LAMPTON-LOVE, INC

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Date: August 8, 2017

To: All Branch Managers

From: Gene Maddox
Safety Director

Subject: Branch Office Monthly Safety Meeting – August 2017

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 it 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 Records 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 August 2017. You may add topics, but please document the following topics:

1. News Briefs!!! (Out-Of-Gas Policy)
2. Safety Meeting: (Bloodborne Pathogens)

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 should 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!!!

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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)

Out-Of-Gas Policy

1. When a customer calls to report he/she is out of gas, instruct the customer to close the service valve on the container. Also, instruct the caller to shut off all appliance valves.

   Note: Record the date time and name of person to whom you are giving instructions and have the caller verbally demonstrate to you that he/she understands your instructions.

2. When the delivery person arrives at the customer's location in response to an out-of-gas call, he/she should make sure the service valve(s) on the container(s) is/are completely closed and that the customer or other responsible adult is home. If no one is home do not deliver gas. The delivery person should then leave some form of a note instructing the customer to contact the branch office to make proper arrangements for a leak check to be performed and gas to be delivered.

   Note: If customer is not out of gas, note what percentage (%) is in the tank on the work order.

3. The delivery person should enter the customer's premises, visually check all appliance gas cocks, appliance control valves and range top burns to be certain they are completely closed. Also, visually inspect the system for evidence of gas appliance changes and open or uncapped lines.

4. Pressurize the tank(s) and piping system.

5. Check for leakage: (A leak check performed on an LP-Gas system being placed back in service should include all regulators, including appliance regulators, and control valves in the system. Accordingly, each individual appliance shutoff valve should be supplying pressure to its appliance for the leak check. This check will prove the integrity of the 100 percent pilot shutoff of each gas valve so equipped, so the manual gas cock of each gas valve incorporating a 100 percent pilot shutoff should be in the on position. Pilots not incorporating a 100 percent pilot shutoff valve and all manual gas valves not incorporating safety shutoff systems are to be placed in the off position prior to leak checking, by using one of the following methods):

   a) Block Test Gauge: By inserting a pressure gauge between the container gas shutoff valve and the first regulator in the system, admitting full container pressure to the system and then closing the container shutoff valve. Enough gas should then be released from the system to lower the pressure gauge reading 10 psi (69 kPa). The system should then be allowed to stand for 3 minutes without showing an increase or a decrease in the pressure gauge reading.

   b) Low Pressure Test Gauge or Water ManOMeter: For systems serving appliances that receive gas at pressures of ½ psi (3.5 kPa) or less, by inserting a water manometer or pressure gauge into the system downstream of the final system regulator, pressurizing the system with either fuel gas or air to a test pressure of 9 in. w.c. $\pm$ ½ in. w.c. (2.2 kPa $\pm$ 0.1 kPa), and observing the device for a pressure change. If fuel gas is used as a pressure source, it is necessary to pressurize the system to full operating pressure, close the container service valve, and then release enough gas from the system through a range burner valve or other suitable means to drop the system pressure to 9 in. w.c. $\pm$ ½ in. w.c.

(2.2 kPa ± 0.1 kPa). This ensures that all regulators in the system are unlocked and that a leak anywhere in the system is communicated to the gauging device. The gauging device should indicate no loss or gain of pressure for a period of 3 minutes.

c) 30 lb. Test: By inserting a 30 psi (207 kPa) pressure gauge on the downstream side of the first stage regulator, admitting normal operation pressure to the system and then closing the container valve. Enough pressure should be released from the system to lower the pressure gauge reading by 5 psi (34.5 kPa). The system should be allowed to stand for 3 minutes without showing an increase or a decrease in pressure gauge reading.

(If leakage is indicated (either in the piping system or through the closed service valve), the leak must be repaired before service is resumed). (If repair can't be made, take the system out of service, *Orange Tag* the system and contact service department for repairs.

6. After successful completion of leak check, deliver/pump the amount of gas requested by the customer, place all appliances back in service, making certain pilots are properly lighted.

7. Record the following information:
   - Out-of-Gas Procedure performed and "System OK" or System Orange Tagged".
   - Customer or Responsible Adult's signature
   - All work performed (start pressure, ending pressure, time held, etc...)
   - **Note:** If a leak is detected or other problem found, document that the system was taken out of service or repaired.
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8. Please refer to the following documents:
   - (Orange Tag Warning) – Appliance Removal from Service Procedures.
   - Procedure for Using Orange Tag Warning (NPGA Form #0009).
   - Leak Check or Pressure Test – An Instructor's Guide to Teaching (APGA).
   - Suggested Procedures for Leak Checking (APGA Document).

9. **Penalty for non-compliance with the Out-of-Gas Policy:**
   - To be determined by Branch Manager, Regional Manager and Vice President of Operations.
   - Penalty will include a letter of reprimand (to be filed in personal file in Flowood, MS)
   - Probation, suspension or termination.

AUGUST 2017 SAFETY MEETING

BLOODBORNE PATHOGENS

For our August Safety Meeting, we want to conduct our Bloodborne Pathogens Annual Training using your manual from your Safety Library.

A pathogen is a microorganism or virus that can carry a disease. Bloodborne pathogens are those that are present in the blood, and are transmitted to another person by contact with the blood or certain other body fluids. There are many diseases that can be conveyed from one person to another through contact with blood or other body fluids.

What does this have to do with you? Think about it for just a moment. The worker next to you suddenly yells for help and you see that he or she has been cut badly. Your immediate reaction is to help them – but before you leap to the rescue you need to protect yourself from contact with any of the victim's blood or other body fluids.

A copy of the Employee Training Record should also be signed, a copy kept in the Bloodborne Pathogen Training Manual **and** a copy returned along with the Monthly Safety Meeting Minutes & Attendance Record.

AUGUST 2017
MONTHLY SAFETY MEETING
MINUTES & ATTENDANCE RECORD

Company Name:_____

City:_____ **State:**_____

Date:_____ **Time Started:**_____ **Time Finished:**_____

Instructed By:_____ **Number Attending:**_____

Subject Covered and Comments:

1. Out-Of-Gas Policy_____
2. Bloodborne Pathogens Annual Training_____

_____

_____

_____

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 regulation 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 39215-1507 **Fax #:601-933-3417**

EMPLOYEE TRAINING RECORD

(Note: This document is to remain in this manual)

Bloodborne Pathogen Training

Conducted at _____

Attendee Name (Printed)	Signature	Date