**SWP3 Employee Training Log**

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| --- | --- | --- |
| **Facility Name:**  |  | **DEQ Authorization No. OKR05\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |
| **Instructor’s Name:** |  | **Instructor’s Title:** |  |

**Course Location:**  **Date:**

**Course Length (hours):**

**Stormwater Training Topic:** *(check as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | **Overview of SWP3** | 🞎 | **Minimize Overall Exposure to Stormwater** |
|  |  |  |  |
| 🞎 | **Controls Measures/BMPs Design & Installation**  | 🞎 | **Good Housekeeping** |
|  |  |  |  |
| 🞎 | **Controls Measures/BMPs Repair & Maintenance** | 🞎 | **Inspections and Corrective Actions** |
|  |  |  |  |
| 🞎 | **Spill Prevention and Response** | 🞎 | **Emergency Procedures** |
|  |

**Specific Training Objective:**

**Attendee Roster:** *(attach additional pages as necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name of Attendee** | **Signature of the Attendees** | **Date**  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |