LAMPTON-LOVE, INC

P. O. BOX 1607 • JACKSON, MISSISSIPPI 39215-1607
Mirror Lake Plaza
2829 Lakeland Drive, Suite 1505 • Jackson, Mississippi 39232
(601) 933-3400 • Fax (601) 933-3420

Date: **April 5, 2012**

To: **All Branch Managers**

From: **Gene Maddox**

Subject: **Branch Office Monthly Safety Meeting – April 2012**

Company policy requires that each branch office hold a minimum of one safety meeting each month with the documentation of the material covered and the attendance being recorded on the "Monthly Safety Meeting Minutes and Attendance Record" (see attached form). **Please detach this form, fill out and mail or fax *a copy* to Lynn Eldridge.** *Please keep the original for your records.*

Note: ONLY the Monthly Safety Meeting Minutes and Attendance Record is to be sent in.

To assist you in complying with this requirement, the following subjects are for your Monthly Safety Meeting, for the month of April 2012. You may add topics, **but please document the following topics**:

1. News Briefs!!! (None)
2. Safety Meeting: (Hazard Communication Annual Training)

It is recommended that you thoroughly read this material prior to your meeting.

It is strongly recommended that you use the 3-ring binder to store the last 12 months of the Safety Meeting Minutes and Attendance Record Form!!! This material may be referred to or used to train new employees from the website. This manual should be kept in an area of the office that is easily accessible to all employees.

Be Smart…. Be Safe and Be Courteous!!!

Gene Maddox
Safety Director
Lampton-Love, Inc.
Office: 800-647-2434 or 601-933-3416
Cell: 662-633-2755
E-mail: gmaddox@lamptonlove.com

PROPANE
EXCEPTIONAL ENERGY

APRIL 2012 SAFETY MEETING
Hazard Communication Annual Training

For our April safety meeting we will conduct our annual Hazard Communications Training for our employees. Using the new training manual, HAZARD COMMUNICATION & MSDS PROCEDURES & TRAINING MANUAL, make sure that the following sections are covered.

- Section 1 – Cover Introduction
- Section 2 – If not completed, manager to fill in the blanks with his name on the Written Program
- Section 3 – Review and list all of the hazardous chemicals that you use and are stored in the workplace.
- Section 5 – Conduct the Regulations and Risk training.
- Section 6 – Have employees take Hazard Communication Quiz and review their answers with them. Retain a copy of the quiz in your files.
- Section 8 – Have employees sign Annual Training Signature Page to verify training. The attached signature sheet should be completed and signed by each employee and filed in Section 8 of the Hazard Material Training Manual.
- Place Haz-Mat Labels (supplied in your training manual) on all chemical containers that are listed in Section 3 of the Training Manual. Some containers will come labeled.
- Review your MSDS's to make certain that each chemical listed in Section 3 has an MSDS sheet.

When the training is completed, have employees sign the Safety Meeting Minutes and return a copy of the form to Lynn or Gene.

ANNUAL EMPLOYEE TRAINING VERIFICATION for HAZARD COMMUNICATION and MSDS

Hazard Communication Training and MSDS

Company Name: _____

Date: _____ Manager: _____

I HEREBY CERTIFY THAT I HAVE REVIEWED THE HAZARD COMMUNICATION AND MSDS TRAINING PROGRAM;

	EMPLOYEE NAME and JOB TITLE (please print)	EMPLOYEE SIGNATURE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

APRIL 2012
MONTHLY SAFETY MEETING
MINUTES & ATTENDANCE RECORD

Company Name:_____

City:_____ **State:**_____

Date:_____ **Time Started:**_____ **Time Finished:**_____

Instructed By:_____ **Number Attending:** _____

Subject Covered and Comments:

_____

_____

_____

_____

_____

_____

By my signature below, I certify that I attended and participated in this Safety Meeting and I understand the material presented.

Employee Name (Please print)	Employee Signature	License Expires*	Endorsements **	DOT Physical Expires ***
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

* ***List driver's license expiration date in this column.***
** Check licenses for proper endorsements and re-testing. (For example: "HazMat") ***List endorsements in this column.***
*** ***List DOT physical expiration date in this column.***

By my signature below, I hereby certify that the employees listed above have been trained in accordance with the applicable regulations and curriculum for this monthly safety meeting.

Instructor's Signature:_____ **Date:**_____

Mail or fax this sheet only to: Lampton-Love Inc.
Gene Maddox/Lynn Eldridge
P.O. Box 1607
Jackson, MS. 39215-1607
Fax #: 601-933-3420