

All companies must have a city business license. If you don't, you can't work on this site.

CONSTRUCTION SITE: On-Site (OS)-SWPPP Required Document

SWPPP Contractor & Sub-Contractor Log

Example

Name of Construction Site		Location of Construction Site	
Company/Individual Name		Work Responsibilities	
1.) John Q Best Major Construction Co.		Date In: <u>8/1/19</u>	Date Out: _____
Certified?* <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input checked="" type="checkbox"/> # <u>192044</u>	<i>We will be responsible for making sure grading and paving are completed and all sediment & erosion control maintenance and inspections. Jim: Contact# cell 706 555-5555</i>	
2.)		Date In: _____	Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____		
3.)		Date In: _____	Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____		
4.)		Date In: _____	Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____		
5.)		Date In: _____	Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____		
6.)		Date In: _____	Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____		
7.)		Date In: _____	Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____		
8.)		Date In: _____	Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____		
9.)		Date In: _____	Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____		

Instructions: Sign in when you start work, sign out when your work is completed and you will not return to the site.
***Are you a CERTIFIED CONTRACTOR?** If you are working on this site and have the potential to disturb soils or impact any BMPs, *you must sign a certification form* (with the developer) to work on site. This form must be in this OS-SWPPP box along with this sign in sheet. If you are not required to sign, please check the **box NR**. If you are, make sure your certification is in this box and **check Yes**. If you are and you have not signed the form, **check NO** and see the Project Manager to acquire a form for signing (along with developer), **only check yes** if the form is in this box!
UTILITY CONTRACTORS: If you are a UTILITY CONTRACTOR, you may only work on site if your firm has BLANKET coverage and you have a document stating you are working under that coverage. The document must be in this box! If you are PLEASE NOTE THAT under Work Responsibilities and say that you have put the form in this box, prior to working on site.

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10.)	Date In: _____ Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____
11.)	Date In: _____ Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____
12.)	Date In: _____ Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____
13.)	Date In: _____ Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____
14.)	Date In: _____ Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____
15.)	Date In: _____ Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____
16.)	Date In: _____ Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____
17.)	Date In: _____ Date Out: _____
Certified? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/R	City Business License? N <input type="checkbox"/> Y <input type="checkbox"/> # _____

NOTES: _____

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