



LAMPTON-LOVE, INC.

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Date: May 2, 2011
To: All Branch Managers
From: Gene Maddox
Subject: Branch Office Monthly Safety Meeting –May 2011

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 2011. You may add topics, **but please document the following topics:**

1. News Briefs!!! (Ways to Prevent Back Injury)
2. Safety Meeting: (Personal Protective Equipment)

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 “2011 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!!!

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PROPANE
EXCEPTIONAL ENERGY

MAY 2011 SAFETY MEETING

Personal Protective Equipment (PPE)

The quality of one's safety attitude typically is described in terms of behavior. A person's actions reflect the attitude. The worker who always wears the proper personal protective equipment demonstrates good safety behavior and a good safety attitude.

Using personal protective equipment (PPE) requires hazard awareness and knowledge of the equipment's purpose, limitations, and proper fit and maintenance.

OSHA in 29 Code of Federal Regulations (CFR) requires the use of personal protective equipment during operations that present the risk of injury to employees when that risk cannot be eliminated by engineering or process procedures. Under OSHA regulations, the employer is responsible for:

- ◆ Determining the use and selection of PPE;
- ◆ Training employees in the proper use and care of PPE;
- ◆ Documenting the use and employee training of PPE;

The required annual PPE training will be our May 2011 Safety Meeting. Pull your PPE Training Manual from your safety library and review the training with your employees. After you have conducted the training, have them sign the signature sheet in the back of the training manual **and** the Safety Meeting minutes.

NEWS BRIEFS!!!

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

WAYS TO PREVENT BACK INJURY

Back injuries continue to be a huge problem in the workplace and at home. Follow these four tips to keep your back safe and sound.

1. **EXERCISE TO KEEP** fit and flexible. Building your core (abs) muscles helps you develop a strong back and be less prone to injury.
2. **MAKE SURE YOU** keep good posture whether you're standing or sitting. Sitting or standing straight takes pressure off of your back. Use a lumbar pillow or even a rolled-up towel for lower back support if you sit for long periods.
3. **ASK FOR HELP** if an object is too heavy or awkward to carry. If no one is available, wait until help arrives or use a hand truck. Don't rely on a back belt.
4. **ALWAYS BE AWARE** of your back, and avoid quick, jerky movements that can cause back injuries.

GOOD LIFTING TECHNIQUES

- **PLANT** your feet firmly on the ground and stand as close to the load as possible.
- **SQUAT** and keep your back straight.
- **USE** your leg muscles (not your back) to help you lift. Tighten abdominal muscles too.
- **AVOID** twisting and turning. Turning by moving your feet, not your back.
- **DON'T** lift or reach for heavy loads above your waist.

MAY 2011
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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