LAMPTON-LOVE, INC

P. O. BOX 1607 • JACKSON, MISSISSIPPI 39215-1607
2950 Layfair Drive • Flowood, Mississippi 39232-8822
(601) 933-3400 • Fax (601) 933-3420

Date: December 14, 2022

To: All Branch Managers

From: Gene Maddox,
Kelly Meeks
Safety Director

Subject: Branch Office Monthly Safety Meeting – December 2022

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 Mathis.** *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 December 2022. You may add topics, but please document the following topics:

1. News Briefs!!! (Protocols for Interruption-of-Service Calls)
2. Safety Meeting: (Out-of-Gas Call Book)

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!!!

LAMPTON-LOVE PROPANE

PROPANE EXCEPTIONAL ENERGY

NEWS BRIEFS!!!

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

Protocols for Interruption-of-Service Calls

As cold weather kicks off, we can expect more frequent interruption-of-service situations (also known as Out-of-Gas calls). These can be caused by empty tanks, gas leaks, equipment failures, etc. We must treat these reports as prioirty service calls.

- A customer complaint about a gas odor may indicate a leak.
- A prompt response to a gas odor call can protect both personnel and the public from the hazards caused by escaping gas.

When a customer reports an interruption of service (out-of-gas or smelling gas), your customer service team is the first point of contact. It's crucial that our CSRs are trained to handle and properly document these calls.

Treat customer gas odor/leak calls as prioirty service calls. Dispatch appropriate personnel immediately if a possible leak exists.

Proper documentation is crucial. This protects our company and the employee performing the work in case of litigation.

Remember, documentation is there to defend us! A lack of could put us in hot water!!!

DECEMBER 2022 SAFETY MEETING

OUT-OF-GAS CALL BOOK

W/O #_____
TKT#_____

PART 1 –

PERSON RECEIVING CALL:_____

Customer Information:

Name:_____ Acct. #:_____

Delivery Address: _____ Phone #:_____

_____ Work #:_____

Date:_____ Time: _____

Tank Size:_____

Instructions to Customer:

1. Advise to cut off gas at tank and cut off all appliances.
2. Check tank percentage gauge – does it read 0%? Yes_____ No _____
3. Advise customer that either he or a responsible adult will need to be home for delivery.
4. Advise customer that a system leak check will be made by the driver – a service charge of $_____could apply for this service.
5. Ask customer to repeat instructions – understand Yes _____ No _____

PART 2 –

DRIVER/DELIVERY RESPONSIBILITY

1. Determine if the call is a true out—of-gas call.
2. On arrival – check that tank valves are cut off and responsible adult at residence.
3. Check inside for appliance, gas cut off valve, range top burners, etc. are closed.
4. Check for open lines and appliance changes.
5. Pressurize tank and system – follow leak test procedure as indicated on **Document A6*** – fill tank – relight pilots – check burners – put system back in service. ***See below**
6. Record on out-of-gas form the following:
   A. Obtain customer or responsible adult signature on gas check form and/or delivery ticket.
   B. Document leaks found and repaired or document that system is out of service. (**Be sure to "Orange Tag" if system is out of service.**)

*Leak Check Policy (Document A6)

A leak check, gas check or leak test/out-of-gas procedure must be performed on all new customers, including new customers that have an existing gas system and existing systems that are being placed back into service.

A pressure test must be performed on all new piping installations and additions to piping systems.

If a leakage is indicated (either in 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 the service department for repairs.

DECEMBER 2022
MONTHLY SAFETY MEETING
MINUTES & ATTENDANCE RECORD

Company Name: _____

City: _____ **State:** _____

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

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

Subject Covered and Comments:

1. Briefs: Protocols for Interruption-of-Service Calls _____
2. Safety Meeting: Out-of-Gas Call Book _____

_____

_____

_____

_____

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/Kelly Meeks/Lynn Mathis

P. O. Box 1607, Jackson, MS 39215-1507 **Fax #:601-933-3417**