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: **January 8, 2015**

To: **All Branch Managers**

From: **Gene Maddox** GM

Subject: **Branch Office Monthly Safety Meeting – January 2015**

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 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 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 January 2015. You may add topics, **but please document the following topics**:

1. Safety Meeting: (Updates to OSHA's Recordkeeping Rule: Reporting Fatalities and Severe Injuries)
2. News Briefs!!! (Violations & Enforcement and Smoking Rules for Hazmat Drivers)

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 may 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!!!

50th ANNIVERSARY 1956 2006

PROPANE EXCEPTIONAL ENERGY

JANUARY 2015 SAFETY MEETING

Updates to OSHA's Recordkeeping Rule: Reporting Fatalities and Severe Injuries

OSHA's updated recordkeeping rule expands the list of severe injuries that all employers must report to OSHA. Establishments located in states under Federal OSHA jurisdiction must begin to comply with the new requirements on January 1, 2015. Establishments located in states that operate their own safety and health programs should check with their state plan for the implementation date of the new requirements.

What am I required to report under the new rule?

Previously, employers had to report the following to OSHA:

- All work-related fatalities
- Work-related hospitalizations of three or more employees

Starting in 2015, employers will have to report the following to OSHA:

- All work-related fatalities
- All work-related inpatient hospitalizations of one or more employees
- All work-related amputations
- All work related losses of an eye

Who is covered under the new rule?

All employers under OSHA jurisdiction must report all work-related fatalities, hospitalizations, amputations and losses of an eye to OSHA, even employers who are exempt from routinely keeping OSHA injury and illness records due to company size or industry.

An amputation is defined as the traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or appendage that has been severed, cut off, amputated (either completely or partially); fingertip amputation with or without bone loss; medical amputations resulting from irreparable damage; and amputation of body parts that have since been reattached.

How soon must I report a fatality or severe injury or illness?

Employers must report work-related fatalities within **8 hours of finding out about them.** Employers only have to report fatalities that occurred within 30 days of a work-related incident.

For any inpatient hospitalization, amputation, or eye loss **employers must report the incident within 24 hours of learning about it**. Employers only have to report an inpatient hospitalization, amputation or loss of an eye that occurs within 24 hours of a work-related incident.

How do I report an event to OSHA?

Employers have three options for reporting the event:

- By telephone to the nearest OSHA Area Office during normal business hours
- By telephone to the 24-hour OSHA hotline at 1-800-321-OSHA (6742).
- OSHA is developing a new means of reporting events electronically, which will be available soon at www.osha.gov.

What information do I need to report?

For any fatality that occurs within 30 days of a work-related incident, employers must report the event **within 8 hours** of finding out about it.

For any inpatient hospitalization, amputation, or eye loss that occurs within 24 hours of a work-related incident, employers must report the event within 24 hours of learning about it.

Employers reporting a fatality, inpatient hospitalization, amputation or loss of an eye to OSHA must report the following information:

- Establishment name
- Location of the work-related incident
- Time of the work-related incident
- Type of reportable event (i.e., fatality, inpatient hospitalization, amputation or loss of an eye)
- Number of employees who suffered the event
- Names of the employees who suffered the event
- Contact person and his or her phone number
- Brief description of the work-related incident

Employers do not have to report an event if it:

- Resulted from a motor vehicle accident on a public street or highway. Employers must report the event if it happened in a construction work zone.
- Occurred on a commercial or public transportation system (airplane, subway, bus, ferry, streetcar, light rail, train).
- Occurred more than 30 days after the work-related incident in the case of a fatality or more than 24 hours after the work-related incident in the case of an inpatient hospitalization, amputation, or loss of any eye.

Employers do not have to report an inpatient hospitalization if it was for diagnostic testing or observation only. An inpatient hospitalization is defined as a formal admission to the inpatient service of a hospital or clinic for care or treatment.

Employers do have to report an inpatient hospitalization due to a heart attack, if the heart attack resulted from a work-related incident.

Where can I find more information?

For more information about the updated reporting requirement, visit OSHA's webpage on the revised recordkeeping rule at www.osha.gov/recordkeeping2014.

NEWS BRIEFS!!!

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

VIOLATIONS & ENFORCEMENT

It is the task of PHMSA's inspection and enforcement staff to inspect companies and individuals who offer hazardous materials for transportation or who manufacture, maintain, repair, recondition, or test packages authorized for transporting hazardous materials.

The following table shows recent violations and fines published by PHMSA.

TYPE OF BUSINESS	VIOLATION	PENALTY AMOUNT
Shipper	• Offered formaldehyde, solutions, flammable, 3 (8), in used UN-certified 55-gallon closed-head plastic drums that were not reconditioned or retested for leakproofness; and • Offered formaldehyde, solutions, flammable, 3(8), and failed to mark the packages and the shipping paper with the proper shipping name and identification number, and failed to label the primary hazardous warning label for the material.	$3,600
Shipper inspection	• **Offered liquefied petroleum gas, 2.1**, accompanied by shipping papers that failed to provide the total quantity and unites of measure, and the number and type of packages for the material; • Failed to maintain complete and accurate records of cylinder requalification; and • Filled and offered liquefied petroleum gas, 2.1, in DOT specification cylinders that were out of test.	$7,150
Shipper	• Represented, marked, and certified used 55-gallon closed-head plastic drums as meeting the UN1H1/Y1.8 standard when they were not reconditioned or subjected to periodic leakproofness testing; • Offered hydrochloric acid solution, 8, in unauthorized used UN-standard 55-gallon closed-head plastic drums; and • Failed to provide general awareness, function-specific, safety, and security awareness training, and create and maintain training records	$4,900
Cylinder retester	• **Offered liquefied petroleum gas, 2.1**, in DOT specification cylinders, accompanied by a shipping paper that failed to include the number and types of packages of the material; • Transported propane, 2.1, in a non-DOT/UN standard storage tank designed for permanent installation, when the tank was charged to more than five percent of its water capacity; and • Failed to provide recurrent general awareness training	$7,000
Shipper	• **Represented, marked, and certified DOT** specification cylinders as successfully requalified while failing to test the cylinders at the required minimum test pressure.	$3,900

SMOKING RULES for Hazmat Drivers

According to DOT 49 CFR 397.13 –

No person may smoke or carry a lighted cigarette, cigar, or pipe (or any other device capable of causing an open flame or spark) **on*** or within 25 feet of –

- A MOTOR VEHICLE that contained Class 1 materials, Class 5 materials, or flammable materials classified as Division 2.1, Class 3, Divisions 4.1 and 4.2; or

- AN EMPTY TANK MOTOR VEHICLE that has been used to transport Class 3 flammable materials or Division 2.1 flammable gases and, when so used, was required to be marked or placarded in accordance with the rules regarding movement of motor vehicles in emergency situations.

Includes any time while in the cab or sleeper berth

The DOT also requires that "No Smoking" signs be posted in any area where smoking is prohibited, including cargo holds, fueling areas, and near ventilators that lead to a hold containing flammable liquids. The signs must carry legends that identify the specific hazards.

Smoking and hazardous materials don't mix!

JANUARY 2015 SAFETY MEETING
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.				
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 regulations 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. 39215-1607
Fax #: 601-933-3420