



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES  
**SWPPP CORRECTIVE ACTION LOG**      PAGE \_\_\_\_

**Project Number:**

**Project Name:**

*Use this form to track completion of all corrective actions. Note that corrective actions can be identified during and outside of inspections. Detailed instructions for completing this form can be found on the Alaska Construction Forms website: [http://dot.alaska.gov/stwddes/dcsconst/pop\\_constforms.shtml](http://dot.alaska.gov/stwddes/dcsconst/pop_constforms.shtml)*

Corrective Action Number	Date Identified (check box if outside inspection)	Description of corrective action, including the following as applicable: <ul style="list-style-type: none"> <li>• Related SWPPP Amendment #</li> <li>• Note if a &gt;2-yr., 24-hr. storm event occurred (see instructions)</li> <li>• All corrective actions require a complete by date and description</li> </ul>	Complete-by Date	Date Complete	Name of Person Documenting Completion
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