LAMPTON-LOVE, INC

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Date: **January 2, 2009**

To: **All Branch Managers**

From: **Gene Maddox**

Subject: **Branch Office Monthly Safety Meeting – January 2009**

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 Polly Cox.** *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 January 2009. You may add topics, **but please document the following topics**:

1. News Briefs!!! (1 page)
2. Inside the Customer's Home (2 pages)
3. New Benefits for LPGM from Rob Love (3 pages)

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 all of your "2008 Monthly Safety Meetings"!!! This material may be referred to or used to train new employees. 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
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PROPANE
EXCEPTIONAL ENERGY

NEWS BRIEFS!!!

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

COMMUNICATION: A KEY TO WORKPLACE SAFETY

Safety is an essential part of business that involves all levels of the company. Effective communication is imperative for creating and maintaining a safe working environment. It can be used to motivate the workforce and increase awareness of health and safety issues. Tips for creating more effective safety messages follows:

Get Personal: Workers prefer to receive important information verbally from immediate supervisors. Having direct interaction about safety with the same individual in charge of productivity conveys the importance of the safety message.

Keep the Message Simple: Too many details are likely to create barriers to the message's effectiveness and cause important safety messages to be ignored. Have more information available for employees who seek it out.

Encourage Positive Safety Behaviors: Develop messages that focus on how to initiate pre-safety messages. Messages emphasizing the initiation of new safety behaviors (wearing safety goggles) are more likely to be successful than messages that focus on the termination of certain behaviors (no horseplay).

Deliver Messages through More Than One Medium: By asking workers to engage a safety message in different ways (watch it, hear it, read it), supervisors can better ensure that more workers receive it. This doesn't require multiple safety messages, but does require delivering the same message over various channels.

JANUARY 2009 SAFETY MEEING

INSIDE THE CUSTOMER'S HOME

Propane industry employees from time to time find themselves inside a customer's home to perform various work activities, such as leak testing, conducting Gas Checks and performing related service operations. Stepping inside a customer's residence is an activity that requires caution and consideration to ensure that the customer's needs are taken care as well as the company you work for.

Listed below are some general recommendations that you might consider when you are required to enter a customer's residence:

- Identify yourself to the owner and state why you need entry into the home.
- Dress appropriately for the job at hand.
- Clean your shoes and clothing so as to not track any dirt into the home. Wear protective shoe/boot covers if necessary.
- Have a clear understanding of why you need to go inside.
- Ensure you have the correct tools and equipment needed to complete the job. Make sure the tools and equipment are clean and in operable condition.
- It's always a good idea to have an adult present while you're inside.
- Smell for the presence of propane gas or products of incomplete combustion like aldehydes. Exit and evacuate the premises if you feel there is a danger.
- Look for the presence of customer repair activity involving propane gas appliances.
- Visually review the home and appliances to ensure they are appropriate.
- Always check the data plate of the gas-burning appliance you are working on to ensure it is designed to burn propane gas.
- To the extent possible, observe the visible parts of the vent system for problems such as corrosion and proper installation.
- Look for the presence of flammable and combustible materials that are stored near gas-burning appliances.
- Look for evidence of flooding that may have damaged sensitive control system.
- Look for evidence of overheated appliances such as burn marks and melted controls.
- If purging propane gas lines, ensure the purged products don't cause a fire hazard.
- When your service operations are completed, review with the customer what was done and have them sign your service order. If any appliances are red tagged carefully review with the customer why the appliance was red tagged and warn them against trying to restart the appliance on their own. Red-tagging appliances typically means that appliances are locked and tagged out.
- Follow your own company's policies and procedures relative to this topic.
- Document all repair operations on the appropriate company paperwork.
- Respect the customer's property as it were your own.

Please understand that you are not responsible for all of the above-listed items just because you enter a customer's residence, but depending on the nature of the service call, you could be responsible for several of them. Never take lightly the act of entering a customer's residence. The customer expects a great deal from you, as does your company and the legal community. Pre-plan your entry and work to exit the premise as quickly and safely as possible. And above all, never perform work operations unless you have the proper training and equipment.

NEW BENEFITS FOR LPGM FROM ROB LOVE

Please review and make sure each employee gets a copy of the benefits package.

I have made some changes to the Lampton Love benefit package and wanted you to be aware and make sure that each employee is brought up to date. So in the branches this needs to be handed out to each employee during a safety meeting or have each employee sign off that they received a copy of the benefits package.

Beginning January 1st 2009 the two primary changes are;

1 After one year of service we are going from 5 sick days to 7 sick days.

2. After you have been an employee of any of the Lampton Love companies for 10 years or more you will now receive 3 weeks of vacation per year.

I am attaching a complete copy of all the benefits, but these are the two main highlights. You will notice that we do not go by anniversary date on vacation, but we all start each year on Jan. 1st and so read carefully the vacation section and the sick days section, and if you have any questions feel free to contact Rusty, Scott, Charlotte or me.

Hope that makes your new year off to a good start,

Rob

Lampton Love Companies Benefits
August 2008

1. **Life Insurance:**
   - **A.** Employee: Two times the employee's annual salary based on a 40 hour week up to a maximum benefit of $400,000.
   - **B.** AD&D an additional 2 X employee's salary based on the same criteria as above.
   - **C.** Spouse: $2000
   - **D.** Dependent: $500
   - **E.** Premiums paid by company

2. **Long-Term Disability:**
   - **A.** Benefit: 60% of monthly salary with a maximum monthly benefit of $9000
   - **B.** Premiums paid by company
   - **C.** Qualifying Disability Period: 3 months

3. **Medical Benefits:**
   - **A.** Medical Charges
     - $250/calendar year/per covered person for deductible
     - Out of pocket expense: $1200/calendar year/per covered person
     - Lifetime Maximum: $1,000,000/per covered person

- Cost to Employee & Family: Employee only-$40 per month, 2 party-$75 per month, Family-$125 per month

B. Prescription Drug Benefits

- * Co-pays
  - Generic — Max up to $10
  - Preferred — Max up to $25
  - Non-Preferred — Max up to $50
- Deductible: $50/per calendar year/ per person covered
- Out of pocket expense: $2500/calendar year/ per person covered

C. Well Care benefit: Not subject to deductible; paid at 100%

4. Dental Benefits:

A. Rates, (by choice-paid by employee)

- $21.20/month-single coverage
- $40.25/month-one dependent
- $65.69/month-two or more dependents

5. Cancer Insurance Benefits:

A. Rates, (by choice-paid by employee)

- $20.63 – Individual
- $43.61 – Family

6. Flexible Spending Accounts:

A. Medical Flexible Spending Accounts (Min. contribution is $250; Max. amount is $5000 per calendar year)

B. Dependent Care (same as above)

7. Vacation Plan:

A. Paid on a calendar year basis

B. No vacation is granted during the first 90 days of employment

C. During your first year of employment you earn ½ day per month

D. After one complete year of service on the following January two weeks 10 days paid vacation per year.

E. Upon completion of your 10^{th} year on the following January three weeks or 15 days of paid vacation per year.

F. No vacation time is taken during the Winter without prior approval

G. Vacation time does not carry over to the following year

8. Sick Leave:

A. Paid on a calendar year basis

B. No sick leave is granted during the first 90 days of employment

C. During your first year of employment you earn ½ day per month

D. Upon completion of one year of employment on the following January 7 sick days per year

E. Sick leave is only granted to the employee, it is not paid in the event of family members illness, sick leave does not carry over to the following year, and unused sick leave is not paid upon you leaving your employment

9. Short Term Disability and FLMA:

- **A.** One week per year of service up to 12 weeks would be paid at your regular salary
- **B.** An FLMA event will first use available sick leave, vacation, and then short term disability for paid leave, and no more than 12 weeks paid or unpaid

10. Profit Sharing Plan:

Paid in full by company- Historically company has contributed 6% of employee's salary to Profit Sharing Account. Two to Six year vesting schedule.

11. 401(k):

Employees may contribute up to 75% of their earnings to the 401(k) portion of the plan. Maximum of $15,500($20,500 for employee's over 50 years of age) per year. Up to 2% match

Example	Yearly salary $20000	3% Employee contribution	$600
		2% Corporate match	$400

12. Typical Holidays:

New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and we try to take 2 days at Christmas

14. Credit Union:

Savings and borrowing provisions available through association with Statewide Federal Credit Union.

15. Bereavement Pay:

- **A.** 5 days- spouse, child, stepchild
- **B.** 3 days-Parent, step-parent, sister or brother, grandparent, grandchild ,father or mother in-law, son or daughter in-law
- **C.** 1 day- brother or sister in-law, aunt or uncle, niece or nephew
- **D.** Time off without pay may be granted for other friends or relatives

August 2008

JANUARY 2009
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.
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