## STORMWATER TRAINING RECORD

(Training Required Annually)

	(Training Required / tink	adily)	
BUSINESS NAME:		PHONE:	
STREET ADDRESS:			
CITY AND ZIP:			
TRAINER NAME:		TRAINER TITLE:	
TRAINER SIGNATURE:			
	CATEGORIES TO INCLUD		NING
Good H Prope Equipr Spill R Recycl	Maintenance	pair	Alternatives
	TRAINING MATERIAL	S USED	
	(Please check all that ap	oply.)	
☐ AWM	ltural Water Quality Best Manag Stormwater Training "Only Rain Agricultural Water Quality Con	in the Storm I	Drain" document
U 1	s, employees, and/or workers with eived stormwater training as spec	-	for activities that may affect

NAME	SIGNATURE	JOB ASSIGNMENT	DATE OF TRAINING
1.			
2.			
3.			
4.			
5.			

NAME	SIGNATURE	JOB ASSIGNMENT	DATE OF TRAINING
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Maintain this training record at the business site and provide it upon request of the County of San Diego authorized enforcement official.

When requested, submit training records by any of the following methods:

## Return in person or mail to:

Agricultural Water Quality Program
Department of Agriculture, Weights and Measures
County of San Diego
9325 Hazard Way STE 100
San Diego, CA 92123

## Fax to:

Attention: Ag Water Quality Program 858-467-9273

 $\underline{E\text{-mail to your inspector at:}} \quad \underline{AWQ.AWM@sdcounty.ca.gov}$