For use in reporting chemicals present during 2024 (Due March 1, 202)

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

Wisconsin Emergency Management DMA 1005 (R12-24) Wis. Stat. 323.60

CONFIDENTIAL LOCATION INFORMATION SHEET															
Facility Identification WEM Facility ID # Facility Name EIN/FEIN #										NAICS Code					
WEM Facility ID # Facility Name						EIN/FEIN #			†			INAICS	coue		
Fac	ility Street A	ddress				County			City					Zip Code	
	,					County			J. 1,	- ,				p	
Owner/Operator Name						Owner/Operator Street Address Ov			Owner	ner/Operator City State				Zip Code	
Ch	Chemical Description **See Instructions (9d) for Storage Codes**														
CAS	CAS Number														
	Container*	Pressure	* Tempera	turo*	Ctorage	Location	Doccription				May Amt	atloc	ation (i	n Dounds)	Confidential
1	Container	Pressure	Tempera	ture	Storage	Location Description				Max Amt. at Location (in Pounds)					
2	Container*	Pressure	* Tempera	ture*	Storage	e Location Description				Max Amt	. at Loc	ation (i	n Pounds)	Confidential	
2															
3	Container*	Pressure	Sure* Temperature* Storage Location Description Max Amt. at Location (in Pound							n Pounds)					
	Chemical Description **See Instructions (9d) for Storage Codes**														
CAS	S Number		□ NA	Chem	nical Nan	ne									
1	Container*	Pressure	re* Temperature* Storag			e Location Description				Max Amt. at Location (in Pounds					
_															
2	Container*	Pressure	e* Temperature* Storage			ge Location Description				Max Amt. at Location (in Pounds					Confidential
	Container*	Pressure	e* Temperature* Storag			ge Location Description					Max Amt	atloc	ation (i	n Pounds)	
3	Container	11033410	c remperature storage			c Location Description					Max Amt. at Location (in Pound				
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															
								y Reporting Section							
retu	urned for a sigi	nature. For	assistance c	all (608)242-322	The infor	mation provided	d to WEM will be e	entered by W	/EM sta	ff in the o	rder it w	as recei	ved. 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.