BMP Implementation	Completed by: Title: Date:

Develop a plan for implementing each BMP. Describe the steps necessary to implement the BMP (i.e., any construction or design), the schedule for completing those steps (list dates), and the person(s) responsible for implementation.

BMPs	Description of Action(s) Required for Implementation	Scheduled Milestone and Completion Date(s)	Person Responsible for Action
Good Housekeeping	1.		
	2.		
	3		
Preventive Maintenance	1.		
	2.		
	3.		
	4.		
Spill Prevention and Emergency Cleanup	1.		
	2.		
	3.		
Inspections	1.		
	2.		
	3.		

BMPs	Description of Action(s) Required for Implementation	Schedule Milestone and Completion Date(s)	Person Responsible for Action
Source Control BMPs	1.		
	2.		
	3		
	4.		
	5.		
	6.		
	7.		
	8.		
Treatment BMPs	1.		
	2.		
	3.		
	4.		
Emerging technologies	1.		
	2.		
Flow Control BMPs	3.		
	4.		

Material Inventory

Completed by:_____

Title:_____

Date:_____

List materials handled, treated, stored, or disposed of at the project site that may potentially be exposed to precipitation or runoff.

Material	Purpose/Location	Quantity (Units)				Likelihood of contact with stormwater If Yes, describe reason		Past Spill or Leak	
		Used	Produced	Stored				Yes	No
		(indicate per/wk. or yr.)							

Potential Pollutant Source Identification	Completed by:_____ Title:_____ Date:_____

List all potential stormwater pollutants from materials handled, treated, or stored on-site.

Potential Stormwater Pollutant	Stormwater Pollutant Source	Likelihood of pollutant being present in your stormwater discharge. If yes, explain

List of Significant Spills and Leaks

Completed by:_____

Title:_____

Date:_____

List all spills and leaks of toxic or hazardous pollutants that were significant but are not limited to, release of oil or hazardous substances in excess of reportable quantities. Although not required, we suggest you list spills and leaks of non-hazardous materials.

Date (month/day/year)	Location (as indicated on site map)	Description				Response Procedure		Preventive Measure Taken
		Type of Material	Quantity	Source, If Known	Reason for Spill/Leak	Amount of Material Recovered	Material No longer exposed to Stormwater (Yes/No)	

Employee Training	Completed by: Title: Date:		
Describe the annual training of employees on the SWPPP, addressing spill response, good housekeeping, and material management practices.			
Training Topics 1.) LINE WORKERS	Brief Description of Training Program/Materials (e.g., film, newsletter course)	Schedule for Training (list dates)	Attendees
Spill Prevention and Response			
Good Housekeeping			
Material Management Practices			
2.) P2 TEAM:			
SWPPP Implementation			
Monitoring Procedures			

Pollution Prevention Team	Completed by: _____ Title: _____ Date: _____

Responsible Official:_____ Title:_____

Team Leader:_____ Office Phone:_____

Cell Phone #:_____

Pager #:_____

Responsibilities:

_____

_____

_____

(1)_____ Title:_____

Office Phone:_____

Pager #:_____

Cell Phone:_____

Responsibilities:

_____

_____

_____

(2)_____ Title:_____

Office Phone:_____

Pager #:_____

Cell Phone #:_____

Responsibilities:

_____

_____

_____