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: **May 3, 2007**

To: **All Branch Managers**

From: **Gene Maddox**

Subject: **Branch Office Monthly Safety Meeting – May 2007**

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 it 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 suggested for your Monthly Safety Meeting, for the month of May 2007. You may add topics, but please document the added topics as well:

1. Brief News Briefs!!! (2 pages)
2. Placards & Labels on Trucks (1 page)
3. Workman's Compensation Insurance Form (each state)

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 "2007 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
Cell: 662-633-2755

PROPANE
EXCEPTIONAL ENERGY

BRIEF NEWS BRIEFS!!!

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

SAFE and GREEN SPRING CLEANING TIPS – Spring cleaning time is here, again!! Before you break out the cleaning supplies, take a few minutes to make sure you know how to properly handle and dispose of "household hazardous waste" (HHW) so that you keep your environment safe. Following the guidelines below can help protect your employees and families from chronic health hazards, reduce your waste stream, minimize hassles with disposal of unused cleaning products, and ultimately save money.

- **Read and follow the label**. Before you buy, always check the product labels. It is important to look for labeling that reads:

  - Danger
  - Warning
  - Caution
  - Toxic
  - Corrosive
  - Flammable , or
  - Poison

  These warnings tell you if the product is harmful to you, your family, and the environment and how to use, store and dispose of it safely.

  - **Consider exposure time.** Before purchasing a product, take into account your organization's policies and priorities, and consider the extent of exposure. People who use cleaning products all day face greater exposure, and thus greater risk, than occasional users of the product.
  - **Keep products in their original containers,** use them properly, and store them as directed.
  - **Dispose of household products safely.** Never pour corrosive, toxic, flammable, or reactive household products down the sink, toilet, or bathtub drain unless the products are made for that purpose. Many communities in the United States offer a variety of options for safely managing your HHW. Check with your local solid waste authority for collections in your area.
  - **Try alternative products when available.** For many everyday tasks, there are readily available products that can serve the same purpose, but that may be less harmful (and cheaper) alternatives. For example, mixing one tablespoon of vinegar or lemon juice in one quart water makes an excellent glass cleaner.

  By carefully choosing cleaning products, you can reduce hazards to worker health and the environment, and (literally) save headaches when handling and disposing of cleaning products. The effort make in purchasing can pay off with reduced health problems, as well as reduced waste and waste handling costs.

Remember as with any hazard chemical we use in the workplace, we must have on hand an MSDS for that particular chemical. In some cases when we purchase the hazardous chemical the MSDS may not come with the purchase, you may have to request the MSDS. For example, if you buy Round-Up or other herbicides at Wal-Mart you will most likely have to ask for a MSDS.

THE HEAT EQUATION – High Temperature + High Humidity + Physical Work = Heat Illness

When the body is unable to cool itself through sweating, serious heat illnesses may occur. The most severe heat-induced illnesses are heat exhaustion and heat stroke. If actions are not taken to treat heat exhaustion, the illness could progress to heat stroke and possible death.

- **What happens to the body?**

  - Headaches, dizziness/light headedness, weakness, mood changes (irritable or confused/can't think straight), Feeling sick to your stomach, vomiting/throwing up, decreased and dark colored urine, fainting/passing out, and pale clammy skin.

- **What should be done?**

  - Move the person to a cool shaded area to rest.
  - Don't leave the person alone. If the person is dizzy or light headed, lay them on their back and raise their legs about 6-8 inches. If the person is sick to their stomach lay them on their side.
  - Loosen and remove any heavy clothing.
  - Have the person drink some cool water (a small cup every 15 minutes) if they are not feeling sick to their stomach.
  - Try to cool the person by fanning them. Cool the skin with a cool spray mist of water or wet cloth.
  - If the person does not feel better in a few minutes call for emergency help (Ambulance or Call 911).

If heat exhaustion is not treated, the illness may advance to heat stroke.

Workers are at increased risk when:

- They take certain medications (check with your doctor).
- They have had a heat-induced illness in the past.
- They wear personal protective equipment (like respirators or suits).

NOTICE OF COVERAGE – Attached is a copy of our "Worker's Compensation Insurance (Notice of Coverage) Form". This form is to be posted on the bulletin board or in a conspicuous place that all employees may read and have access to.

MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and maintains workers' compensation insurance coverage with the following:

ACE AMERICAN INSURANCE COMPANY
(Name of insurance carrier)

436 Walnut St Philadelphia PA 19106
(215) 640-1000 - (800) 982-9826 - Roswell, GA)
(address & telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

ESIS
(Name of third party claims administrator or claims office)

1-888-832-3747
(address & telephone number)

III. This workers' compensation coverage is effective for the following period:
07/01/06 to 07/01/07 .

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

SUSAN B. MARBLE, AIC CWCP RWCS (601) 933-3144
(Name of employer contact person)

CLAIMS MANAGER RISK MANAGEMENT
(Title & Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss.Code Ann. §71-6-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.

reporting injury

You should report to your employer any occupational disease or personal injury that is work-related, even if you deem it to be minor.

occupational disease or death

In case of an occupational disease, all claims are barred unless the employee files a claim with his/her employer within one year of the date that:

1. the disease manifests itself.
2. the employee is disabled as a result of the disease.
3. the employee knows or has reasonable grounds to believe that the disease is occupationally related.

In case of death arising from an occupational disease, all claims are barred unless the dependent(s) file a claim with the deceased employee's employer within one year of:

1. the date of death.
2. the date the claimant has reasonable grounds to believe that the death resulted from occupational disease.

filing notice

In case of injury or death caused by a work-related accident, an injured employee or any person claiming to be entitled to compensation either as a claimant or as a representative of a person claiming to be entitled to compensation, must give notice to the employer within 30 days of the injury. If notice is not given within 30 days, no payments will be made for such injury or death. In addition, any fraudulent action by the employer, employee, or any other person for the purpose of obtaining or defeating any benefit or payment of workers' compensation shall subject such person to criminal as well as civil liabilities.

The above mentioned notice should be filed with the employer at the address shown to the right.

A notice so given shall not be held invalid because of any inaccuracy in stating the time, place, nature or cause of injury, or otherwise, unless it is shown that the employer was in fact misled to his detriment thereby. Failure to give notice may not harm the employee if the employer knew of the accident or if the employer was not prejudiced by the delay or failure to give notice.

physicians

In the event you are injured, you are entitled to select a physician of your choice for treatment. The employer may choose another physician and arrange an examination which you would be required to attend.

formal claim

In order to preserve your right to benefits under the Louisiana Workers' Compensation Law, you must file a formal claim with the Office of Workers' Compensation Administration within one year after the accident if payments have not been made or within one year after the last payment of benefits.

information

If you desire any information regarding your rights and entitlement to benefits as prescribed by law, you may call or write to the Office of Workers' Compensation Administration, Post Office Box 94040, Baton Rouge, Louisiana 70804-9040 or telephone (225) 342-7555.

Name and Address of Insurance Company

ACE AMERICAN INSURANCE COMPANY
436 WALNUT ST. PHILADELPHIA, PA 19106
(215) 640-1000 - (800)982-9826 Roswell, GA

Notice shall be given by delivering it or sending it by certified mail or return receipt requested to:

Employer Representative

Susan Marble
AIC CWCP RWCS
(601) 933-3144
ClaimsManager
Risk Management

Employer

LAMPTON-LOVE, INC.
P. O. BOX 1607
JACKSON, MS 39215

R.S. 23:1302 states that this notice should be posted in a convenient and conspicuous place in the employer's place of business. Revised 05-03

LOUISIANA WORKS™
DEPARTMENT OF LABOR

www.LAWORKS.net

TENNESSEE WORKERS' COMPENSATION INSURANCE

Employers: The law requires this notice to be conspicuously posted at the employer's place of business so all employees have access to it.

WHO IS REQUIRED TO HAVE WORKERS' COMPENSATION INSURANCE?

All employers with five (5) or more full or part-time employees.
All employers engaged in the mining and production of coal with one (1) or more employees.
All contractors in the construction industry with one (1) or more employees.

To confirm if an employer is subject to the workers' compensation law and if so to obtain the name of the workers' compensation insurance company contact:

SUSAN MARBLE, AIC CWCP RWCS
Name of employer representative authorized to provide information on workers' compensation

(601) 933-3144
Telephone number of employer representative to provide information on workers' compensation

P. O. BOX 1607 JACKSON, MS 39215-1607
Address of employer representative to provide information on workers' compensation

WHAT SHOULD AN EMPLOYEE DO IF INJURED AT WORK?

1. Report the injury to the employer immediately. Employer notification is required.

and 2. Select a treating physician from a panel provided by the employer.

To report an injury contact:

SUSAN MARBLE, AIC CWCP RWCS
Name of employer representative to notify in event of a work related injury

(601) 933-3144
Telephone number of employer representative to notify in event of a work related injury

P. O. BOX 1607, JACKSON, MS 39215-1607
Address of employer representative to notify in event of a work related injury

WHAT SHOULD AN EMPLOYER DO WHEN AN INJURY IS REPORTED?

1. Immediately complete a First Report of Work Injury form and send it to the workers' compensation insurance company or the third party administrator to be filed with the Tennessee Dept. of Labor and Workforce Development, Workers' Compensation Division.

and 2. Offer a panel of physicians.

The employer shall designate a group of three (3) or more physicians or surgeons not associated together in practice from which the injured employee shall have the privilege of selecting the operating surgeon or the attending physician. If the injury is a back injury, the panel shall be expanded to four (4), one of whom must be a doctor of chiropractic. If a doctor of chiropractic is chosen, chiropractor visits may be authorized for up to twelve (12) visits per back injury. More than twelve (12) visits to such doctor of chiropractic must be specifically approved by the employer or insurance carrier. The provisions for chiropractic care shall not apply to workers' compensation self insurer pools established pursuant to Section 50-6-405(a)(1). If the injury requires the treatment of physician or surgeon who practices orthopedic or neuroscience medicine then the employer may appoint a panel of physicians or surgeons practicing orthopedic or neuroscience medicine consisting of five (5) physicians, with no more than four (4) physicians affiliated in practice together. The employee may select a treating physician or surgeon from the employer panel.

The Tennessee Department of Labor and Workforce Development, Division of Workers' Compensation, has staff available to help both employees and employers. For more information contact:

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKERS' COMPENSATION
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
615-532-4812 OR TOLL FREE 1-800-332-2667 OR 1-800-332-2257 (TDD)
www.state.tn.us/labor-wfd/wcomp.html

LB-0922 (rev. 08/05)

STATE OF ALABAMA
WORKERS' COMPENSATION
INFORMATION

If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Your employer will advise you of the physician to see for authorized medical treatment.

WORKERS' COMP INSURANCE CARRIER ACE AMERICAN INSURANCE COMPANY

TELEPHONE NUMBER (215) 640-1000 or (800) 982-9826 - Roswell, GA
ESIS (888) 832-3747

ASSISTANCE IS AVAILABLE UNDER THE ALABAMA WORKERS' COMPENSATION LAW INCLUDING MEDIATION SERVICE. FOR INFORMATION CALL:

1-800-528-5166
Department of Industrial Relations
Workers' Compensation Division
649 Monroe Street
Montgomery, AL 36131

CODE OF ALABAMA, 1975, § 25-5-290(d), REQUIRES THAT THIS NOTICE BE POSTED IN ONE OR MORE CONSPICUOUS PLACES IN YOUR BUSINESS. FORM WCC#1 9/96

WORKERS' COMPENSATION FRAUD

It could be a ticket to jail!

The Alabama Attorney General's Office and the Alabama Department of Industrial Relations

are working together to find and prosecute Workers' Compensation Fraud.

Workers' Compensation Fraud is STEALING!

W A N T E D

INFORMATION LEADING TO THE DISCOVERY AND OR CONVICTION OF WORKERS' COMPENSATION FRAUD.

Making a false statement to obtain workers' compensation benefits (Ala. Criminal Code, Section 13A-11-124) is a Class C Felony under Alabama law. False statements are punishable by up to $5,000 and up to 10 years in prison. Felony theft statutes may also apply.

FIVE TYPES OF WORKERS' COMPENSATION FRAUD

Agent ~ Employer ~ Employee ~ Medical ~ Legal

WORKERS' COMPENSATION FRAUD CAN BE:

* Reporting an off the job accident as an on the job accident.
* Reporting an accident that never happened.
* Complaints of accident injury symptoms that are exaggerated or non-existent.
* Malingering - to avoid work when injury is healed.
* Not reporting outside income from other work-related activities while drawing workers' compensation benefits from another employer.
* Making false or fraudulent statements for the purpose of obtaining workers' compensation benefits.

TO REPORT WORKERS' COMPENSATION FRAUD CALL

1-800-923-2533 or 334-242-7345

Placards and Labels on Trucks

The DOT regulations state in part; that bobtails must be labeled and placarded while operating. The markings must identify the:

- Shipping name of the product (Propane or Liquefied Petroleum Gas)
- Hazard class of the product (2 or 2.1)
- Identification number of the product (1075)

Trucks transporting cylinders also have to be similarly marked if they are transporting more than 1,000 lbs. of cylinders combined with the weight of propane.

Take this time to discuss this issue as drivers have the most responsibility on a day-to-day basis to ensure their truck is properly placarded and labeled. Many a roadside stop has been initiated by the DOT and other law enforcement officials because of problems in this area.

Here are some general regulatory requirements concerning this subject matter:

- Placards and labels must be mounted on each end and each side of the motor vehicle.
- It is typically recommended by the DOT that both the labels and placards be affixed to the cargo tank, not the cab or chassis. Note: many jurisdictions allow the front placard and label to be placed on the grill or bumper.
- Placards must be 10.8 inches on each side
- Placards must be mounted on point with the text and numbers on a horizontal plane.
- Red, black and white colors on a placard must not be faded
- Font size on "PROPANE" or "LIQUEFIED PETROLEUM GAS" labels should be at least 2" in height.
- Font color of labels should contrast with the background of the truck's paint scheme.
- The font size of the "1075" within the placard must be 3.5" in height.
- The hazard class ID number cannot be more than 18 points high.
- Trucks should have the company name and telephone number on each side.
- Your company's DOT number should be affixed to both sides of the truck
- 5 year pressure test and annual visual and leakage test decals should be displayed near the data plate.
- Railroad crossing warning labels affixed to the rear of the truck are required in some jurisdictions.

Listed below are some check items that you should be performing on a daily basis concerning this topic;

- Placards and labels must be applied to each side and end of a subject vehicle. It is important to ensure that these decals are easily viewed from each direction. Note: check your front placard, if it is applied to the front head of the tank. It cannot be mounted below the roof line of the cab or you could be cited!
- Make sure your placards & labels are not faded, torn or defaced—"when in doubt change them out."
- It is generally recommended that the shipping name on the label match with the product name on the Shipping Paper inside the cab. For instance, do not have a Shipping Paper name with "Propane" as the product name and labels with "Liquefied Petroleum Gas".
- Check your truck for a current P, K and V decals indicating the cargo tank is compliant with all inspections and tests. Some cargo tanks will also need an "I" inspection decal.
- While you're at it, look to see that the cargo tank data plate(s) is/are in good condition.
- If you have flip-over placards that are typically installed on a cylinder truck, make sure the placards are in good shape and the flip-over mechanism is working correctly.

Exercise:
Take your group of attendees out to the plant yard and carefully inspect each and every truck for compliance with labels and placarding. Note the unit number and deficiencies on each truck and set out to take immediate action to correct those problems. Discuss with each other the problems and reaffirm each one's commitment to only drive vehicles that are properly placarded and labeled.

Conclusion
All of the issues discussed in this meeting are easily recognized and corrected. Drivers are reminded of their responsibility to carefully inspect each truck before they leave the plant location. A quality pre-trip inspection of the vehicle should cover inspecting these items. Plant managers should have replacement labels and placards on hand for quick and easy replacement.

Remember also that poorly placarded and labeled trucks are often the reason why trucks are stopped in the first place. Don't allow the condition of your placards and labels to degrade to a point that you are pulled over for a roadside inspection!

MAY 2007
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/Polly Cox
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