

**WISCONSIN TEMPORARY CONSTRUCTION FACILITY
 EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT**

For WEM use only: Facility I.D. # :	<input style="width: 150px; height: 20px;" type="text"/>
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This report can be filed online through the following link: <https://whoprs.wisconsin.gov>

Check if applicable:

NAICS Code:

This is a Federal Facility, or a federally recognized Tribal Facility.

1. ***Temporary Construction Facility Classified as (check one)** : Building Construction Project

Transportation Construction Project

2. Temporary Construction Project Name & Location:

*Project Name:

*Location Address:

*City, State, ZIP:

*County: *Fire Dept.:

*City *Village *Town of: *Tribe (if applicable):

*Latitude / *Longitude:

*Facility Email: Check if confidential:

3. Primary Contractor of this Project:

*Company Name: *Attention: *Phone: ()

*Employer Identification Number: -

*Number of Full-Time Equivalent Employees employed within the state of Wisconsin:

*Street Address:

*City, *State, *Zip:

4. Facility Mailing Address, if different from Facility Physical Location:

Facility Name:

Facility Mailing Address:

City, State, Zip: Country:

Attention: Phone:

5. Owner/Operator of Facility:

*Owner Name: *Email:

*Owner Mailing Address:

*City, State, Zip: *Country:

*Attention: *Phone:

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6. Temporary Construction Facility Hazardous Chemical Storage Contact Information: Daytime and Afterhours

This facility MAY have reportable amounts of hazardous chemicals present. For more information on hazardous chemicals which may be present during construction at the project, or to view a copy of project plans and, contact the following during normal business hours (a **minimum** of 2 contacts is required):

*Name:	<input type="text"/>	*Title:	<input type="text"/>	*Phone:	(<input type="text"/>)
*24-Hour Phone:	(<input type="text"/>)	*Email:	<input type="text"/>		

*Name:	<input type="text"/>	*Title:	<input type="text"/>	*Phone:	(<input type="text"/>)
*24-Hour Phone:	(<input type="text"/>)	*Email:	<input type="text"/>		

Name:	<input type="text"/>	Title:	<input type="text"/>	Phone:	(<input type="text"/>)
24-Hour Phone:	(<input type="text"/>)	Email:	<input type="text"/>		

7. Facility Emergency Planning Coordinator (Required only if at least one Extremely Hazardous Substance (EHS) over Threshold Planning Quantity (TPQ) entered):

*Name:	<input type="text"/>	*Title:	<input type="text"/>	*Phone:	(<input type="text"/>)
*24-Hour Phone:	(<input type="text"/>)	*Email:	<input type="text"/>		

8. Tier II Contact:

*Name:	<input type="text"/>	*Title:	<input type="text"/>	*Phone:	(<input type="text"/>)
*24-Hour Phone:	(<input type="text"/>)	*Email:	<input type="text"/>		

9. *Facility is manned or unmanned? Manned Unmanned | Maximum # of Occupants (if Manned):

10. Regulation Status:

(a) *Facility is subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? **YES** **NO**

(b) *Facility is subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, RMP)? **YES** **NO**
 RMP Facility ID: (Required if "Yes" is selected)

(c) *Facility is subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR part 372)? **YES** **NO**
 TRI Facility ID: (Required if "Yes" is selected)

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For WEM use only: Facility I.D. # :

11. Building Dates and Permit or Contract Information

Estimated Start Date:

Building Permit # :

Estimated Completion Date:

Date Issued :

OR If no building permit required; Date of Contract Award:

12. Fee Payment Determination

a) Temporary Construction Fee:

b) Late Payment Surcharge (add \$5.40):
(20% of amount on line "a", see NOTE below)

c) Total (Line "a" plus Line "b"):

NOTE: For temporary construction facilities all fee payments must be submitted to Wisconsin Emergency Management within **15 calendar days** of obtaining a building permit or, if a building permit is not required, within **15 calendar days** of the "contract award". All fee payments submitted after the above due date shall include a **20%** late payment surcharge.

The owner/operator or primary contractor of a temporary construction facility is required to file the original of this form (DMA 1125A) with Wisconsin Emergency Management (WEM) in hard copy, or in WHOPRS. If sending hard copy forms to WEM, the information you provide will be entered in the system in the order that it is received; when entered into Wisconsin Haz-Mat On-Line Planning & Reporting System (WHOPRS), the information will be available to the LEPC and local Fire Departments, and this meets the requirement to provide this information to the LEPCs & Fire Departments.

13. CERTIFICATION

I, as the authorized representative of the owner/operator OR primary contractor for this temporary construction facility, have reviewed this statement and certify that the information submitted is true, accurate and complete.

*Printed Name

()

*Telephone Number

*Official Title

*Signature

*Date Signed

Representing:

Owner Contractor

Owner/Contractor Fax: _____

Email: _____

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

Recognizing the unique and temporary nature of construction projects, Chap. WEM 1 establishes reporting requirements for temporary construction facilities. Construction projects which meet the definition of a temporary construction facility that may have reportable amounts of hazardous chemicals present during construction operations must submit to Wisconsin Emergency Management (WEM) DMA FORM 1125A and the applicable fee payment within 15 calendar days of obtaining a building permit or if a building permit is not required, within 15 calendar days of the date of the "contract award". Temporary construction facilities do not have the option of reporting under s. 323.60, Stats., (submission of a Tier Two report).

"Temporary construction facility" means a facility under construction containing more than 50,000 total cubic feet of new structure or 50,000 cubic feet of remodeled structure or additions or a transportation construction project as defined under s. 84.013(1), Stats., as well as all sites within the project limits.

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.

If sending hard copy forms to WEM, the information you provide will be into Wisconsin Hazmat On-Line Planning & Reporting System (WHOPRS). Once entered, the information will be available to the LEPC and local Fire Departments, and this meets the requirement to provide this information to the LEPCs & Fire Departments.

If the owner/operator of a temporary construction facility determines that reportable amounts of hazardous chemicals will not be present during construction operations, the temporary construction facility is exempt from the requirement to submit DMA FORM 1125A.

For assistance or questions about completing the forms, please call the Facility Reporting/Compliance Section at (608) 242-322 or (608) 242-3225.

Note: A temporary construction facility that has an Extremely Hazardous Substance (EHS) at or above the Threshold Planning Quantity (TPQ) is still subject to emergency planning notification and planning fee requirements under s. 323.60, Wis. Stats.

SUBMISSION OF DMA FORM 1125A, Wisconsin Temporary Construction Facility
Emergency Response and Hazardous Chemical Report and Fee Invoice for same:

Send the completed forms and payment to:

**Wisconsin Emergency Management
Facility Reporting Section
P.O. Box 7978
Madison, WI 53707-7978**

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

Form Instructions (Use one DMA FORM 1125A for each temporary construction facility.):

Above Item 1 one on page one—Complete appropriate **NAICS** code (www.naics.com/search.htm). Indicate if the facility is a Federal Facility or federally recognized Tribal Facility.

Item #1 Indicate if the temporary construction facility is a building construction project or a transportation construction project by checking the appropriate box.

- A building construction project is a facility under construction containing more than 50,000 total cubic feet of new structure or 50,000 cubic feet of remodeled structure or additions.

or

- A transportation construction project as defined under s. 84.013(1), Stats., as well as all sites within the project limits (this typically is referred to as a "majors" project).

Item #2 Indicate where the construction project is located. Provide the name of the project and location address. Provide the name of the county in which the construction project is located and appropriate Fire Department. Please check the box for city, village, or town of, and write in the name, as well as the tribal name, if appropriate. In addition, **Latitude and Longitude are now required**. Provide the facility's email address. This is the email address to which correspondence will go.

Item #3 Indicate the primary contractor for the construction project. Please provide the company name, the name of the primary contractor for the construction project, the telephone number and the Employer Identification Number (EIN) or Tax I.D. number. Enter the number of full-time equivalent employees employed in Wisconsin. (This is a required field.) Provide the address of the primary contractor for the construction project.

Item #4 If the mailing address for the facility is different from the facility's physical location indicated in # 2, provide the name and address. Please indicate the Country where the mailing address is located and a contact name and phone for the mailing address.

Item #5 Provide the facility owner's name, email address and owner address, country, contact name and phone number.

Item #6 Indicate primary and alternate phone contacts during normal business hours, as well as a number available 24 hours a day, for information regarding hazardous chemicals which may be stored at the construction project. Provide the name, title, telephone numbers, and email address for a primary and an alternate contact person. A minimum of two alternate phone contacts are required.

Item #7 Enter the name, title and work phone # of the emergency coordinator. Provide a 24 hour phone # where emergency information will be available 24 hours a day. Provide the email address of the facility emergency planning coordinator. The facility must make arrangements to ensure 24-hour contact..

Item #8 Enter the name, title and work phone # of the individual responsible for completing the Tier Two Inventory Form. Provide a 24 hour phone # where emergency information will be available 24 hours a day. Provide the email address of the Facility Emergency Planning Coordinator. These requirements are mandatory. The facility must make arrangements to ensure 24-hour contact.

Item #9 Indicate whether the location where the hazardous chemicals are stored is manned or unmanned. If manned, enter the maximum number of occupants.

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

Item #10 (a) Indicate whether the facility is subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355). 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.

(b) Indicate whether the facility is subject to Chemical Accident Prevention under Section 112r of Clean Air Act (CAA) (40 CFR part 68, Risk Management Program (RMP). 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 requirements for owners or operators of stationary sources concerning the prevention of accidental releases, and the state accidental release prevention programs approved under section 112(r).

The RMP Facility ID is established when a facility registers an initial Risk Management Plan with the EPA.

(c) 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 #. 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. 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 number even if the facility changes ownership, name, production processes, or NAICS codes.

Item #11 Indicate information regarding the estimated start and completion dates of the construction project. Please provide the estimated starting date of the construction project and estimated completion date.

- **If a building permit is required**, fill in the construction permit number and the date the permit was issued.

OR

- **If a building permit is not required**, fill in the date the contract was awarded.

Item #12 Indicate the fee determination. For a temporary construction facility the fee is \$27.00 and must be paid to WEM within 15 calendar days of obtaining a building permit, or if a building permit is not required, within **15 calendar days** of the date of the contract award. Fee payments received after the due date shall include a 20% Late Payment Surcharge.

- (a) The \$27.00 fee is indicated on line "a".
- (b) If a 20% late payment surcharge is due, please fill in \$5.40 on line "b".
- (c) Please total lines "a" and "b" and enter it on line "c". This is the fee due.

Please note, if the operator has less than 10 Full Time Employees (FTE), (323.60 166.20(7)(d), Stats), no fee is due.

Item #13 - Serves to certify the submission. Complete the name, phone number and official title of the person certifying the form with a signature and date. Also indicate whether the person is the representative for the owner of the temporary construction facility or the primary contractor. Also include the Owner/Contractor Fax number and E-mail address.

PLEASE FOLLOW INSTRUCTIONS CAREFULLY

FEE PAYMENT INSTRUCTIONS:

Complete the right-hand portion of this Temporary Construction Invoice, and mail it with the fee payment, Wisconsin Temporary Construction Facility Report, site plan, and any other correspondence or documents to:

**Wisconsin Emergency Management
Facility Reporting Section
P.O. Box 7978
Madison, WI 53707-7978**

Make checks payable to: **WISCONSIN EMERGENCY MANAGEMENT**

Please Note: If sending hard copy forms to WEM, the information you provide will be entered in the system in the order that it is received. When entered into Wisconsin Haz-Mat On-Line Planning & Reporting System (WHOPRS). The information will be available to the LEPC and local Fire Departments, and this meets the requirement to provide this information to the LEPCs and Fire Departments.

TEMPORARY CONSTRUCTION INVOICE

Emergency Response & Hazardous Chemical Report

Construction Project Name:

Operator's Employer Identification Number (EIN):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Location Address:
City, State, Zip:
County of:

Payer Check #:

Fee Type: **C** – Construction

(1) Fee:

(2) Late Payment Surcharge:

(3) Total Fee Payment:

See #12 of Form DMA 125A

Return This Invoice Form with Fee Payment and Report to:

**Wisconsin Emergency Management
Facility Reporting Section
P.O. Box 7978
Madison, WI 53707-7978**

