

Black Ink Room

Spills and Emergency Response, Emergency Planning and Hazard Communication Chapters Addendums

Table of Contents for Black Ink Room

BI – 1	Emergency Contacts
BI – 2	EHS List, including TPQ and RQ
BI – 3	WEM Emergency Planning Notification Fee Statement (form # DMA 1003)
BI – 4	Inventory Fee Statement (WEM form DMA 1004) AND Wisconsin Tier Two Emergency and Hazardous Chemical Inventory (WEM form DMA 1005)
BI – 5	EPA Form R, the Toxic Chemical Release Inventory Reporting form and Form A (the short form)
BI – 6	Web Resources

BI – 1 Emergency Contacts

Emergency notification of spills and accidental chemical releases

1. Wisconsin DNR 24-hour Emergency Hotline: 800-943-0003
2. National Response Center: 800-424-8802
3. LEPC: contact your county Emergency Management Office

Wisconsin DNR Regional Spill Coordinators—map and contact information also available online at http://www.dnr.state.wi.us/org/aw/rr/technical/lists/spill_coordinators.pdf.

region	coordinator	telephone
Northeast	Jason Moeller	920-662-5492
Northern	Norm Dunbar	715-365-8963
Southeast	Scott Ferguson	414-263-8685
South Central	Ted Amman	608-275-3332
West Central	Thomas Kendzierski	715-839-1604

Wisconsin Emergency Management (WEM):

2400 Wright Street
Madison WI 53704
tel 608-242-3232
fax 608-242-3247

<http://emergencymanagement.wi.gov/>

EPCRA contacts at WEM		
Jan Grunewald	608-242-3224	jan.grunewald@dma.state.wi.us
Dawn Foss	608-242-3225	dawn.foss@dma.state.wi.us
DeAnn Youngs	608-242-3229	deann.youngs@dma.state.wi.us

Local Emergency Planning Committees: WEM provides a list of County Emergency Management Directors & LEPC Contacts for all Wisconsin counties, available online at <http://emergencymanagement.wi.gov/sublink.asp?linksubcat2id=12&linksubcatid=39&linkcatid=77&linkid=30>

BI – 2 EHS list with RQ and TPQ

EPA publishes a list of the Extremely Hazardous Substances, hazardous substances, and toxic chemicals that fall under EPCRA regulations, called the “Title III List of Lists: Consolidated List of Chemicals Subject to the Emergency Planning and Community Right-To-Know Act (EPCRA) and Section 112(r) of the Clean Air Act, as Amended.” The list is available online:

- from WEM at <http://emergencymanagement.wi.gov/docview.asp?docid=91>
- from EPA at <http://yosemite.epa.gov/oswer/ceppoweb.nsf/content/chemicalinfo.htm>

EPA’s web site also contains links to searchable versions of the chemical list in database and Excel formats, accessible at

<http://yosemite.epa.gov/oswer/ceppoweb.nsf/content/epcraOverview.htm>.

The following is a list of common substances found at printing facilities:

Examples of hazardous substances used by printers with chemical-specific Reportable Quantities² and Threshold Planning Quantities³

Chemical	Potential sources	CAS # ¹	RQ (lbs) ²	TPQ (lbs) ³
Acetone	some cleaning solutions, ink jet inks and ink jet head cleaners	67-64-1	5000	
Ammonia	Water-based inks and coatings	7664-41-7	100	500
Barium*	Some red pigments	7440-39-3	N/A	
Benzene (including benzene in gasoline)	Trace contaminant in some cleaning solvents, namely, aromatic hydrocarbon blends	71-43-2	10	
n-Butyl alcohol	Flexo/gravure ink solvent	71-36-3	5000	
Cadmium & compounds	Some orange, red, and yellow pigments	7440-43-9	10	
Chromium (hexavalent) & compounds	Film cleaners, some fountain solutions, gravure cylinder preparation and some brown, orange, and red pigments	7440-47-3	5000	
Cobalt & compounds	Sheetfed offset ink catalyst for drying	7440-48-4	N/A	
Copper & compounds	Some blue and green pigments, component in some water-based coatings	7440-50-8	5000	
Cumene	Component in some cleaning solvents containing aromatic hydrocarbon blends	98-82-8	5000	
Cyclohexane	Component in some cleaning solvents, component in spray adhesive	110-82-7	1000	
Dibutyl phthalate	Plastcizer in some inks and coatings	84-74-2	10	
Diethanolamine	Film developer	111-42-2	100	
Diethylene glycol dimethyl ether	Component in some cleaning solvents, fountain solution additive – IPA substitute	111-96-6	N/A	
Diethylene glycol butyl ether	Component in some cleaning solvents, fountain solution additive – IPA substitute	112-34-5	N/A	
Diethylene glycol ethyl ether	Component in some cleaning solvents, fountain solution additive – IPA substitute	111-90-0	N/A	
Diethylene glycol methyl ether	Component in some cleaning solvents, fountain solution additive – IPA substitute	111-77-3	N/A	

Chemical	Potential sources	CAS #¹	RQ (lbs)²	TPQ (lbs)³
2-Ethoxyethanol	Cleaning solvents, water-based inks and coatings	110-80-5	1000	
Ethyl benzene	Component in some cleaning solvents containing aromatic hydrocarbon blends, flexo/gravure water & solvent-based inks	100-41-4	1000	
Ethylene glycol dimethyl ether	Component in some cleaning solvents, fountain solution additive – IPA substitute	110-71-4	N/A	
Ethylene glycol butyl ether	Component in some cleaning solvents, fountain solution additive – IPA substitute	111-76-2	N/A	
Ethylene glycol ethyl ether acetate	Component in some cleaning solvents, fountain solution additive – IPA substitute	110-80-5	N/A	
Ethylene glycol methyl ether	Component in some cleaning solvents, fountain solution additive – IPA substitute	109-86-4	N/A	
Ethylene glycol propyl ether	Component in some cleaning solvents, fountain solution additive – IPA substitute, some water-based coatings	2807-30-9	N/A	
Ethylene glycol	Fountain solution additive - IPA substitute, component in copper plating solution, flexo/gravure water & solvent-based inks	107-21-1	5000	
Formaldehyde	Some film developing chemistry	50-00-0	100	500
Glycol ethers & their acetates	Component in some cleaning solvents, fountain solution additive - IPA substitute, flexo/gravure water & solvent-based inks, litho plate developers, component in glass cleaner	xx-xx-x		
Hexane	Component in some cleaning solvents, component in film cleaner, component in spray adhesive, flexo/gravure solvent-based inks	110-54-3	5000	
Hydrochloric acid (hydrogen chloride)	Muratic acid--maintenance area, component in copper plating solution	7647-01-0	5000	
Hydroquinone	Film developing chemistry	123-31-9	100	500
Isophorone	Screen printing ink solvent	78-59-1	5000	
Lead chromate	Some yellow pigments	7758-97-6	N/A	
Manganese & compounds	Sheetfed offset ink catalyst for drying, some red and white pigments	7439-96-5	N/A	
Methanol	Component in some cleaning solvents, ink jet ink solvent, component in stay open-ink drying retardant, component in compressed propane, solvent in some adhesives, flexo/gravure solvent-based inks	67-56-1	5000	
2-Methoxyethanol	Component in some cleaning solvents, fountain solution additive – IPA substitute	109-86-4	N/A	
Methyl chloroform - 1,1,1-trichloroethane	Component in stay open-ink drying retardant, solvent in some adhesives, component in some cleaning solvents, component in various maintenance products	71-55-6	1000	
Methyl ethyl ketone	Component in some cleaning solvents, ink jet ink solvent, flexo/gravure solvent-based inks	78-93-3	5000	

Chemical	Potential sources	CAS # ¹	RQ (lbs) ²	TPQ (lbs) ³
Methyl isobutyl ketone	Component in some cleaning solvents	108-10-1	5000	
Methylene chloride	Component in some cleaning solvents, copper plating solution, component in blanket fix, component in film cleaner	75-09-2	1000	
Naphthalene	Component in some cleaning solvents containing aromatic hydrocarbon blends	91-20-3	100	
Nitric acid	Component in some cleaners	7697-37-2	1000	1000
Phosphoric acid	Component in fountain solution concentrate, component in some cleaning solutions	7664-38-2	5000	
Perchloroethylene	Component in film cleaner, component in some lubricants, some flexo plate developers	127-18-4	100	
Phenol	Some film & plate developing chemistry	108-95-2	1000	500
Propylene oxide	Component in some inks	75-56-9	100	10000
Sulfuric acid	Battery acid	7664-93-9	1000	1000
Toluene	Component in some cleaning solvents, publication rotogravure ink solvent	108-88-3	1000	
Toluene diisocyanates	Flexo/gravure water & solvent-based inks	26471-62-5	100	
Vinyl acetate	Component in some adhesives	108-05-4	5000	1000
Xylenes (isomers & mixture)	Component in some cleaning solvents, component in stay open-ink drying retardant, flexo/gravure ink solvent	1330-20-7	100	
Zinc & compounds	Component in water-based coatings, component in some lubricants, some white pigments	7646-85-7	1000	

¹ Chemical Abstracts Service registry number.

² Reportable Quantity (RQ)—for spill reporting. For chemicals that are CERCLA hazardous substances, spills and releases in amounts equal to or exceeding the RQ are subject to the Emergency Release Notification requirements in EPCRA section 304 (i.e., reporting to National Response Center and LEPC in addition to WDNR/WEM).

³ Threshold Planning Quantity (TPQ)—For the 356 Extremely Hazardous Substances (EHS) that are subject to EPCRA sections 302/303 and 304, the presence of EHSs in quantities exceeding the TPQ requires certain emergency planning activities to be conducted.

BI – 3 *WEM Emergency Planning Notification Fee Statement*
(form # DMA 1003)

Emergency Planning Notification Fee Statement, Wisconsin Emergency Management form DMA 1003, available online at <http://emergencymanagement.wi.gov/docview.asp?docid=88>

8) FEE DETERMINATION (answer only if #7 is YES):

This facility is required to participate in planning and pay the EMERGENCY PLANNING NOTIFICATION FEE: **\$800.00**. The operator has 10 or more fulltime equivalent employees in the State of Wisconsin. If the fee is paid more than 60 days after an extremely hazardous substance exceeded the threshold planning quantity, add a 20% late payment surcharge of \$160.00.

TOTAL FEE REMITTED: \$

This facility is required to participate in planning, but is exempt from paying the fee because the operator of this facility has fewer than 10 fulltime equivalent employees in the State of Wisconsin, this operator has (provide number) fulltime equivalent employees in the State of Wisconsin.

This facility is required to participate in planning and the Emergency Planning Notification Fee has already been paid for this facility.

Date of Payment: ___ | ___ | ____ Check Number:

9) Extremely Hazardous Substance (EHS) Identification

CAS #	EHS CHEMICAL NAME	Max. Qty. present at or above threshold planning quantity <i>at</i>

10) CERTIFICATION: This section must be completed even if this facility does not have an extremely hazardous substance present at or above the threshold planning quantity and is not required to participate in emergency planning.

I, as the owner/operator OR owner/operator's authorized representative, have reviewed this Emergency Planning Notification Fee Statement and certify that the information submitted is true, accurate, and complete.

Printed Name

()

Telephone Number

Official Title

Signature

Date Signed

IMPORTANT – PLEASE NOTE

Return the original, signed Emergency Planning Notification Fee Statement and the Emergency Planning Notification Fee, if applicable, to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978.

A copy of the Emergency Planning Notification Fee Statement must be sent to the appropriate County LEPC, C/O the County Emergency Management Office.

INSTRUCTIONS FOR COMPLETING THE EMERGENCY PLANNING NOTIFICATION FEE STATEMENT

Wisconsin Statute 166.20(5)(a)1, requires the owner/operator of a facility which has an Extremely Hazardous Substance (EHS) present at any one time at or above the designated Threshold Planning Quantity (TPQ), to provide emergency planning notification to Wisconsin Emergency Management (WEM) and the appropriate county Local Emergency Planning Committee (LEPC), within sixty days of the EHS being present at or above the TPQ. A one-time \$800.00 Emergency Planning Notification fee is due if the operator of the facility has 10 or more fulltime equivalent (FTE) employees in the State and has not previously paid an emergency planning notification fee for the facility. The extremely hazardous substance list with the designated threshold planning quantities is available from WEM at (608) 242-3221, your county LEPC, or the U.S. EPA Hotline at (800) 535-0202.

Return the original signed Emergency Planning Notification Fee Statement and the Emergency Planning Notification Fee, if applicable, to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. A copy of the Emergency Planning Notification Fee Statement must be sent to the appropriate county LEPC, C/O the County Emergency Management Office.

Check ORIGINAL, only if this is the first time the facility is submitting an Emergency Planning Notification Fee Statement **OR** check AMENDED if the submission is amending an original Emergency Planning Notification Fee Statement previously submitted by the facility.

1. Complete the owner/operator's name and mailing address or, if preprinted, indicate any changes. Indicate your Federal Employer Identification Number (i.e. the Tax I.D. Number or Social Security Number for the Owner/Operator). All facilities have a nine-digit FEIN, even municipalities and other "tax exempt" organizations. Your payroll department will have a copy of your FEIN on the facility's preprinted Federal Tax Deposit Coupon (IRS 8109). Include the facility's four-digit Standard Industrial Classification (SIC) code. Provide the owner/operator contact name and phone number.

2. Complete the facility name and physical location address or indicate any changes. Include the City, Village, or Town in which the facility is located. Indicate the county. Include the facility's WEM facility I.D. number, if available. A new facility will be assigned this number when the submission is received.

Definition of a facility: All buildings, equipment, structures, and other stationary items which are located on a single site or on contiguous or adjacent sites, and which are owned or operated by the same person (or by any person who controls, is controlled by, or under common control with such person) or used for conducting the activities of a public or private agency. It includes man-made structures as well as natural structures in which chemicals are purposefully placed or removed through human means. A public right-of-way does not separate into two facilities, two sites owned or operated by the same person. Public and private agency are defined by Wisconsin Statute 166.20.

3. If the facility is a farm, please check the primary activity. Check only one. If the facility is located on Tribal land, please name the tribe.

4. Complete the facility name and mailing address, if different than the owner/operator's name and mailing address.

5. Check the box for the mailing address where official correspondence from WEM should be sent. Check only one.

6. Provide the name and phone number of the individual who will serve as the facility's emergency coordinator.

7. Check **YES** if the facility is required to participate in emergency planning because the facility has/had an extremely hazardous substance (EHS) present at any one time at or above the designated threshold planning quantity (TPQ).

Provide the date the EHS was present at or above the TPQ. Continue with #8.

Check the first **NO** if this facility is not required to participate in emergency planning because the facility has never had an extremely hazardous substance (EHS) present at any one time at or above the threshold planning quantity. Go to #10.

Check the second **NO** if this facility is amending the facility's planning notification because this facility no longer has an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ). Provide the date the EHS was not longer present at or above the TPQ. Go to #10.

8. Check the **First** box if the facility is required to participate in planning and the operator has 10 or more fulltime equivalent employees (FTE) in Wisconsin. An annual total of 20,000 hours of employee time equals 10 FTE. All persons employed in Wisconsin must be included in this calculation, not just those employed at the facility or working with the chemicals. The Emergency Planning Notification Fee is \$800.00 if paid within 60 days of the extremely hazardous substance (EHS) being present at or above the threshold planning quantity (TPQ). The fee must include a 20% late payment surcharge of \$160.00 if the fee is paid after the 60 days. Enter the **Total Fee Remitted**.

Check the **Second** box if the fee exemption applies. In order to be exempt, the operator of the facility must have less than 20,000 hours of employee time during the year. To determine the number of FTE employees, divide the total number of employee hours by 2,000. Enter the total number of FTE employees in the box.

Check the **Third** box if the facility is required to participate in planning and the Emergency Planning Notification Fee has previously been paid for this facility. Indicate the date of payment and the check number.

9. List the CAS number, EHS chemical name, and the maximum quantity of the EHS that was present at or above the TPQ at the facility **at any one time** in pounds.

10. Complete the certification section. **This section must be completed even if the facility does not have an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ) and is exempt from emergency planning requirements.** Providing a false statement or representation may result in a penalty of not less than \$100 and not more than \$25,000 per day, per violation. Failure to provide information in the manner requested may result in a penalty of not more than \$20,000.

END OF INSTRUCTIONS

**BI – 4 *Inventory Fee Statement (WEM form DMA 1004) AND
Wisconsin Tier Two Emergency and Hazardous Chemical
Inventory (WEM form DMA 1005)***

Inventory Fee Statement, Wisconsin Emergency Management form DMA 1004 and instructions, AND Wisconsin Tier Two Emergency and Hazardous Chemical Inventory, WEM form DMA 1005 and instructions, available in a **single document** online at:

<http://emergencymanagement.wi.gov/docview.asp?docid=1661&locid=18> OR
for electronic submission, at <http://emergencymanagement.wi.gov/DMAEPCRA/>

2007 INVENTORY FEE STATEMENT
 (For Chemicals Present During Calendar Year 2006)

Facility Name: _____

Facility I.D. #: _____

(11) This facility is required to file a Tier Two report but is claiming **PARTIAL** exemption from the fees because some of the reportable substances present are fee exempt as follows: YES NO

If answer to this question is "YES", check the appropriate fee exemption below. If "NO", Skip to question 12.

- a. This is a petroleum marketing facility with reportable amounts of gasoline and/or diesel fuel present, held for resale or retail, which is exempt from Inventory Fee calculation and there **are** other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. (See instructions for definition of a petroleum marketing facility).
- b. This facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation and there **are** other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility.
- c. This 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 and there **are** other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility.

(12) FEE DETERMINATION:

- a. Total Number of Chemicals Reported on 2007 Tier Two Form for chemicals present during 2006:
- b. Number of Chemicals on Tier Two Form for which fees are not being paid (see instructions):
- c. Number of Chemicals for which fees are being paid (Subtract line b from line a):
- d. Is the **cumulative** total of the actual **maximum** daily amounts of the chemicals (line c) 100,000 pounds or more?
 YES NO If "YES", determine fee on line (B) below. If "NO", determine fee on line (A) below.
- e. Fee Owed (See fee schedule below to determine fee. Enter this amount on line 1 of the 2007 Fee Remittance Form):

Number of Chemicals (see 12c above):		1	2-10	11-100	101-200	201-300	301-400	401-500	500+
Line A	Fee: (<u>under</u> 100,000 lbs. Cumulative)	\$150	\$300	\$450	\$550	\$650	\$750	\$850	\$950
Line B	Fee: (<u>over</u> 100,000 lbs. Cumulative)	\$180	\$360	\$540	\$660	\$780	\$900	\$1020	\$1140

- f. **LATE PAYMENT SURCHARGE:**
 Fees are due **March 1, 2007**. The above fee is being paid by the due date: YES NO
 If "YES", enter "Ø". If "NO", enter 20% of fee on line 12e. Surcharge:
 Enter this amount on line 2 of the 2007 Fee Remittance Form

- g. **TOTAL FEES REMITTED:**
 (Add lines 12e and 12f)
 Enter this amount on line 3 of the 2007 Fee Remittance Form

Check #: _____

(13) CERTIFICATION: I, as the owner/operator OR owner/operator's authorized representative, have reviewed this Fee Statement and certify that the information submitted is true, accurate and complete.

 Printed Name

 *Signature Date Signed

 Official Title

()

 Telephone Number

Return the Inventory Fee Statement and Tier Two Form with original signatures, and Fee Payment (if fee due) directly to: Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. *Unsigned or photocopied signature forms will be returned for an original ink signature.

PLEASE NOTE: Copies of the Inventory Fee Statement and Tier Two Form are to be sent to the appropriate County LEPC, C/O the County Emergency Management Office, and to the local Fire Department with jurisdiction over the facility.

INSTRUCTIONS FOR 2007 INVENTORY FEE STATEMENT – DMA Form 1004 (R11-06)
For use in reporting chemicals present during calendar year 2006. Due March 1, 2007

The original Inventory Fee Statement and Tier Two Form with original signatures, and Fee Payment (if fee due) are to be returned directly to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978.

NOTE: Copies of the Inventory Fee Statement and Tier Two Form are to be sent the appropriate County LEPC, C/O the County Emergency Management Office, and to the local Fire Department with jurisdiction over the facility.

DMA Form 1004 (R11-06) Instructions:

#1: This is the facility's WEM assigned I.D. #. Indicate this number in the upper right corner on each page of this fee statement. If this is the first time that this facility is submitting an Inventory Fee Statement, leave the I.D. # blank; one will be assigned after the first-time form is received.

#2: Provide the facility owner's Federal Employer Identification Number (FEIN). This is the owner's Tax I.D. # or Social Security #. All facilities have a FEIN, including municipalities and other "tax exempt" organizations. See your facility's preprinted Federal Tax Deposit Coupon (IRS Form 8109) for your FEIN. **Please use only one address for each owner FEIN.**

#3: Provide the facility name and physical location address in the boxes to the right. Mark and provide the name of the city, village or township in which the facility is located in the box to the right. If this is a tribal facility, please mark the appropriate box and indicate the tribal name.

#4: Provide the information for the facility's mailing address in the boxes to the right.

#5: Please indicate if correspondence from Wisconsin Emergency Management should be sent to the owner at the address indicated in #6. If you mark "NO", correspondence will be sent to the facility mailing address indicated in #4.

#6: Provide the facility owner's name and mailing address in the boxes to the right. Note: This is the owner or the company who is required to maintain the Material Safety Data Sheet.

#7: Indicate the four-digit Standard Industrial Classification (SIC) Code that best describes this facility's activities. SIC Codes can be searched on the OSHA web site at <http://www.osha.gov/oshstats/sicsr.html>, or you may contact the Facility Reporting Section at 608-242-3221.

#8: Indicate if the facility is required to file a Tier Two Emergency and Hazardous Chemical Inventory Report. The owner/operator of any facility that is required, under regulations implementing the Occupational Safety and Health Act of 1970 (OSHA), to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility; or a public or private agency as defined below, is subject to the Tier Two reporting requirements. The OSHA Hazard Communication Standard (specifying MSDS requirements) includes the non-manufacturing sector.

A "Facility" is defined as, "All buildings, equipment, structures, and other stationary items which are located on a single site or on contiguous or adjacent sites, and which are owned or operated by the same person (or by any person who controls, is controlled by, or under common control with, such person) or used for conducting the activities of a public or private agency. It includes man-made structures as well as all natural structures in which chemicals are purposefully placed or removed through human means. (A public right-of-way does not separate into two facilities, two sites owned or operated by the same person.)"

"Private Agency" is defined as a, "Privately owned and operated research facility or educational institution." "Public Agency" is defined as a, "State or local office, agency, board, commission, committee, council, department, research facility, educational institution or public body corporate or politic created by constitution, law, ordinance, rule or order, or a governmental or quasi-governmental corporation."

"**YES**" would be marked if the facility is required to file a Tier Two Report Form listing reportable hazardous chemicals present during 2006. This Inventory Fee Statement must be completed and submitted and fees paid, as appropriate. See the Tier Two instructions for information on which hazardous chemicals must be listed on a Tier Two Report Form.

"**NO**" would be marked ONLY if ALL of the hazardous chemicals present at the facility during 2006 fall under one or more of the Tier Two reporting exemptions listed under #9. See page one of the Tier Two Report Form instructions for a detailed list of the Tier Two reporting exemptions. **This Inventory Fee Statement must still be completed and returned, noting the applicable exemptions from the Tier Two reporting.**

#9: Complete this item only if you answered "NO" to #8. If ALL of the hazardous chemicals present at this facility during 2006 are exempt from Tier Two reporting, mark the appropriate box(es) for Tier Two reporting exemption(s) (items a-d) below and proceed to #12 - Fee Determination.

Mark box "a": If the facility is not covered by the OSHA Hazard Communication Act and is not a public or private agency.

Mark box "b": If this facility did not have present at any time last year any hazardous chemicals at or above 10,000 pounds. Also, if it did not have any extremely hazardous substances at or above 500 pounds or the designated threshold planning quantity, whichever is lower. If the situation changes, it is the facility's responsibility to notify Wisconsin Emergency Management.

Mark box "c": If per OSHA Hazard Communication Act regulations, hazardous chemicals present are not required to have Material Safety Data Sheets prepared or available at this facility because of CFR Chapter 29, Section 1910.1200(b)]. See page one of the Tier Two Report Form instructions for a detailed list of the eight OSHA reporting exemptions.

Mark box "d": If hazardous chemicals present at this facility fall under one or more of the five Section 311(e) exemptions. See page one of the Tier Two Report Form instructions for a detailed list of the five 311(e) reporting exemptions.

#9: (continued)

Mark box "e". If this is a Retail Gas Station and all of the following apply:

- 1) Gasoline and diesel fuel were stored in a tank(s) entirely underground,
- 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.

Please note: You cannot answer "YES" to BOTH #10 and #11. A facility cannot be both fully and partially exempt from fees.

#10: Mark "YES" to indicate the facility is **FULLY FEE EXEMPT** if **ALL** of the reportable hazardous chemicals present at this facility fall under one or more of the **fee exemptions** listed below (a-d) and mark as appropriate. Mark "NO" if this does not apply.

Mark box "a": If this is a Petroleum Marketing Facility with reportable amounts of gasoline and diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of gasoline and/or diesel fuel present must still be listed on the Tier Two Report Form.

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 includes 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.

Mark Box "b": If the facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of sand and/or gravel present must still be listed on the Tier Two Report Form.

Mark box "c": If the operator of this facility had fewer than ten full-time equivalent employees in the State of Wisconsin during 2006. [20,000 hours of employee time annually equals ten full-time equivalent (FTE) employees]. Please indicate the number of FTE employees in the space provided. **NOTE:** ALL persons employed in Wisconsin by this owner must be included in this calculation, not just those employed at the facility or working with the chemicals. Reportable amounts of hazardous chemicals present must still be listed on the Tier Two Report Form.

Mark box "d": 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 and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of road de-icing agents present must still be listed on the Tier Two Report Form.

#11: Mark "YES" to indicate the facility is **PARTIALLY FEE EXEMPT** if **SOME** of the reportable hazardous chemicals present at the facility are fee exempt and mark as appropriate below. Mark "NO" if this does not apply.

Mark box "a": If this is a Petroleum Marketing Facility (see definition above) with reportable amounts of gasoline and diesel fuel present held for resale or retail which are exempt from Inventory Fee calculation, but there **are** other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of gasoline and/or diesel fuel present must still be listed on the Tier Two Report Form.

Mark box "b": If the facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation, but there are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of sand and/or gravel present must still be listed on the Tier Two Report Form.

Mark box "c": 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, but there are other reportable hazardous chemicals subject to the Inventory Fee present at the facility. **NOTE:** Reportable amounts of the de-icing agents present must still be listed on the Tier Two Report Form.

#12, Inventory Fee Calculation:

Box "a": Enter the total number of reportable chemicals listed on the 2007 Tier Two Report Form (for chemicals present during 2006).

Box "b": Enter the total number of chemicals exempt from fees (fee exemptions claimed in questions 10 or 11).
NOTE: If you choose to include chemicals on the Tier Two 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.

Box "c": Enter the total number of chemicals subject to fee calculation (subtract line b from line a).

Box "d": 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.

Number of Chemicals (see 12c):	1	2-10	11-100	101-200	201-300	301-400	401-500	500+
A) Fee Amt.: (<u>under</u> 100,000 lbs. Cumulative)	\$150	\$300	\$450	\$550	\$650	\$750	\$850	\$950
B) Fee Amt.: (<u>over</u> 100,000 lbs. Cumulative)	\$180	\$360	\$540	\$660	\$780	\$900	\$1020	\$1140

Box "e": Enter the Inventory Fee due using the fee schedule above. Also enter this amount on line 1 of the 2007 Fee Remittance Form.

Box "f": If fees are paid on or before March 1, 2007, enter "0"; if fees are paid after March 1, 2007, enter 20% of the amount in box (e). Also enter this amount on line 2 of the 2007 Fee Remittance Form.

Box "g": This is the total of lines (e) and (f). Also enter this amount on line 3 of the 2007 Fee Remittance Form.

#13: COMPLETE THE ENTIRE CERTIFICATION SECTION. An original signature, in ink, is required. An incomplete or unsigned Fee Statement will be returned.

WISCONSIN 2007 TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

For use in reporting chemicals present during 2006 (Due March 1, 2007)

FACILITY LOCATION:

Name: _____
Address: _____
City, State, ZIP: _____

OWNER/OPERATOR:

Name: _____
Address: _____
City, State, ZIP: _____

New facilities will be assigned WEM I.D. #

WEM I.D. #: _____
FEIN #: _____
SIC Code: _____

EMERGENCY CONTACT INFORMATION:

Name #1: _____
Name #2: _____

Phone #1: _____
Phone #2: _____

24-hr. Phone: (____) _____
24-hr. Phone: (____) _____

CHEMICAL DESCRIPTION

CAS Number: _____
Chemical Name: _____

Trade Secret	Pure	Mix	Solid	Liquid	Gas	EHS
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

EHS Name (if different from chemical name): _____

Physical and Health Hazards (see instructions)

Fire	Pressure	Reactivity	Immediate	Delayed
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Inventory (see instructions)

Max. Daily Amount	Avg. Daily Amount	No. of Days On Site	Actual Maximum Amount
_____	_____	_____	_____

Pounds	Gallons
_____	_____

Fee and/or Reporting Exempt

Storage Codes and Locations (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
_____	_____	_____	Confidential _____
_____	_____	_____	_____
_____	_____	_____	_____

Certification Read and Sign after completing all sections. ***Original Ink 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 & Official Title of owner/operator OR owner/operator's authorized representative _____ *Signature _____

Date Signed _____
Please Return Forms with Original Signatures to: Wisconsin Emergency Management, Facility Reporting, P.O. Box 7978, Madison, WI 53707-7978.

*Unsigned or photocopied signature forms will be returned for an original ink signature. For assistance call (608) 242-3221.
Send copies to the County Local Emergency Planning Committee and the local Fire Department.

REQUIRED ATTACHMENT:

I have attached a site plan.

WISCONSIN 2007 TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Continuation Page for use in reporting chemicals present during 2006 (Due March 1, 2007)

Facility Name: _____

WEM I.D. #: _____

CHEMICAL DESCRIPTION

CAS Number: _____
Chemical Name: _____

Trade Secret	Pure	Mix	Solid	Liquid	Gas	EHS
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Physical and Health Hazards (see instructions)

Fire	Pressure	Reactivity	Immediate	Delayed
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

EHS Name (if different from chemical name): _____

Inventory (see instructions)

Max. Daily Amount	Avg. Daily Amount	No. of Days On Site	Actual Maximum Amount	Fee and/or Reporting Exempt
_____	_____	_____	_____	<input type="checkbox"/>
			Pounds <input type="checkbox"/>	
			Gallons <input type="checkbox"/>	

Storage Codes and Locations (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confidential

CHEMICAL DESCRIPTION

CAS Number: _____
Chemical Name: _____

Trade Secret	Pure	Mix	Solid	Liquid	Gas	EHS
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Physical and Health Hazards (see instructions)

Fire	Pressure	Reactivity	Immediate	Delayed
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

EHS Name (if different from chemical name): _____

Inventory (see instructions)

Max. Daily Amount	Avg. Daily Amount	No. of Days On Site	Actual Maximum Amount	Fee and/or Reporting Exempt
_____	_____	_____	_____	<input type="checkbox"/>
			Pounds <input type="checkbox"/>	
			Gallons <input type="checkbox"/>	

Storage Codes and Locations (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confidential

INSTRUCTIONS FOR WISCONSIN 2007 TIER TWO REPORT FORM – DMA FORM 1005 (R11-06)

For use in reporting chemicals present during calendar year 2006. Due March 1, 2007

THE TIER TWO REPORT FORM IS DUE MARCH 1, 2007. The reporting period is January 1 to December 31, 2006.

WHERE TO SUBMIT THE TIER TWO FORM? The Tier Two Form with the original signature is mailed directly to Wisconsin Emergency Management, Facility Reporting Section, 2400 Wright Street, Room 212, P.O. Box 7978, Madison, WI 53707-7978.

NOTE: Copies of the Inventory Fee Statement and Tier Two Report Form must be submitted to the County Local Emergency Planning Committee, C/O the County Emergency Management Office (see attached list), and to the local Fire Department with jurisdiction over the facility.

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 required under the Occupational Safety and Health Act (OSHA) to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility [see OSHA MSDS requirements at Title 29 CFR Section 1910.1200] and public and private agencies [defined by Wis. Stat. 166.20(1)(h) and (i)], are subject to the Tier Two requirements. A separate Tier Two Report must be submitted for each facility with reportable hazardous chemicals. See Fee Statement instructions for definition of facility. A facility exempt from Tier Two Reporting, must return an Inventory Fee Statement to certify the facility is exempt.

WHAT CHEMICALS MUST BE REPORTED? Any hazardous chemical for which OSHA requires an MSDS that was present at a facility at any one time during 2006, at or above 10,000 pounds, and/or any Extremely Hazardous Substance (EHS) that was present at a facility at any one time during 2006, at or above 500 pounds or the threshold planning quantity (TPQ), whichever is lower; unless one or more of the exemptions below apply. *If you have claimed a fee exemption or partial fee exemption on the Inventory Fee Statement, mark the appropriate box next to the applicable chemical on the Tier Two for which you are claiming the exemption.*

Title 29 CFR, Section 1910.1200(b), OSHA exemptions include:

- (i) 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.
- (ii) Tobacco or tobacco products;
- (iii) Wood or wood products;
- (iv) "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.
- (v) Food, drugs, cosmetics or alcoholic beverages in a retail establishment which are packaged for sale to consumers;
- (vi) Foods, drugs, or cosmetics intended for personal consumption by employees while in the workplace;
- (vii) Any consumer product or hazardous substance, as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 1251 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
- (viii) 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 patient (i.e. tablets or pills).

Section 311(e) of Title III excludes the following substances:

- (i) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;
- (ii) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;
- (iii) 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;
- (iv) Any substance to the extent it is used in a hospital or other medical facility under the direct supervision of a technically qualified individual (Substances used in research facilities are not excluded under Wisconsin law.);
- (v) Any substance to the extent it is used in routine agricultural operations (by the end user) or is a fertilizer held for sale by the retailer to the ultimate customer.

If you choose to report a chemical that is reporting exempt, please mark the

reporting exempt box next to the applicable chemical.

Retail Gas Station Reporting Exemption. The US EPA has changed reporting thresholds at retail gas stations. **The following conditions must be met:**

1. Gasoline and diesel fuel were stored in a tank(s) entirely underground; the facility was in compliance with all Underground Storage Tank requirements at all times during 2006; no other substances were present at or above EPCRA reporting thresholds; and
2. Less than 75,000 gallons of gasoline and/or 100,000 gallons of diesel fuel were present.

INSTRUCTIONS FOR COMPLETING THE TIER TWO FORM

You may make copies of the blank "continuation page", as needed, to list additional reportable chemicals and complete accordingly.

Facility Location: Enter the facility name, street address or road, and city. If an address is not available, provide an appropriate identifier that describes the physical location (e.g., fire #).

Owner/Operator: Enter the owner's or operator's full name and mailing address with city and state. Note: This is the owner or the company who is required to maintain the Material Safety Data Sheet.

WEM I.D. #: Please enter. If you are reporting for the first time, leave the WEM I.D. # blank. This number will be assigned to the facility after the initial submission is received.

FEIN #: Enter the facility owner's Federal Employer Identification Number (FEIN). This is your federal taxpayer I.D. number.

SIC Code: Enter facility's main Standard Industrial Classification Code.

Emergency Contact Information: Enter the name and work phone # of two individuals who can be contacted by emergency responders. Provide a 24 hour phone # where emergency information will be available 24 hours a day, every day. This requirement is mandatory. The facility must make arrangements to ensure 24-hour contact.

Chemical Description: This main section requires specific information on chemical identity, hazards, amounts and chemical locations.

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 Material Safety Data Sheet (MSDS). For a mixture that has no CAS number, leave this item blank or report the CAS numbers of as many constituents as possible.

Trade Secret: Mark "YES" 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.

Chemical Descriptions: Mark: pure or mixture, and solid, liquid or gas; and EHS if the chemical is or contains an EHS, as appropriate. Example: You have pure chlorine gas on hand, as well as two mixtures that contain liquid chlorine. Then you would mark "Yes" for "pure" and "mix," "liquid" and "gas," and "EHS".

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

Physical and Health Hazards: Mark "YES" for hazards that apply for each reportable hazardous chemical you have listed. The physical hazard and health hazard categories [defined in 40 CFR 370.3] are a consolidation of the 23 OSHA hazard categories at 29 CFR 1910.1200. See hazard category descriptions below.

EPA's Hazard Categories

Fire Hazard

Sudden Release of Pressure
Reactive

Immediate (acute) Health Hazard

Delayed (chronic) Health
Hazard

OSHA's Hazard Categories

Flammable, Combustion liquid, Pyrophoric,
Oxidizer.

Explosive, Compressed Gas.
Unstable Reactive, Organic Peroxide, Water
Reactive.

Highly Toxic, Toxic, Irritant, Sensitizer, Corrosive,
other hazardous chemicals with an adverse effect
with short-term exposure.

Carcinogens, other hazardous chemicals with an
adverse effect with long-term exposure.

Inventory: Calculate all amounts as weight in pounds. To convert gas or liquid volume to weight in pounds, multiply by the appropriate density factor (usually located on the MSDS). 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/Chemical List Submission). See Note below.

EHSs have lower reportable amounts and they (both a pure EHS and EHSs in mixtures) must be aggregated to determine if there is a reportable amount. If you determine an EHS is reportable, you may (1) list the weight of the EHS by itself OR (2) list the weight of each mixture containing the EHS. *The EHS present in the mixture must be identified in the "EHS name" box.* Again, this must remain consistent with Section 311 (MSDS/Chemical List Submission). See Note below.

NOTE: The reporting of mixtures must remain consistent with the format used in the facility's Section 311 report (MSDS/Chemical List Submission). (1) If the MSDS lists a hazardous chemical or the facility has submitted a MSDS Chemical List with the hazardous chemical broken out, report just that hazardous chemical on the Tier Two. (2) If the MSDS or MSDS Chemical List is submitted under the mixture's name, it must be reported on the Tier Two as one mixture.

Example: A facility has chosen to submit a MSDS under Section 311, listing a mixture that is 10% Chlorine (an EHS) and 90% Water. The maximum amount present at the facility at any one time is 500 gallons of the mixture. The weight of the mixture (found usually on the MSDS) is 10 pounds per gallon. Multiply 500 (gallons) by 10 (pounds), the total weight of the mixture is 5000 pounds. To calculate the EHS amount, take the total mixture weight and multiply by the percentage of the EHS in the mixture. 5000 (total weight) X .10 (amount of Chlorine) = 500 pounds. This meets the reporting requirement for an EHS (500 pounds or the TPO, whichever is less). The total weight of the mixture (Chlorine and Water) is 5000 pounds, which is below the 10,000 pound reporting threshold, but since the EHS amount did meet the reporting requirement, the Chlorine must be reported either as an individual chemical or as a component of the mixture. Since the facility has chosen to submit the MSDS and not a MSDS Chemical List by individual component, the *entire mixture* of 5000 pounds will need to be reported on the Tier Two. *The EHS present in the mixture (Chlorine) must be identified in the "EHS name" box.* **NOTE: Always review your Material Safety Data Sheet for the correct weight per gallon.**

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 over 60 days after an EHS exceeded the TPQ, add a 20% late payment surcharge of \$160.00.

Maximum daily amount: For each reportable hazardous chemical, estimate the maximum amount present at your facility on any single day during the reporting period. Find the appropriate range value code in Table 1 below, and enter the code in the maximum daily amount box.

Code	From...	To...
01	0	99
02	100	999
03	1,000	9,999
04	10,000	99,999
05	100,000	999,999
06	1,000,000	9,999,999
07	10,000,000	49,999,999
08	50,000,000	99,999,999
09	100,000,000	499,999,999
10	500,000,000	999,999,999
11	1 billion	higher than 1 billion

Example: You received a shipment of 5,000 gallons of mixture last year. At the time of the shipment you had 1,000 gallons of the mixture on site. The mixture weighs 7.0 pounds per gallon, so multiply 6,000 by 7.0 to get a weight of 42,000 pounds. Table 1 shows that the range value "04" corresponds to 42,000. Enter "04" in the box.

Average daily amount: For each hazardous chemical, estimate the average daily 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. Find the appropriate range value in Table 1 and enter this in the box.

Example: A mixture was present for 315 days with a sum of the daily volume levels of 1,417,500 gallons. By dividing 1,417,500 gallons by 315 days on-site, you have an average daily amount of 4,500 gallons. The mixture weighs 7.0 pounds per gallon. Multiply 4,500 by 7.0 to get a weight of 31,500 pounds. Table 1 shows the range value "04" corresponds to 31,500 pounds. Enter "04" in the box.

Number of days on-site: In the box enter the number of days the hazardous chemical was on-site.

Actual maximum amount: In the box enter the maximum daily amount of the hazardous chemical that was present at your facility on any given single day during the reporting period. Mark whether the amount is in pounds or gallons. This

is the amount before converting it to code from Table 1. In other words, this is the maximum amount on site at any one time during the year. Following the previous example you would enter "31,500 pounds" in the box.

Fee and/or Reporting Exempt: Check the box if this chemical is either fee or reporting exempt. Include these chemicals in the fee exempt total (12b) on the Inventory Fee Statement.

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

Container: Look at Table 2. For each location, find the appropriate storage container type. Enter the corresponding code in the box.

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

Pressure and temperature: Look at Table 3. For each storage type, find the pressure and temperature conditions. Enter the applicable pressure code and applicable temperature code in the boxes.

Code	Pressure	Code	Temperature
1	Ambient	4	Ambient Temp
2	Greater than ambient	5	Greater than ambient Temp
3	Less than ambient	6	Less than ambient temp, Not Cryogenic
		7	Cryogenic conditions

Storage locations: 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. Do not exceed the space provided (100 characters: spaces and punctuation count as characters).

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 Two storage location box. *You must also request a Tier Two Confidential Location Information Sheet from Wisconsin Emergency Management and complete the confidential location information for each chemical's location you are designating as confidential.* Return the Confidential Location Information Sheet (by March 1, 2007) to Wisconsin Emergency Management. Copies must be sent to the appropriate county LEPC and local Fire Department with jurisdiction over the facility.

Required Site Plan Attachment: Wis. Stats. 166.20 requires a site plan be attached to the Tier Two. A site plan means facility floor plans showing the storage location of hazardous chemicals. Mark the required attachment box.

CERTIFICATION: The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the bottom of the first page of the Tier Two form, enter the full name, and official title. **An original signature, in ink, and date are required.** Also, list the total number of pages included in the Tier Two Report and mark attachment boxes. An incomplete or unsigned Tier Two Report Form will be returned.

**FOR QUESTIONS OR ASSISTANCE CALL (608) 242-3221
or for additional information or blank forms visit our website at
<http://emergencymanagement.wi.gov>**

PENALTIES: Any owner or operator who violates any Tier Two reporting requirements shall be liable to the United States for a civil penalty of 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 Two form or Inventory Fee Statement shall be liable for a civil penalty of not less than \$100 nor more than \$25,000.

BI – 5 *EPA Form R, the Toxic Chemical Release Inventory Reporting form, and Form A (the short form)*

EPA's web site, at <http://www.epa.gov/tri/>, gives the background of the Toxic Chemical Release Inventory along with links to reporting forms and the TRI Made Easy software (TRI-ME) for online submission of reports.

- EPA's Emergency Planning and Community Right-to-Know Hotline is 800-424-9346 (TDD 800-553-7672). The EPCRA Call Center is a toll free number for answers and guidance to questions about completing the TRI (EPCRA section 313) forms.
- The Toxic Chemical Release Inventory Reporting form, Form R, is available from EPA online at <http://www.epa.gov/tri/report/index.htm>, in the section on Reporting Forms & Instructions.
- **OR**, for online submission using the TRI Made Easy software (TRI-ME), go to <http://www.epa.gov/tri/report/trime/index.htm>.

(Copies of Form R and Form A follow this page.)

(IMPORTANT: Type or print; read instructions before completing form)

<h1 style="margin: 0;">FORM R</h1> <p style="margin: 0;">PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM</p>	TRI Facility ID Number Toxic Chemical, Category or Generic Name
---	--

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
 (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)
-----	---

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1 Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	3.2 Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
--	---	--

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	<input style="width: 100px;" type="text"/> (Enter two digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>			
5.2	Stack or point air emissions	NA <input type="checkbox"/>			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
Stream or Water Body Name					
5.3.1					
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input type="checkbox"/>		
5.5.1B Other landfills	<input type="checkbox"/>		
5.5.2 Land treatment/application farming	<input type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input type="checkbox"/>		
5.5.3B Other surface impoundments	<input type="checkbox"/>		
5.5.4 Other disposal	<input type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)	6.1.A.2 Basis of Estimate (enter code)
<input type="text"/>	<input type="text"/>

6.1.B POTW Name

POTW Address

City State County Zip

6.1.B POTW Name

POTW Address

City State County Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

Off-Site Address

City State County Zip Country (Non-US)

Is location under control of reporting facility or parent company? Yes No

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
Toxic Chemical, Category or Generic Name

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 _____ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

Off-Site Address

City	State	County	Zip	Country (Non-US)
------	-------	--------	-----	------------------

Is location under control of reporting facility or parent company? Yes No

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream [enter code]	b. Waste Treatment Method(s) Sequence [enter 3- or 4- character code(s)]				d. Waste Treatment Efficiency [enter 2 character code]
7A.1a	7A.1b	1	2		7A.1d
	3	4	5		
	6	7	8		
7A.2a	7A.2b	1	2		7A.2d
	3	4	5		
	6	7	8		
7A.3a	7A.3b	1	2		7A.3d
	3	4	5		
	6	7	8		
7A.4a	7A.4b	1	2		7A.4d
	3	4	5		
	6	7	8		
7A.5a	7A.5b	1	2		7A.5d
	3	4	5		
	6	7	8		

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7 page number in this box: (example: 1,2,3,etc.)

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
Toxic Chemical, Category or Generic Name

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1b	Total other on-site disposal or other releases				
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1d	Total other off-site disposal or other releases				
8.2	Quantity used for energy recovery onsite				
8.3	Quantity used for energy recovery offsite				
8.4	Quantity recycled onsite				
8.5	Quantity recycled offsite				
8.6	Quantity treated onsite				
8.7	Quantity treated offsite				
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*				
8.9	Production ratio or activity index				
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1		a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."				Yes <input type="checkbox"/>

(IMPORTANT: Type or print; read instructions before completing form)



**United States
Environmental Protection Agency**

**TOXICS CHEMICAL RELEASE INVENTORY
FORM A**

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instruction in Appendix E)	Enter "X" here if this is a revision <hr/> For EPA use only
--	--	---

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
	<input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

Pursuant to 40 CFR 372.27(a)(1), "I hereby certify that to the best of my knowledge and belief for the toxic chemical(s) listed in this statement, for this reporting year, the annual reportable amount for each chemical, as defined in 40 CFR 372.27(a)(1), did not exceed 5,000 pounds, which included no more than 2,000 pounds of total disposal or other releases to the environment, and that the chemical was manufactured, or processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year;" and/or

Pursuant to 40 CFR 372.27(a)(2), "I hereby certify that to the best of my knowledge and belief for the toxic chemical(s) of special concern listed in this statement, there were zero disposals or other releases to the environment (including disposals or other releases that resulted from catastrophic events) for this reporting year, the "Annual Reportable Amount of a Chemical of Special Concern" for each such chemical, as defined in 40 CFR 372.27(a)(2), did not exceed 500 pounds for this reporting year, and that the chemical was manufactured, or processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year."

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	
	Facility or Establishment Name	Facility or Establishment Name or Mailing Address (If different from street address)
	Street	Mailing Address
	City/County/State/Zip Code	City/State/Zip Code Country (Non-US)

4.2	This report contains information for: (Important: Check c or d if applicable)	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
------------	---	--	----------------------------------

4.3	Technical Contact Name Email Address	Telephone Number (include area code)
------------	---	--------------------------------------

4.4 Intentionally left blank

4.5	NAICS Code (s) (6 digits)	Primary	a.	b.	c.	d.	e.	f.
------------	---------------------------	---------	----	----	----	----	----	----

4.7	Dun & Bradstreet Number (s) (9 digits)	a.	b.
------------	--	----	----

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	

**EPA FORM A
PART II. CHEMICAL IDENTIFICATION**

TRIFID: _____

Do not use this form for reporting Dioxin and Dioxin-like Compounds*

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

- 1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
- 1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
- 1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)

- 2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

- 1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
- 1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
- 1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)

- 2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

- 1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
- 1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
- 1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)

- 2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

- 1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
- 1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
- 1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)

- 2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

*See the TRI Reporting Forms and Instructions Manual for the TRI-listed Dioxin and Dioxin-like Compounds

BI – 6 Web Resources

WDNR Spills Program—Online at <http://dnr.wi.gov/org/aw/rr/spills/index.htm>.

WDNR Spill Reporting fact sheets—available online from DNR at <http://dnr.wi.gov/org/aw/rr/archives/pubs/RR558.pdf> and <http://dnr.wi.gov/org/aw/rr/archives/pubs/RR560.pdf> (condensed version).

RQ Calculator --The Department of Energy’s Office of Pollution Prevention and Resource Conservation has developed an online RQ calculator (<http://homer.ornl.gov/oepa/rq/>) to assist you in evaluating your release to see if it must be reported to the National Response Center. All you need to do is click on the “Evaluate a Release” button. If you want to know the reportable quantity for a particular substance, click on the Look Up an RQ button. The web site also has information on whom to contact, guidance materials, and links to the applicable federal regulations.

OSHA’s hazardous waste regulations—OSHA makes information and tools available on the Hazardous Waste section of its web site, <http://www.osha.gov/SLTC/hazardouswaste/index.html>.

Emergency Action Plans—OSHA has a web site summarizing the regulations related to Emergency Preparedness and Response, at <http://www.osha.gov/SLTC/emergencypreparedness/standards.html>.

- OSHA provides some online tools for compiling your own Emergency Action Plan, at <http://www.osha.gov/SLTC/etools/evacuation/eap.html>.
- The University of Wisconsin Extension also has resources on Emergency Action Plans, including both information about developing a plan and sample plans for review, at <http://www.werp.uwex.edu/EAP.htm>.

Emergency response—OSHA has information and details about the regulations, along with online tools, available on the Hazardous Waste section of its web site, at <http://www.osha.gov/SLTC/hazardouswaste/index.html>.

HAZCOM—OSHA has resources on its web site, at <http://www.osha.gov/SLTC/hazardcommunications/solutions.html>, to assist employers with developing their Hazard Communication Programs.

HAZWOPER—OSHA’s Safety and Health Topics: Hazardous Waste web site, at <http://www.osha.gov/SLTC/hazardouswaste/index.html>, contains a directory of links to additional information about the HAZWOPER standard; including:

- OSHA’s HAZWOPER FAQs (at <http://www.osha.gov/html/faq-hazwoper.html>)
- a HAZWOPER factsheet and flow chart
- other online tools

EPA’s HAZWOPER web site, also containing links to additional resources, is at <http://yosemite.epa.gov/r10/omp.nsf/webpage/HAZWOPER>.

The Oregon Occupational Safety & Health Division publishes a useful book, “HAZWOPER: a planning guide for the perplexed,” online at <http://www.cbs.state.or.us/external/osha/pdf/pubs/2117.pdf>.

The National Response Team’s “Hazardous Materials Emergency Planning Guide” (NRT-1) is also available from EPA, at [http://yosemite.epa.gov/oswer/ceppoweb.nsf/vwResourcesByFilename/cleanNRT10_12_distiller_complete.pdf/\\$File/cleanNRT10_12_distiller_complete.pdf](http://yosemite.epa.gov/oswer/ceppoweb.nsf/vwResourcesByFilename/cleanNRT10_12_distiller_complete.pdf/$File/cleanNRT10_12_distiller_complete.pdf).

Spill Prevention, Control and Countermeasure (SPCC) Plans—EPA has two web sites with information:

- <http://www.epa.gov/region5oil/plan/spcc.html>
- <http://www.epa.gov/oilspill/spcc.htm>, which contains links to useful detailed explanations, e.g., “Required Elements of Spill Prevention, Control and Countermeasure Plans,” which is at <http://www.epa.gov/oilspill/spccmust.htm>.

SPCC Compliance Assistance Guides—available from EPA at <http://www.epa.gov/oilspill/spccguid.htm>. One relevant guide, “Spill Prevention, Control and Countermeasure (SPCC) Regulation 40 CFR 112: A Facility Owner/Operator’s Guide to Oil Pollution Prevention,” is at <http://www.epa.gov/oilspill/pdfs/spccbluebroch2002.pdf>.

EPA Office of Emergency Management: Chemical Emergency Preparedness and Prevention Office: This site, <http://www.epa.gov/ceppo>, contains links to information about EPCRA and other regulations, chemical safety, and other resources.

Tier II Chemical Inventory Reports / Tier2 Submit Software: EPA has posted information about Tier II reporting at <http://yosemite.epa.gov/oswer/ceppoweb.nsf/content/tier2.htm>. This page links to the Tier2 Submit Software for electronic submission of Tier II reports.