Employee SWPPP Training Documentation Form 2019

**Charlotte/Douglas International Airport**

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**5601 Wilkinson Blvd; CLT 28208**

Date of Session: Time of Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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