LAMPTON-LOVE, INC

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Date: **November 5, 2009**

To: **All Branch Managers**

From: **Gene Maddox**

Subject: **Branch Office Monthly Safety Meeting – November 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 November 2009. You may add topics, **but please document the following topics**:

1. News Briefs!!! (10 Ways to Be a Positive Force and Leak Checking – A Must) (2 pages)
2. Driver Fatigue (2 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 "2009 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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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)

10 Ways to Be a Positive Force

1. Think before you speak.
2. Keep an open mind.
3. Discuss rather than argue.
4. Cultivate a soothing voice – how you speak often means more than what you say.
5. Never lose an opportunity to praise or say a kind word.
6. Exceed your employer's expectations.
7. Learn to be objective about personal criticism.
8. Respect the feelings of others; take time to show interest in their lives and families.
9. Refuse to discuss the shortcomings of others – discourage gossip and change the subject.
10. Let your virtues speak for themselves.

LEAK CHECKING – A MUST

A leak check shall be performed immediately after the gas is turned on into a new system or into a system that has been initially restored after an interruption of service and any Out-of-Gas delivery call. The check can be performed using propane gas as the pressure source.

- Shut off gas at container
- Ensure that appliance equipment shutoff valves are open allowing gas to flow to the appliance controls.
- The equipment shutoff valve shall be placed in the **on** position for appliance equipped with a 100% pilot shutoff valve. Appliances not equipped with a 100% pilot shutoff valve and all manual gas valves not equipped with safety shutoff systems shall be placed in the **off** position prior to the leak check.
- Determine gauging device (high pressure block test, low pressure gauge/manometer or 30 psi pressure gauge).
- If using the **high pressure block test,** insert or attach the pressure gauge between the container shutoff valve and the first regulator in the system.
    - Open the container shutoff valve to admit full container pressure to the system
    - Close the container shutoff valve.
    - Release enough pressure so that the system pressure is lowered by 10 psi.
- If using a **low pressure (ounce) gauge or a water manometer,** insert or attach the device into the system downstream of the final system regulator.
    - Open the container shutoff valve to admit full container pressure to the system
    - Close the container shutoff valve.
    - Release enough pressure from the system to drop the system pressure to 9 in. w.c. + or ½ in. w.c.
- If using a **30 psi pressure gauge,** insert or attach the device into system downstream of the first stage regulator.
    - Open the container shutoff valve to admit normal operation pressure to the system.
    - Close the container shutoff valve.
    - Release enough pressure from the system to lower the pressure gauge reading by 5 psi.
- Allow the system to stand for a minimum of 3 minutes without showing an increase or a decrease in the pressure gauge reading.
- If a pressure drop on the gauge is noted, the source of the leak shall be determined and repaired and the leak check must be repeated.
- If a pressure increase on the gauge is noted, the container shutoff valve is leaking. You must repair the leak (repair or replace the valve) and repeat the leak check.
- Upon completion of a successful leak check, record in writing on a service order or company approved document the beginning and ending pressure as well as the amount of time pressure was held. If a leak is detected, document the exact location in the system.
- After properly documenting a successful leak check, it is the responsibility of the technician to light all pilot lights on the gas burning appliances and ensure that main burners are properly adjusted.

NOVEMBER 2009 SAFETY MEETING
DRIVER FATIGUE

Have you ever found yourself driving, staring at the road ahead, almost hypnotized by the ribbon of road in front of you? Fatigue reduces both your mental ability and your physical coordination, and can lead to a serious accident. The longer you drive, the less alert you become and the risk of you becoming involved in an accident increases greatly. According to the DOT, the frequency of accidents increases dramatically once a driver reaches about seven hours of driving time. That period can also be shortened with other factors. It is also estimated by the DOT that driver fatigue causes almost as many accidents as driving while under the influence of alcohol or drugs.

Signs of Fatigue

- As you begin to tire, you become restless in your seat then you become very quiet.
- You may experience occasional lapses of attention to the road.
- Your eyes stay fixed on the road ahead of you. You are not scanning your rear view mirrors or activities to the left or right of you.
- Your ability to judge distances and speed decreases.
- You might nod off to sleep for fractions of a second.
- You can't remember the sights and sounds of the last few miles.

How to Combat Fatigue

- Get plenty of rest and eat well-balanced meals with plenty of protein. Avoid over-eating before a trip.
- Don't operate a vehicle when you're excessively tired or when you're sick.
- Turn on the radio and play upbeat, lively music.
- Make rest stops when needed and exercise a little before getting back into the cab. Deep knee bends combined with a few deep breaths can help "get the blood flowing".
- Drink coffee, soft drinks or water. Cold liquids & caffeine can help. However, *do not* drink alcohol – it is illegal to do so and it will impair your senses.
- Open the windows to let fresh air in. Turn down the cab heat in the winter.
- Sit erect behind the wheel. Slouching can increase your feelings of fatigue.

- ❖ Avoid taking medications that cause drowsiness. Read the label on the container and discuss with your healthcare provider.

- ❖ Drive always within the DOT's hours-of-service regulations.

- ❖ Remember that, depending on your conditions, it might not be a good idea for you to drive on a particular day. Listen to your supervisor, co-workers, friends and family. If they question your ability to drive don't do it!

The Federal Motor Carrier Safety Administration (FMCSA) says that "No driver should operate a motor vehicle while the driver's ability or alertness is so impaired, or so likely to become impaired, through fatigue as to make it unsafe to operate the motor vehicle." Learn to recognize the signs of fatigue follow safe driving practices and get the rest required to safely operate your motor vehicle. Remember also that driving while fatigued is a great risk factor that should be carefully considered at all times.

As we all know we are entering into the time of the year that we will be really busy. I just want to remind all of you about the Hours-of-Service Regulations mandated by the Department of Transportation (DOT). **Drivers can not drive a truck in excess of 11 hours a day and can not drive after being on duty for 12 hours a day.**

NOVEMBER 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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