LAMPTON-LOVE, INC

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Date: **December 5, 2013**

To: **All Branch Managers**

From: **Gene Maddox**

Subject: **Branch Office Monthly Safety Meeting – December 2013**

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 the Monthly Safety Meeting Minutes and Attendance Record, fill out and e-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 December 2013. You may add topics, **but please document the following topics**:

1. News Briefs!!! (Regulatory Alert)
2. Safety Meeting: (Power Take-Off (PTO) Safety)

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!!!

50th ANNIVERSARY 1956 2006

PROPANE
EXCEPTIONAL ENERGY

NEWS BRIEFS!!!

(This monthly "column" will include short newsworthy topics, which will serve as a friendly reminder to us all)

REGULATORY ALERT!
Medical Card Certification Program
Update 2013

The FMCSA deadline is January 2014 to have all drivers' med card expirations in the system.

Your state will begin tracking the expiration of your Med Card. They will send a 30 day notice prior to your Med Card expiration only to the address on your CDL.

YOU MUST RENEW YOUR MED CARD BEFORE IT EXPRIES AND TAKE THE ORIGINAL BY THE DMV SO THEY CAN ENTER THE NEW EXPIRATION DATE.

FAILURE TO DO SO WILL RESULT IN THE DOWNGRADING OF YOUR CDL TO A REGULAR LICENSE AND A $100 FINE AFTER 15 DAYS.

Attached are the only two affidavits for Alabama and Tennessee that can be faxed in with a copy of the Medical card; be sure to get a confirmation that the fax was received. Mississippi CDL holders have to carry the original Medical card to CDL Testing Site, where they receive a receipt showing it has been turned in. Keep this receipt in a safe place in case your CDL are not updated. Attached are instructions for Mississippi drivers. Louisiana CDL holders are required to take the Medical card and the long form physical to a CDL testing site; Louisiana also gives a receipt.

Failure to return this form to the Alabama Department of Public Safety will result in the cancellation of your commercial driver license.

Self-Certification Affidavit (please print)

Name of Driver:_____Alabama License No.:_____

IMPORTANT: Recent changes in federal regulations 49 CFR 383, 384, 390 and 391 require drivers of commercial motor vehicles to certify the type of operation they're engaged in. Effective January 30, 2012, all Class A, B, or C drivers must submit this affidavit. ***If you check the first self-certification box below, you must also submit a copy of your current medical card/certificate and always maintain a current medical card/ certificate on file with the Alabama Department of Public Safety.***

Are you submitting a copy of your medical card/certificate? (YES) NO (Please circle yes or no)

Please check only one of the following Self-Certification categories that apply to you.

I certify my commercial transportation is:

☒ **Non-excepted Interstate** and subject to 49 CFR part 391. ***I am required to carry a DOT Medical Card/Certificate*** *(medical card/certificate and this affidavit must be submitted)*

☐ **Excepted Interstate,** but operating exclusively in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, or 398.3***I am NOT required to carry a DOT Medical Card/Certificate*** *(only this affidavit must be submitted)* Examples of excepted categories: Transportation performed by Federal and State Government and Churches. For a complete list of excepted categories, please refer to the 49 CFR codes above.

☐ **Non-excepted Intrastate** and subject to Alabama driver qualification requirements. ***My CDL has a W-Restriction due to an Alabama issued Medical Waiver****(only this affidavit must be submitted)*

☐ **Excepted Intrastate**, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements. *(only this affidavit must be submitted)*

_____ _____

Driver's Signature Date

Please mail or fax the medical card/certificate (if applicable) and this Self-Certification affidavit no later than 10 days prior to renewing your commercial driver license. Mail or fax to

Alabama Department of Public Safety
Driver License Division
CDL Unit
P.O. Box 1471
Montgomery, Al 36102-1471

For questions, please e-mail:
e-mail: cdlmedicalmerger@dps.alabama.gov

334-353-1980 – fax number

Tennessee Department of Safety and Homeland Security
December 2011

What is changing? The Tennessee Department of Safety and Homeland Security (TDOSHS) will be adding your medical certification status and the information on your medical examiner's certificate to your Commercial Driver's License System (CDLIS) record.

When does this change start? This change starts on January 30, 2012.

What is not changing? The driver physical qualification requirements are not changing.

What are CDL holders required to do?

1. You must determine what type of commerce you operate in. You must certify to TDOSHS to one of the four types of commerce you operate in as listed below,
    - **Interstate Non-Excepted**: You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements (e.g. – you are "not excepted").
    - **Interstate Excepted:** You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements.
    - **Intrastate Non-Excepted**: You are an Intrastate non-excepted driver and are required to meet the medical requirements for Tennessee.
    - **Intrastate Excepted**: You are an Intrastate excepted driver and do not have to meet the medical requirements for Tennessee.
2. If you are subject to the DOT medical card requirements, provide a copy of each new DOT medical card to TDOSHS prior to the expiration of the current DOT medical card.

For more detailed information read the following:

Starting January 30, 2012 and no later than January 30, 2014, all CDL holders must provide information to TDOSHS regarding the type of commercial motor vehicle operation they drive in or expect to drive in with their CDL. Drivers operating in certain types of commerce will be required to submit a current medical examiner's certificate to TDOSHS to obtain a "certified" medical status as part of their driving record. CDL holders required to have a "certified" medical status who fail to provide and keep up-to-date their medical examiner's certificate with TDOSHS will become "not-certified" and they may lose their CDL.

Instructions for Self-Certification

Attached is the supplemental application SF-1438 for a commercial driver license you are to use for self-certification.

1. Date the form in the upper left corner.
2. Leave blank the application number and do not check the boxes below the date.
3. Print your Last Name, First Name and Middle Initial along with any suffix.
4. Print your Tennessee Commercial Driver License Number.
5. Print your Social Security Number.
6. Print your Date of Birth, Month, Day, Year (Example April 9, 1963- 04/09/1963)
7. Print the best daytime telephone number to reach you at.
8. You must certify to item 1, 2, 3, or 4, whichever is applicable by initialing the line beside the number.
9. DO NOT fill out items 5,6,7 or 8 for this self certification.
10. Sign your name on the line above Applicant Signature
11. Write the date you sign the self-certification.
12. Please send this from along with a copy of your medical examiner's certificate to:

Tennessee Department of Safety and Homeland Security
Commercial Driver License Division
1148 Foster Avenue
Nashville, TN 37243

You may fax this self-certification along with your medical examiner's certificate to: **615-401-7674** or by email the scanned copies in a PDF format to:

DI.CDL.Medcert@tn.gov

In the event you have questions, please call **615-687-2312**. If you call by telephone, please have your commercial driver license number readily available.

TENNESSEE DEPARTMENT OF SAFETY
SUPPLEMENTAL APPLICATION FOR COMMERCIAL DRIVER LICENSE

DATE ____/____/20____ ☐ Original ☐ Duplicate ☐ Renewal	APPLICATION NUMBER

Last Name	First Name	Middle Initial	Suffix

Tennessee Driver License Number	Social Security Number	DATE OF BIRTH / / Month/Day/Year

DAYTIME PHONE NUMBER TO REACH YOU CELL PHONE

Initial Below **IMPORTANT - All Applicants must certify to Item 1, 2, 3 or 4, whichever is applicable.**

1. X I certify that I operate or expect to operate in **interstate** commerce, and meet the qualification requirements under **Title 49, Code of Federal Regulations, ("CFR") Part 391**, operating in interstate commerce and I am required to obtain a medical examiner's certificate by **§391.45** of this chapter;

2. _____ I certify that I operate or expect to operate in **interstate** commerce, but engage exclusively in transportation or operations excepted under **49 CFR 390.3(f), 391.2, 391.68 or 398.3** from all or parts of the qualification requirements of **49 CFR** part 391, and therefore I am not required to obtain a medical examiner's certificate by **49 CFR 391.45** of this chapter;

3. _____ I certify that I operate or expect to operate only in **intrastate** commerce, and I am subject to the State of Tennessee driver qualification requirements for operating a commercial vehicle.

4. _____ I certify that I operate in intrastate commerce, but engage exclusively in transportation or operations excepted from all or parts of the State of Tennessee's driver qualification requirements for operating a commercial vehicle per **Tenn. Comp. R. & Regs. 1340-1-13 (2008)**. I further certify that I am not required to have the Passenger, School Bus, or Hazardous Materials endorsement.

****All applicants must complete items 5 and 6. Only complete item 7 if a skills test is required.****

5. _____ I certify that I am not subject to disqualification under **Title 49, CFR, Part 383.51** or any license suspension, revocation or cancellation under State Law.

6. _____ I certify that I do not have a driver's license from more than one state or jurisdiction.

7. _____ I certify that the vehicle in which I will take the commercial motor vehicle skills test is representative of the type and size of motor vehicle I operate or expect to operate.

8. _____ I certify that during the past 10 years I have not had a license in any state other than Tennessee. *(If you have had a license in another state or cannot certify this statement, you must complete the 10 year licensing history form (Page2) that is attached).*

I certify that the information provided in this application is correct and true to the best of my knowledge. I understand that supplying false information may result in the suspension of my driving privilege and may subject me to prosecution under state law *(see TCA § 55-50-601 et seq).* My signature below represents consent to release my driving record information. I also understand the required application fee is non-refundable.

_____ **Applicant Signature** _____ **Date**

DEPARTMENTAL USE ONLY - DO NOT WRITE BELOW THIS LINE

DOT Medical Card Expiration Date

CDLIS RESULTS	CDL	Pass	Fail	Examiner
	GK	P	F	
	Air Brakes	P	F	
Verifying	Comb	P	F	
	N-Tanker	P	F	
Unlock	T-Doubles	P	F	
	H-HazMat	P	F	

	Pass	Fail	
P-Passenger	P	F	
S-School Bus	P	F	
Skills			
Pre-Trip	P	F	
Basic Ctrl	P	F	
Road Test	P	F	
If 3rd party:	Certificate #:		

Class license to be issued: A B C S/CDL PA PB PC

DECEMBER 2013 SAFETY MEETING
Power Take-Off Safety

The power take-off (PTO) system on a cargo tank motor vehicle is perhaps the most useful, yet dangerous set of components a driver comes in contact with on a daily basis. A PTO system harnesses the power of the truck engine to drive the truck's fuel transfer pump. This is typically accomplished by a transfer unit attached to the side of the transmission. This transfer unit turns a PTO shaft that "drives" the transfer pump. The rotating PTO shaft is perhaps the biggest danger to the driver or other persons in the area. This meeting will discuss the dangers and safety measures all drivers should remember while working around this equipment.

***Case Study**: A propane transport driver in West Texas made the decision to take a closer look at an operating PTO. High light jacket became entangles and pulled him into the rotating shaft. The shaft instantaneously ripped off his left arm and part of his shoulder. His other arm received compound fractures. He lost almost half his blood volume before he was found in the early morning hours by a deputy sheriff. Miraculously, he survived!*

Notable Hazards

There are two major hazards associated with PTOs, entanglement and mechanical failure.

Entanglement occurs when a person comes in contact with the rotating PTO shaft. A typical PTO shaft rotates between 540 and 1,000 rpm and it only takes 3 seconds to wrap 20 feet of rope! If your hair or a shoe string become entangled you wouldn't have any time to react. It only takes one loose thread or a few strands of hair to start the tragic chain reaction of ugly events to follow. Bruises, contusions, loss of skin and muscle mass, broken bones, scalping and even death can occur when entanglement occurs. PTO entanglement results in some of the most grievous injuries ever encountered in the workplace.

Mechanical failure occurs when some part of the PTO system fails (typically the drive shaft) and either causes personal injury to people in close proximity to the failure or subsequent damage to surrounding components such as the cargo tank. Mechanical failures can occur without injuries but the potential for widespread damage and injuries are magnified if the failure causes a propane leak.

Precautions: Listed below are some precautions that all drivers and propane employees should take when working around PTO assemblies:

- Keep a safe distance from a rotating shaft. Never place any part of your body inside the frame rails of a bobtail during pumping operations.
- Frequently inspect the condition of the shaft's u-joints, grease them with approved grease compounds according to manufacturer's recommendations.
- Keep children, animals, and other unauthorized personnel away from an operating truck.
- Be aware of damage that could occur when driving your truck. Road debris could damage PTO components while operating o the highway. Inspect your PTO system prior to engaging it.

- Listen for odd noises coming from the PTO during operation. Peculiar noises could indicate an impending failure.
- Follow manufacturer's instructions for maintenance and adjustments.
- If your PTO shaft is enclosed inside a shielding system never remove it and make repairs as required!
- Never perform repair operations under the vehicle while the PTO shaft is operating.
- Never over speed a PTO assembly by increasing engine speed. Over speeding a PTO is dangerous and can damage sensitive components.
- Check for loose setscrews that attaché u-joint yokes to the PTO shaft. Typically, these screws are held in place by safety wires but wires can fail causing the setscrews to loosen.
- Do not step on or lean over a PTO shaft.
- Always closely follow the manufacturer's instructions concerning how to engage and disengage a PTO assembly. PTOs that are improperly engaged or disengaged can be damaged, thereby creating a safety hazard and reducing service life.

PTOs provide hours and hours of trouble-free operation. It's very easy to forget just how powerful and even deadly they can become if not treated with the utmost respect. The next time you find yourself working around a PTO, take that extra measure of precaution to protect yourself and others around you.

DECEMBER 2013 SAFETY MEETING
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.				
12.				
13.				
14.				

* ***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:_____

E-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