some or all of the chemicals present on the Tier II Report are reported voluntarily and are not present in reportable quantities or are exempt from reporting for Section 311(e)(MSDS/Chemical List), Section 312 (annual Tier II Reporting), or the OSHA Hazard Communications Act Regulations.

[12]Annual Inventory Fee Calculation

Complete each year, as appropriate. **If a fee is due, a 20% late payment surcharge must be included.** Please refer to the fee schedule below, in order to determine fee amount for number of chemicals present and cumulative chemical weight.

Number of Chemicals:	1	2-10	11-100	101-200	201-300	301-400	401-500	500+
A) Fee Amt: (under 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

REPORTING YEAR 2021	
	Total Number of reportable chemicals on Tier II Form for chemicals present during 2021:
	Number of fee exempt chemicals on Tier II Form:
	Number of chemicals subject to fee calculation on Tier II Form:
	Is the cumulative actual maximum daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more? ☐ Yes ☐ No
	Inventory fee due (see schedule above):
	Late payment surcharge (20% of fee):
	TOTAL DUE:

REPORTING YEAR 2022	
	Total Number of reportable chemicals on Tier II Form for chemicals present during 2022:
	Number of fee exempt chemicals on Tier II Form:
	Number of chemicals subject to fee calculation on Tier II Form:
	Is the cumulative actual maximum daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more? ☐ Yes ☐ No
	Inventory fee due (see schedule above):
	Late payment surcharge (20% of fee):
	TOTAL DUE:

WEM Facility ID #	Facility Name	**WISCONSIN EMERGENCY MANAGEMENT** **DMA 1171 AND 1172 (R12-25) Wis. Stat. 323.60**

[12]Annual Inventory Fee Calculation Continued

REPORTING YEAR 2023		
	Total Number of reportable chemicals on Tier II Form for chemicals present during 2023:	
	Number of fee exempt chemicals on Tier II Form:	
	Number of chemicals subject to fee calculation on Tier II Form:	
	Is the cumulative actual maximum daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more?	☐ Yes ☐ No
	Inventory fee due (see schedule above):	
	Late payment surcharge (20% of fee):	
	TOTAL DUE:	

TOTAL PAST YEARS' TIER II INVENTORY FEES: (Add inventory fees due from 2021-2023 listed above)	
TOTAL LATE PAYMENT SURCHARGES: (Add late payment surcharges due from 2021-2023 listed above)	
TOTAL FEES REMITTED: (Add both totals above)	
PAYER CHECK NUMBER:	

[13]Required Attachment

☐	I have attached a site plan

[14]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)	Official Title	
Signature	Date	Telephone Number ( )

Send all hard copy Wisconsin Tier II Emergency and Hazardous Chemical Inventory Reports to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. If a fee is due, return the Inventory Fee Invoice form *(located on last page)* with check directly to Wisconsin Emergency Management with the Wisconsin Tier II Emergency and Hazardous Chemical Inventory Report.

FOR QUESTIONS OR ASSISTANCE CALL:
(608) 242-3300

For additional information or blank forms visit our website at:
https://wem.wi.gov/forms-resources/

Alternate online reporting is available at https://whoprs.wisconsin.gov/.aspx

PAST YEARS' INVENTORY FEE INVOICE

For chemicals present during calendar years 2021-2023

Wisconsin Emergency Management
DMA Form 1160 (R12-25)

Fee Payment Instructions

-- Complete the right-hand portion of this INVENTORY FEE INVOICE form and mail it with the fee payment to:

Wisconsin Emergency Management
Attn: Facility Reporting Section
P.O. Box 7865
Madison, WI 53707-7865

-- Make checks payable to: **Wisconsin Emergency Management (WEM)**
-- **Mail this Fee Invoice Form along with payment to ensure proper application of the payment to your facility's account**
Note: New facilities will be issued a WEM ID #

Program Documents Submission Instructions

The signed Wisconsin Past Years' Tier II Emergency and Hazardous Chemical Inventory Report form with attached site plan and any other correspondence or documents should be mailed to:

Wisconsin Emergency Management
Attn: Facility Reporting Section
P.O. Box 7865
Madison, WI 53707-7865

<u>Please Note:</u> The information you provide to WEM will be entered by WEM staff in the order that it is received. When entered into the system, the information will be available to LEPCs and local Fire Departments and meets the requirement to provide this information to them.

Inventory Fee Invoice

WEM Facility ID #: *[See Section 1 "Facility Identification" of Past Years' Tier II Report]*	
Owner's Employer Identification Number (EIN/FEIN): *[See Section 1 "Facility Identification" of Past Years' Tier II Report]*	
Facility Name:	
Facility Street Address:	
City, State, Zip:	
Facility County:	
Total Past Years' Tier II Inventory Fee(s): *[See Section 12 Annual Inventory Fee Calculation]*	
Total Late Payment Surcharge(s): *[See Section 12 Annual Inventory Fee Calculation]*	
Total Fee Remitted: *[See Section 12 Annual Inventory Fee Calculation]*	
Payer Check Number:	

INSTRUCTIONS
PAST YEARS' TIER II EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY FORMS
For use in reporting chemicals present during calendar years 2021 to 2023

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

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 is required under the Occupational Safety and Health Act (OSHA) to prepare or have available a Safety Data Sheet (SDS) for a hazardous chemical present at the facility [see OSHA SDS 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 II requirements. A separate Tier II Report must be submitted for each facility with reportable hazardous chemicals. If reporting chemicals present during 2024, see 2024 Past Years' Tier II form. that has a different fee schedule.

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 https://www.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 an 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.

WHERE TO SUBMIT THIS FORM: Send the completed Tier II form(s) by mail, or e-mail. Address mail to **Wisconsin Emergency Management, Attn: Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865.** E-mail forms to DMAWHOPRS@widma.gov. *Note: This form may be filed electronically at https://whoprs.wisconsin.gov/.aspx..*

PAGE 1

1. FACILITY 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. If this is the first time that this facility is submitting a Tier II report, leave the I.D. number blank; one will be assigned after the first submission is received.

b. **Owner's Federal Employer ID # (EIN)**: Provide the facility owner'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 facility'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. **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.

e. **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 https://www.census.gov/naics/, or you can find a link to the listing on our website.

f. **Facility 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, municipality, state, and zip code.

g. **Fire Department**: Enter the name of the fire department that services the facility.

h. **Full-Time Equivalent Employees:** Provide the number of total full-time equivalent employees employed within Wisconsin, by the owner/operator during the respective calendar year. 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.

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.

i. **Longitude and Latitude**: Provide the longitude and latitude for the location of your facility.

j. **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.

k. **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.

l. **Facility Contact and Facility Phone Number:** Provide a daytime facility contact and general phone number for your facility.
m. **Facility E-mail**: Provide a general facility e-mail.
n. **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.

o. **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.
p. **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. **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 mailing 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." Continue to Step 3 "Owner or Operator Information".
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 the mailing address for the Owner or Operator is the same as the facility's physical location indicated in Section 1, check the box "Check if same as facility address." If the mailing address for the Owner or Operator is the same as the facility's mailing address indicated in Section 2 check the box "Check if same as mailing address".

   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. **PARENT COMPANY INFORMATION (Optional):** Enter the name, mailing address, phone number, e-mail address and Dun & Bradstreet number of the parent company. *Note: These are optional data elements.*

PAGE 2

5. **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.*
6. **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.
7. **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.
8. **REPORTING EXEMPTIONS (MUST SELECT ONE)**
   a. If your facility is required to complete a Tier II and had hazardous chemicals present in reportable amounts during 2021-2023 calendar years, check the first box on the left. If only some of your chemicals are exempt from reporting and a Tier II report needs to be completed, check this box. Continue onto Page 3 "Hazardous Chemical Inventory"
   b. If your facility did not have any hazardous chemicals at any time during 2021-2023 at or above 10,000 pounds and did not have any Extremely Hazardous Substances at or above 500 pounds or the designated Threshold Planning Quantity, if lower than 500 pounds, check the appropriate box on the left. To the right, provide the date that the chemicals fell below reportable quantities. By checking this box, you are stating that you understand if the situation changes, it is the facility's responsibility to notify Wisconsin Emergency Management. Certify the report under "FOR REPORTING EXEMPTIONS ONLY" and send *completed* pages 1 and 2 to Wisconsin Emergency Management.
   c. **EXEMPTION DESCRIPTIONS**: If your facility is exempt from filing a Tier II report by meeting the requirements of one or more of the state and federal reporting exemptions, check the appropriate box to the left and provide a brief description of the exemption below. Then complete the certification portion under "FOR REPORTING EXEMPTIONS ONLY" and send *completed* pages 1 and 2 to Wisconsin Emergency Management. Reporting exemptions are as follows:
      i. This is a **retail gas station** and all of the following apply:
         1. Gasoline and diesel fuel were stored in tank(s) entirely underground, at a retail facility engaged in selling gasoline and/or diesel fuel principally to the public, for motor vehicle use on land,
         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.

ii. Per OSHA Hazard communication Act regulations, hazardous chemicals present at this facility are not required to have Safety Data Sheets prepared for them or available to the facility because of one or more of the eight reporting exemptions at CFR Chapter 29, Section 1910.1200(b). **Title 29 CFR, Section 1910.1200(b), OSHA exemptions include:**

1. 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.
2. Tobacco or tobacco products;
3. Wood or wood products;
4. "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
5. Food, drugs, cosmetics or alcoholic beverages in a retail establishment which are packaged for sale to customers;
6. Food, drugs, or cosmetics intended for personal consumption by employees while in the workplace;
7. Any consumer product or hazardous substance, as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 2051 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
8. 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 patients (i.e. tablets or pills).

iii. **Section 311(e) of EPCRA excludes the following substances:**

1. Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;
2. Any substance present as a solid in any manufactured item to the extent exposure to the sub-stance does not occur under normal conditions of use;
3. 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;
4. Any substance to the extent it is used in a research laboratory or hospital or other medical facility under the direct supervision of a technically qualified individual; and
5. Any substance to the extent it is used in routine agricultural operations by the end user or is a fertilizer held for sale by a retailer to the ultimate customer.

PAGE 3

9. HAZARDOUS CHEMICAL INVENTORY: You may make copies of the blank "Hazardous Chemical Inventory," as needed, to list additional reportable chemicals and complete accordingly. Ensure the number of chemicals provided on all pages match the reported number of chemicals in the Annual Inventory Fee Calculation on pages 4 and 5.

a. **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). For a mixture that has no CAS number, write "NA" or report the CAS numbers of as many constituents as possible.

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

c. **Fee Exempt:** Check the box if this chemical is fee exempt. Include these chemicals in the fee exempt total on the Inventory Fee Statement part 12 "Annual Inventory Fee Calculation" portion of the Tier II report. **You must identify what the exemption is** in the space provided. *Example: Chemical is calcium chloride, sodium chloride and/or calcium magnesium acetate used as a road de-icing agent.* A full list of fee exemptions can be found in these instructions under Page 4 instructions Section 11.

d. **Trade Secret:** Check this box 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. . https://www.epa.gov/epcra/epcra-trade-secret-form-instructions-pdf

e. **Solid, Liquid, Gas:** Check the box for the appropriate descriptor: solid, liquid, or gas. If the chemical is present in more than one form, select all the appropriate boxes that apply.

f. **Pure, Mix:** Identify if the chemical present is pure or within a mixture**.** If a hazardous chemical is part of a mixture, you have the option of reporting the entire mixture or only the portion of the mixture that is a particular hazardous chemical (e.g., If a hazardous solution weighs 100 lbs. but is completely composed of only 5% of a particular hazardous chemical, you can indicate either 100 lbs. of the mixture *or* 5 lbs. of the chemical). The option used for each mixture at your facility must be consistent with the option used in your Section 311 reporting.

i. Because EHSs are important to local emergency planning requirements under EPCRA section 303, EHSs have lower reporting thresholds under EPCRA section 312. The amount of an EHS at a facility (both pure EHSs and EHSs in mixtures) must be aggregated for purposes of threshold determination. It is suggested that the aggregation calculation be done as a first step in determining whether reporting threshold has been met or exceeded. Once you determine whether a threshold for an EHS has been reached, you may report the mixture or product name as it appears on the SDS. You must also report any EHSs present in the mixture. You do not need to report any non-EHSs in the mixture but may if you wish to do so. Although you have an option to report either the mixture or the EHS, as provided in 40 CFR 370.14, you must be consistent with your EPCRA section 311 reporting.

ii. For any mixture containing an EHS that the facility is reporting as a mixture, the facility must check the box "Contains EHS". You must also complete the Chemical Mixture Components form on Page 4 of the Wisconsin Tier II Emergency and Hazardous Chemical Inventory form.

g. **Extremely Hazardous Substance (EHS):** If the substance is pure and an Extremely Hazardous Substance (EHS), select "EHS". If the chemical is a mixture and contains an EHS, select "Contains EHS". If the substance is neither a pure Extremely Hazardous Substance nor a mixture that contains an EHS, leave both boxes unchecked. See part f. "Pure, Mix" above for more information on reporting Extremely Hazardous Substances within mixtures.

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

h. **PHYSICAL AND HEALTH HAZARDS:** For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.66. The health hazard categories and physical hazard categories are defined by the OSHA Hazard Communication Standard, 29 CFR 1910.1200. EPA and OSHA's Hazard Categories listed below (**EPA Category**: OSHA Category).

Physical Hazard	Health Hazard
Flammable (gases, aerosols, liquids, or solids)	Carcinogenicity
Gas under pressure	Acute toxicity (any route of exposure)
Explosive	Reproductive toxicity
Self-heating	Skin Corrosion or Irritation
Pyrophoric (liquid or solid)	Respiratory or Skin Sensitization
Pyrophoric Gas	Serious eye damage or eye irritation
Oxidizer (liquid, solid or gas)	Specific target organ toxicity (single or repeated exposure)
Organic peroxide	Aspiration Hazard
Self-reactive	Germ cell mutagenicity
In contact with water emits flammable gas	Simple Asphyxiant
Combustible Dust	Hazard Not Otherwise Classified (HNOC)
Hazard Not Otherwise Classified (HNOC)	
Corrosive to metal	

i. **PAST YEARS' INVENTORY IN POUNDS:** Calculate all amounts as weight 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. 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/SDS/Chemical List Submission).

i. **Maximum Daily Amount**: For each pure chemical or mixture that you are reporting, estimate the maximum amount present at your facility on any single day during the reporting period. If you are reporting a mixture, you must list any EHS(s) present in the mixture and report the maximum amount and the CAS number(s) of each EHS present in the mixture.

ii. **Average Daily Amount**: For each pure chemical or mixture that you are reporting, estimate the average 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.

iii. **Number of Days On-site**: Enter the number of days that the hazardous chemical was present on-site.

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

i. **Container:** Look at Table 1. For each location, find the appropriate storage container type. Enter the corresponding code in the box.

TABLE 1 – 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 (must describe container in the box)

ii. **Pressure and temperature:** Look at Table 2. For each container type, find the pressure and temperature conditions. Enter the applicable pressure code and applicable temperature code in the boxes.

TABLE 2 – PRESSURE AND TEMPERATURE CONDITIONS

CODE	PRESSURE	CODE	TEMPERATURE
1	Ambient	**4**	Ambient temperature
2	Greater than ambient	**5**	Greater than ambient temperature
3	Less than ambient	**6**	Less than ambient temperature, not cryogenic
		7	Cryogenic conditions

iii. **Storage Location Description:** 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. If the chemical is present in more than one building, lot, or area location, list each location as appropriate.

iv. **Maximum Amount at Location:** List the maximum amount present in pounds at this storage location on any single day during the reporting period.

v. **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 II Storage Location Description. *You must also request a Tier II 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 to Wisconsin Emergency Management (WEM). The Confidential Location Information Sheet can be found at WEM's website at: https://wem.wi.gov/forms-resources/

PAGE 4

10. FULL FEE EXEMPTIONS: NOTE – Hazardous chemicals at or above reportable quantities must still be reported. This exemption applies to fees only.

a. **Less than10 Full-time Equivalent Employees:** Mark this box if the operator of this facility had fewer than ten full-time equivalent employees **in the State of Wisconsin** during the respective calendar years. [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 below the checkboxes. 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. For further explanation, see Instructions for Page 1, item h.

b. **Federal or Federally Recognized Tribal Facilities:** Mark this box if this facility is a federal or federally recognized tribal facility, exempt from inventory fee calculation.

c. If none of these exemptions apply to your facility, mark the box "The 2 full fee exemptions below do not apply to this facility" and continue to part 11.

11. CHEMICAL SPECIFIC FEE EXEMPTIONS

a. **Chemical Fee Exemptions:** Identify any chemical specific fee exemptions that may apply to your facility under the "Chemical Fee Exemptions" column.

i. **Petroleum Marketing Facilities:** Select this exemption if this is a Petroleum Marking Facility with reportable amounts of gasoline and diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation. This exemption applies only to the gasoline and diesel present at a Petroleum Marketing Facility.

1. **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 include 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.*

ii. **Sand or Gravel:** Select this exemption if the facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation. **NOTE**: *Reportable amounts of sand and/or gravel present must still be listed on the Tier II Report form.*

iii. **Road De-icing Agents:** Select this exemption 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. **NOTE:** *Reportable amounts of the de-icing agents present must still be listed on the Tier II Report form.*

iv. **Voluntarily Reported Chemicals:** Select this exemption if there are chemicals present on the Tier II Report form that have been reported voluntarily and are not present in reportable quantities or are exempt from reporting for Section 311(e) (MSDS/Chemical List), Section 312 (annual Tier II reporting), or the OSHA Hazard Communications Act Regulations. See Section 8 of these instructions for a complete list of reporting exemptions.

b. **Type:** In the same row as the chemical specific fee exemption your facility can claim, if all the hazardous chemicals on-site during the respective calendar year(s) are exempt from Inventory Fee calculation, check the box "Full Fee Exemption." If only some of the hazardous chemicals are exempt from Inventory Fee calculation, check the box "Partial Fee Exemption."

c. **Reporting Year:** Select the year(s) that your facility can claim the fee exemptions.

d. If none of these chemical-specific fee exemptions apply to your facility, mark the box "Chemical specific fee exemptions do not apply to this facility" and continue to part 12.

12. ANNUAL INVENTORY FEE CALCULATION

a. Identify the reporting year(s) that your facility must complete a Past Years' Tier II Report in the left columns. For year(s) that do not apply, leave the boxes blank. Fill in the years that do apply with the information described below.

b. Enter the total number of reportable chemicals for the respective year(s).

c. Enter the total number of chemicals exempt from fees (fee exemptions claimed in parts 10 and 11). NOTE: If you choose to include chemicals on the Tier II 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 fee or reporting exempt, make sure to check the appropriate exemption box(es) on the Hazardous Chemical Inventory.

d. Enter the total number of chemicals subject to fee calculation (subtract "Number of fee exempt chemicals on Tier II form" from "Total number of reportable chemicals on Tier II Form for chemicals present during 20xx").

e. 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.

f. Enter the Inventory Fee due using the fee schedule above.

g. **Late Payment Surcharge:** Enter 20% of the amount in box (e). Also enter this amount on the Fee Invoice Form.

h. **Total Due (Annual):** For each year chemicals are being reported, calculate the total amount due (inventory fee due, plus late payment surcharge).

i. **Total Past Years' Tier II Inventory Fees:** Add the total past year's annual inventory fees from 2021-2023 provide total in the space provided (do not include late payment surcharges). Also enter this amount on line 1 of the Inventory Fee Invoice Form 1160 (provided on the last page of the Past Years' Wisconsin Tier II Emergency and Hazardous Chemical Inventory report).

j. **Total Late Payment Surcharges:** Add the total late payment surcharges (20%) from 2021-2023. Also enter this amount on line 2 of the Inventory Fee Invoice Form 1160 (provided on the last page of the Past Years' Wisconsin Tier II Emergency and Hazardous Chemical Inventory report).

k. **Totals Fees Remitted:** Add the "Total Past Years' Tier II Inventory Fees" and "Total Late Payment Surcharges" to calculate "Total Fees Remitted." Also enter this amount on line 3 of the Inventory Fee Invoice Form 1160 (provided on the last page of the Past Years' Wisconsin Tier II Emergency and Hazardous Chemical Inventory report).

l. **Payer Check Number:** If available, provide the check number used to pay the total fees remitted. Also enter this amount on line 4 of the Inventory Fee Invoice Form 1160 (provided on the last page of the Past Years' Wisconsin Tier II Emergency and Hazardous Chemical Inventory report).

13. REQUIRED ATTACHMENT

a. Wis. Stats. 323.60 requires a site plan be attached to the Tier II. A site plan is a facility plan that indicates the storage location of hazardous chemicals. Mark the attachment box. It can be no larger than 11x17 inches.

b. The intent is that first responders would know the location of chemicals based on your storage locations and site map.

14. CERTIFICATION: COMPLETE THE ENTIRE CERTIFICATION SECTION. 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.

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.