



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

SWPPP TRAINING LOG

Project name: _____

Project Number: _____

Project Location: _____

Instructor's Name(s): _____

Instructor's Titles(s): _____

Course Location: _____

Course Date: _____

Course Length (hours): _____

Storm Water Training Topic: (check as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Erosion Control BMPs | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Sediment Control BMPs | <input type="checkbox"/> Good Housekeeping BMPs |
| <input type="checkbox"/> Non-Storm Water BMPs | <input type="checkbox"/> Treatment Chemicals |

Specific Training Objective: _____

Attendee Roster: (attach additional pages as necessary)

No.	Name of Attendee	Company	Attendee Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			