

**2025 Wisconsin Batch Plant  
Emergency Response & Hazardous Chemical Report**  
Reporting Period: January 1 to December 31, 2025

WISCONSIN EMERGENCY  
MANAGEMENT  
DMA 1125B (R12-24) Wis. Stat. 323.60

**1 Batch Plant Facility Identification**

WEM Facility ID #		Is this a federal or federally recognized tribal facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Facility Contact Name	
<b>Submission Type (Select One):</b> <input type="checkbox"/> Original Submission – Provide date batch plant was set up in state for actual operation: <input type="checkbox"/> Revision of Original/ANNUAL Submission – Provide date batch plant was first set up: <input type="checkbox"/> Relocation Submission – Provide date batch plant relocated and set up for actual operation: <input type="checkbox"/> Revision of Relocation Submission – Provide date batch plant relocated:					Date:
Facility Name		Facility E-mail		Facility Phone Number ( )	
Facility Street Address		County	City	State	Zip
Total full-time equivalent employees employed within Wisconsin by this owner/operator when the plant began operation (see instructions on how to calculate) : _____		Municipality		Fire Department	
Latitude		Longitude		Owner's Federal Employer ID # (EIN)	
<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Maximum Number of Occupants (If manned)	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): _____					

**2 For Relocation Submissions Only, List the Previous Location of the Batch Plant**

Street Address		City	State
Zip	Municipality	Fire Department	
Latitude	Longitude	County	

**3 Mailing Address if Different from Batch Plant Location**  Check if same as facility address

Company		Attn			
Street Address		City	State	Zip	
Country	E-mail	Phone Number ( )			
Employer Identification Number (EIN)					

WEM Facility ID #	Facility Name	<b>WISCONSIN EMERGENCY MANAGEMENT DMA 1125B (R12-24) Wis. Stat. 323.60</b>
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**4 Batch Plant Owner/Operator**

Owner Name	Attn	Country	
Owner Mailing Address	City	State	Zip
Employer Identification Number (EIN)	Phone ( )	Email	

**5 Parent Company Information (Optional)**

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

**6 Facility Emergency Planning Coordinator**

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

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

**7 Batch Plant/Tier II Contact**

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

**8 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	

WEM Facility ID #	Facility Name	<b>WISCONSIN EMERGENCY MANAGEMENT DMA 1125B (R12-24)</b>
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**<sup>9</sup>HAZARDOUS CHEMICAL INVENTORY \*Print additional pages as necessary**

		<b><sup>b</sup>Physical &amp; Health Hazards</b>			
<b><sup>a</sup>Chemical Description</b>		<b>Physical Hazards</b>		<b>Health Hazards</b>	
CAS Number <input type="checkbox"/> NA	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Flammable(gases, aerosols, liquids, or solids)	<input type="checkbox"/> Gas under Pressure	<input type="checkbox"/> Carcinogenicity	<input type="checkbox"/> Acute toxicity (any route of exposure)
Chemical Name		<input type="checkbox"/> Explosive	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Reproductive toxicity	<input type="checkbox"/> Skin Corrosion or Irritation
Extremely Hazardous Substance (EHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contains EHS		<input type="checkbox"/> Pyrophoric (liquid or solid)	<input type="checkbox"/> Pyrophoric Gas	<input type="checkbox"/> Respiratory or Skin Sensitization	<input type="checkbox"/> Serious eye damage or eye irritation
EHS Name (if applicable)		<input type="checkbox"/> Oxidizer (liquid, solid, or gas)	<input type="checkbox"/> Organic peroxide	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)	<input type="checkbox"/> Aspiration Hazard
Select One: <input type="checkbox"/> Pure <input type="checkbox"/> Mix		<input type="checkbox"/> Self-reactive	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Germ cell mutagenicity	<input type="checkbox"/> Simple Asphyxiant
<input type="checkbox"/> Trade Secret		<input type="checkbox"/> Combustible Dust	<input type="checkbox"/> Hazard Not Otherwise Classified (HNOC)	<input type="checkbox"/> Hazard Not Otherwise Classified (HNOC)	
		<input type="checkbox"/> Fee Exempt. Provide a brief description ( <i>See instructions for exemptions</i> )		<input type="checkbox"/> Reported Voluntarily	<input type="checkbox"/> Chemical information is identical to information submitted last year

<b><sup>c</sup>Inventory in <u>POUNDS</u></b>	<b><sup>d</sup>Storage Location(s)</b>					
<b>***For Container Type, Pressure, and Temperature See Instructions (9d) for Codes***</b>						
Max Daily Amt	<b>1</b>	Container*	Pressure*	Temperature*	Max Amt at Location (lbs)	Confidential <input type="checkbox"/>
Avg. Daily Amt	Storage Location Description					
# of Days On Site	<b>2</b>	Container*	Pressure*	Temperature*	Max Amt at Location (lbs)	Confidential <input type="checkbox"/>
Storage Location Description						

Detailed descriptions of the items above, including a detailed list of fee exemptions can be found in the Instructions for the Wisconsin Batch Plant Report Form.

WEM Facility ID #		Facility Name			<b>WISCONSIN EMERGENCY MANAGEMENT DMA 1125B (R12-24) Wis. Stat. 323.60</b>			
<b><sup>10</sup>FOR USE IN REPORTING CHEMICAL MIXTURE COMPONENTS (Optional)</b>								
Chemical Description Name			CAS Number		EHS <input type="checkbox"/>	Chemical Mixture Component Name	Percentage	Amount (lbs)
Powder with Particle Size <100 Microns <input type="checkbox"/>	In Solution <input type="checkbox"/>	Molten Form <input type="checkbox"/>	Solid with Particle Size >= 100 Microns <input type="checkbox"/>		Check if the EHS is in a powdered form and has a particle size less than 100 microns; or is handled in solution or in molten form; or meets the criteria for a National Fire Protection Association (NFPA) rating of 2, 3, or 4 for reactivity			
Chemical Description Name			CAS Number		EHS <input type="checkbox"/>	Chemical Mixture Component Name	Percentage	Amount (lbs)
Powder with Particle Size <100 Microns <input type="checkbox"/>	In Solution <input type="checkbox"/>	Molten Form <input type="checkbox"/>	Solid with Particle Size >= 100 Microns <input type="checkbox"/>		Check if the EHS is in a powdered form and has a particle size less than 100 microns; or is handled in solution or in molten form; or meets the criteria for a National Fire Protection Association (NFPA) rating of 2, 3, or 4 for reactivity			
Chemical Description Name			CAS Number		EHS <input type="checkbox"/>	Chemical Mixture Component Name	Percentage	Amount (lbs)
Powder with Particle Size <100 Microns <input type="checkbox"/>	In Solution <input type="checkbox"/>	Molten Form <input type="checkbox"/>	Solid with Particle Size >= 100 Microns <input type="checkbox"/>		Check if the EHS is in a powdered form and has a particle size less than 100 microns; or is handled in solution or in molten form; or meets the criteria for a National Fire Protection Association (NFPA) rating of 2, 3, or 4 for reactivity			
Chemical Description Name			CAS Number		EHS <input type="checkbox"/>	Chemical Mixture Component Name	Percentage	Amount (lbs)
Powder with Particle Size <100 Microns <input type="checkbox"/>	In Solution <input type="checkbox"/>	Molten Form <input type="checkbox"/>	Solid with Particle Size >= 100 Microns <input type="checkbox"/>		Check if the EHS is in a powdered form and has a particle size less than 100 microns; or is handled in solution or in molten form; or meets the criteria for a National Fire Protection Association (NFPA) rating of 2, 3, or 4 for reactivity			

WEM Facility ID #	Facility Name	WISCONSIN EMERGENCY MANAGEMENT DMA 1125B (R12-24) Wis. Stat. 323.60
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**BATCH PLANT FEE STATEMENT****<sup>11</sup>Facility Fee Exemptions (Full Exemptions)**
 Fee Exemptions do not apply to this facility

The operator of this facility had fewer than 10 full-time equivalent (FTE) employees (20,800 total employee hours) in the State of Wisconsin when the plant became operational. 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. There were a total of [ ] (indicate number) full-time equivalent employees. If yes, proceed to section 13.

**<sup>12</sup>Fee Determination**

**If Original submission, a \$35.00 fee is due, enter in 12a.**

If a Revision of an Original Submission/Annual Submission, a Relocation Submission, or a Revision of a Relocation Submission, there is no Fee due.

a. FEE OWED

\$

b. LATE PAYMENT SURCHARGE, Add \$ 7.00

\$

If the fee will be received after 15 calendar days of setting up the batch plant for actual operation in the state, add \$7.00.

c. TOTAL FEES REMITTED (Add lines a and b):

\$

**Send all hard copy Wisconsin Batch Plant Emergency Response and Hazardous Chemical Reports to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. If a fee is due, return the Batch Plant Invoice (*located on last page*) with check directly to Wisconsin Emergency Management, Fee Processing Service, Drawer 988, Milwaukee, WI, 53293-0988.**

**<sup>13</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)

Official Title

Signature

Date

Telephone Number

( )

**FOR QUESTIONS OR ASSISTANCE CALL:  
(608) 242-3225**

**For additional information or blank forms visit our website at:  
<https://wem.wi.gov/>**

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

# BATCH PLANT INVOICE

For chemicals present during calendar year 2025

Wisconsin Emergency Management  
DMA Form 1151 (R12-24)

## Fee Payment Instructions

-- Complete the right-hand portion of this BATCH PLANT INVOICE and mail it with the fee payment to:

**Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988**

-- Make checks payable to: **Wisconsin Emergency Management (WEM)**  
-- **Mail this Batch Plant Invoice 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 Batch Plant Emergency Response & Hazardous Chemical Report with attachments 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**

*Please Note: 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.*

## Batch Plant Fee Invoice

**WEM Facility ID #:**  
*[See Section 1 "Facility Identification" of WI Batch Plant]*

**Owner's Employer Identification Number (EIN/FEIN):**  
*[See Section 1 "Facility Identification" of WI Batch Plant Report]*

**Batch Plant Name:**

**Location Address:**

**City, State, Zip:**

**County of:**

**Fee Owed:**  
*[See Section 12(a) "Fee Owed" of WI Batch Report]*

**Late Payment Surcharge:**  
*[See Section 12(b) "Late Payment Surcharge" of WI Batch Report]*

**Total Fee Remitted:**  
*[See Section 12(c) "Total Fee Remitted" of WI Batch Report]*

**Payer Check Number:**

## INSTRUCTIONS

### BATCH PLANT EMERGENCY RESPONSE AND HAZARDOUS CHEMICAL REPORT, DMA FORM 1125B

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#### YOU MUST PROVIDE ALL THE INFORMATION REQUESTED ON THIS FORM TO FULFIL BATCH PLANT REPORTING REQUIREMENTS.

**WHO MUST SUBMIT THIS FORM:** Recognizing the unique nature of batch plants, Chap. WEM 1 established alternative reporting requirements for batch plants. The owner/operator of a batch plant that has reportable amounts of hazardous chemicals present during operations is required to submit DMA FORM 1125B with signature and attachments or the equivalent in Wisconsin Hazmat Online Planning & Reporting System (WHOPRS) to Wisconsin Emergency Management (WEM). The owner/operator of a batch plant has the option to submit a Tier Two hazardous chemical inventory report and Inventory Fee Statement instead of DMA FORM 1125B. There is no fee due for relocation.

If the owner/operator of a batch plant determines that reportable amounts of hazardous chemicals will not be present during operations, the batch plant is exempt from the requirement to submit DMA FORM 1125B and may forward correspondence to WEM to file an exemption from the requirement to submit DMA FORM 1125B.

“Batch plant” means an operating installation of equipment including batchers and mixers as required by batching and mixing concrete or asphalt materials.

**REPORTING THRESHOLDS:** A “reportable chemical” means a hazardous chemical present at or above the 10,000 pound threshold reporting quantity and an Extremely Hazardous Substance (EHS) present at or above the Threshold Planning Quantity (TPQ)\* or 500 pound threshold, whichever is lower.

**WHEN TO SUBMIT THIS FORM:** Owners or operators of facilities that have hazardous chemicals present at the facility in quantities equal to or greater than the set reporting threshold levels must submit the Batch Plant form within 15 calendar days of setting up or relocating the batch plant for actual operation in the state.

**WHERE TO SUBMIT THIS FORM:** Send the completed Batch Plant 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 608-246-2966. E-mail forms to [DMAWHOPRS@widma.gov](mailto:DMAWHOPRS@widma.gov). Note: This form may be filed electronically at <https://whoprs.wisconsin.gov/aspx>.

*\*Note: A batch plant that has an Extremely Hazardous Substance at or above the Threshold Planning Quantity is also subject to Emergency Planning Notification and planning fee requirements under s. 323.60(5) (a)1 and (7) (a)1, Stats. This is a separate requirement from Batch Plant reporting.*

## 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 Batch Plant report, leave the I.D. number blank; one will be assigned after the first submission is received.
- b. **Federal or Tribal Facilities:** Indicate whether the facility is a federal or federally recognized tribal facility.
- c. **Facility Contact Name:** Provide a daytime facility contact.
- d. **Submission Type:** Indicate whether the submission is an original, or filed for the first time and the date the batch plant was set up in the state for actual operation; whether it is a revision of the original or an annual submission and the date the batch plant was first set up; if it is a relocation submission and the date the batch plant relocated and set up for actual operation; or whether it is a revision of a relocation submission and the date the batch plant relocated. A revision is correcting a prior submission, whether original/annual or relocation.
- e. **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.
- f. **Facility E-mail:** Provide a general facility e-mail.
- g. **Facility Phone Number:** Provide a general phone number for your facility.
- h. **Full-Time Equivalent Employees (FTE):** Provide the number of total full-time equivalent employees employed within Wisconsin, by the owner/operator during the 2024 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. Note: *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.

- i. **Fire Department:** Enter the name of the fire department that services the facility.
  - j. **Longitude and Latitude:** Provide the longitude and latitude for the location of your facility.
  - k. **Owner’s Federal Employer ID # (EIN):** Provide the facility owner or operator’s nine-digit federal Employer Identification Number
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(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.

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.

- l. **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.
  - m. **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.
  - n. **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.
  - o. **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.
  - p. **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.
  - q. **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.
  - r. **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. **FOR RELOCATION SUBMISSIONS ONLY:** Provide the street address, city, state, zip code, municipality, fire department, latitude, longitude and county for the previous location of the batch plant.
  3. **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."

## PAGE 2

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4. **BATCH PLANT OWNER / 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 (SDS).*

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.

5. **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*
  6. **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.*
  7. **BATCH PLANT/TIER II CONTACT:** Enter the name, title, e-mail address and phone number of the person knowledgeable of the information contained in the Batch Plant form. EPA requires that facilities provide the contact information of the individual responsible for completing the Batch Plant/Tier II inventory form.
  8. **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.
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**9. HAZARDOUS CHEMICAL INVENTORY:** You may make copies of the blank “Hazardous Chemical Inventory,” as needed, to list additional reportable chemicals and complete accordingly.

- a. **CHEMICAL DESCRIPTION:** This section of the Batch Plant form requires facilities to report specific information on amounts and locations of hazardous chemicals. For each entry, check the box indicating if the information is identical to the information submitted last year. Chemical descriptions, hazards, amounts, and locations must be provided even if the information is identical to that submitted last year.
  - i. **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, check the box “NA” or report the CAS numbers of as many constituents as possible.
  - ii. **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.
  - iii. **Chemical Name:** Enter the chemical or common name of each hazardous chemical and name of any EHS, if present.
  - iv. **Extremely Hazardous Substance:** If the substance is pure and an Extremely Hazardous Substance (EHS), select “Yes”. If the substance is neither a pure Extremely Hazardous Substance nor a mixture that contains an EHS, select “No”. If the chemical is a mixture and contains an EHS, select “Contains EHS”. See part v. “Pure, Mix” below for more information on reporting Extremely Hazardous Substances within mixtures.
    - 1. *When reporting an EHS that meets or exceeds its specific Threshold Planning Quantity (TPQ), an Emergency Planning Notification Fee Statement 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.*
  - v. **EHS Name:** If different than the chemical name, provide the name of the Extremely Hazardous Substance (EHS) if present.
  - vi. **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.
    - 1. 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 MSDS/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.
    - 2. 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 Batch Plant Emergency Response and Hazardous Chemical Report form.
  - vii. **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>
- b. **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).

**TABLE 1 - PHYSICAL AND HEALTH HAZARDS**

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	

- c. **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 (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.
- d. **STORAGE 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 2 – 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 3 – 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. **Maximum Amount at Location:** List the maximum amount present in pounds at this storage location on any single day during the reporting period.
- iv. **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.
- e. **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 Storage Location Description. *You must also request a 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. The Confidential Location Information Sheet can be found at Wisconsin Emergency Management’s website at: <https://wem.wi.gov/forms-resources/>
- f. **FEE EXEMPT:** Check the box if this chemical is fee exempt (see directions for Page 5, number 11 for the Full Fee Exemption for facilities that have **Less than 10 Full-time Equivalent Employees, or less than 20,800 employee hours annually**)
- g. **CHEMICAL IS IDENTICAL TO INFORMATION SUBMITTED LAST YEAR:** For each entry, check the box indicating if the information is identical to the information submitted last year. **Chemical descriptions, hazards, amounts, and locations must be provided even if the information is identical to that submitted last year.**

## PAGE 4

### 10. CHEMICAL MIXTURE COMPONENTS (Optional)

- a. The facility has the option to report chemical substance component parts per Emergency Planning under Section 302 of EPCRA (40 CFR 370.14). For the Chemical Description Name, provide the name of the mixture provided on the Hazardous Chemical Inventory (page 3). Then list the component name under “Chemical Mixture Component Name.”

## PAGE 5

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

**Less than 10 Full-time Equivalent Employees (FTE’s):** Mark this box if the owner or operator of this facility had fewer than ten full-time equivalent employees in the State of Wisconsin during 2024. [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. If checking yes, that you have a full fee

exemption, you may proceed to section 13. 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. **NOTE: 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.

**12. FEE DETERMINATION**

- a. If this is an Original Batch Plant submission checked in the greyed area in section 1a, then enter \$35.00 on line 12a.. If any of the other Submission Types are checked in Section 1, then enter \$0.00.
- b. If this is an Original Batch Plant submission checked in the greyed area in section 1 a and you are submitting this more than 15 calendar days after the date given in the greyed area in section 1, then enter \$7.00 on line 12b.
- c. Add lines 12a and 12b.

**13. 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 Batch Plant 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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