Employee SWPPP Training Documentation Form

**Charlotte/Douglas International Airport**

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

 **Josh G. Eller (****joshua.eller@cltairport.com****)**

**5601 Wilkinson Blvd; CLT 28208**

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

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

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

Subject:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendees:

**Name Company Role**

Discussion Topic and Purpose of Training Session:

(Attach Additional Sheets if Necessary)

Suggestions on Follow-up Sessions:

 Session Instructor Date