



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

SWPPP PRE-CONSTRUCTION SITE VISIT

Project Name:	
Project Number:	
Date of Site Visit:	

1. PERSONS CONDUCTING THE VISIT

Name:		Name:	
Title:		Title:	
Company:		Company:	
Name:		Name:	
Title:		Title:	
Company:		Company:	
Name:		Name:	
Title:		Title:	
Company:		Company:	

2. SWPPP PREPARER STATEMENTS AND SIGNATURE

	Yes	No
1. Did you identify or verify opportunities to phase construction activities at the project?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you identify or verify appropriate BMPs and their sequencing for the project?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you identify or verify which sediment controls must be installed at the project prior to commencing construction activities (as defined by the CGP)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to any of the questions above, explain:

Printed Name: _____

Title: _____

Company: _____

Signature: _____

Date: _____