Employee SWPPP Training Documentation Form

**Charlotte/Douglas International Airport**

**Return: Jimmy D. Jordan (**[**jimmy.jordan@cltairport.com**](mailto:jimmy.jordan@cltairport.com)**)**

**Josh G. Eller (**[**joshua.eller@cltairport.com**](mailto:joshua.eller@cltairport.com)**)**

**5601 Wilkinson Blvd; CLT 28208**

Date of Session(s): Time of Session(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject:

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Attendees:

**Name Company Role**

Discussion Topic and Purpose of Training Session:

(Attach Additional Sheets if Necessary)

Suggestions on Follow-up Sessions:

Session Instructor Date