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LICENSE # 773462

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Request for a CIH Approved Plan—

Company _____

Address _____

City _____ State _____ Zip _____

Your Name _____ E-mail _____

Telephone _____ Purchase Order # _____

FAX _____

Please prepare a LCP for us. Please send an Acrobat® pdf document.

CalTrans Contract Number _____ Ex 08-345604

CalTrans Location Number _____ Ex 12-ORA-405-26.8/34.7

Please fax or email this to dan@cihcsp.com. Call 800-644-1924 X 103 for questions. If this is not an advertised CALTRANS Project, (such as a Municipal, County or Minor Contract), Please send the link to the specifications and drawings, or send a copy of that information with this order.

What is the Project?