



DAN NAPIER, CIH
INDUSTRIAL HYGIENE

LICENSE #773462

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Request for a CIH Approved Chemical Safety Plan

Company _____

Address _____

City State, Zip _____

Your Name _____ email _____

Telephone _____ PO # _____

Please prepare a _____ Compliance plan that meets CalTrans Requirements.

CalTrans Contract Number _____ ex 07-123R45

CalTrans Location Number _____ ex 12-ORA-101-kp26.0/34.0

Haz Waste Lab _____

Haz Waste Transporter _____

Haz Waste Landfill _____

Fax to 310-937-8642 or Email to dan@cihcsp.com. Call 800-644-1924 X 103 for questions. I will be able to find the drawings and specials on the Web if you give me the correct CT #. Other agencies, please send me the front page and the specials sections.

Please send me the physical address so that I can send these overnight to you, otherwise I will send them via US Postal service.

Special Instructions _____
