LAMPTON-LOVE, INC

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Date: November 8, 2019

To: All Branch Managers

From: Gene Maddox
Safety Director

Subject: Branch Office Monthly Safety Meeting – November 2019

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 November 2019. You may add topics, but please document the following topics:

1. News Briefs!!! (First Aid Kits)
2. Safety Meeting: (Verifying Propane Odorization)

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!!!

60 1956 - 2016

PROPANE
EXCEPTIONAL ENERGY

NEWS BRIEFS!!!

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

First Aid Kits

As you are all aware, we are supposed to have a First Aid Kit in all our offices. It should be mounted or placed where it can be accessed by any employee that needs first aid. If you do not have a First Aid Kit in your office, let's get one purchased and get it mounted/placed. They can be found at Wal-Mart stores, Target, CVS locations.

You are to check the contents in your First Aid Kit and make sure it contains a minimum quantity of the supplies listed on the following **Class A Kits** chart. If your kit does not contain the supplies listed on the attached list, let's get them replenished.

Table 1. Classes of First Aid Kits and Required Supplies				
First Aid Supply	**Minimum Quantity**		**Minimum Size or Volume**	
	Class A Kits	Class B Kits	(US)	(metric)
Adhesive Bandage	16	50	1 x 3 in.	2.5 x 7.5 cm
Adhesive Tape	1	2	2.5 yd (total)	2.3 m
Antibiotic Application	10	25	1/57 oz	0.5 g
Antiseptic	10	50	1/57 oz	0.5 g
Breathing Barrier	1	1		
Burn Dressing (gel soaked)	1	2	4 x 4 in.	10 x 10 cm
Burn Treatment	10	25	1/32 oz	0.9 g
Cold Pack	1	2	4 x 5 in.	10 x 12.5 cm
Eye Covering, with means of attachment	2	2	2.9 sq. in.	19 sq. cm
Eye/Skin Wash				
	1 fl oz total			29.6 ml
		4 fl. oz total		118.3 ml
First Aid Guide	1	1	N/A	N/A
Hand Sanitizer	6	10	1/32 oz	0.9 g
Medical Exam Gloves	2 pair	4 pair	N/A	N/A
Roller Bandage				
2 inch 4 inch	1 0	2 1	2 in. x 4 yd 4 in. x 4 yd	5 cm x 3.66 m 10 cm x 3.66 m
Scissors	1	1	N/A	N/A
Splint	0	1	4.0 x 24 in.	10.2 x 61 cm
Sterile pad	2	4	3 x 3 in.	7.5 x 7.5 cm
Tourniquet	0	1	1 in. (width)	2.5 cm (width)
Trauma pad	2	4	5 x 9 in.	12.7 x 22.9 cm
Triangular Bandage	1	2	40 x 40 x 56 in.	101x 101 x 142 cm

Table 2. Characteristics of Types of First Aid Kits						
Type	**Use**	**Portable**	**Mountable**	**Water Resistant**	**Waterproof**	**Performance**
I	Indoor		X			
II	Indoor	X				
III	Indoor/ Outdoor	X	X	X		
IV	Indoor/ Outdoor	X	X		X	Section 5.2.5

NOVEMBER 2019 SAFETY MEETING

Verifying Propane Odorization

Because propane is flammable, DOT regulations and NFPA 58 require that propane to be odorized before delivery to a bulk plant or when the shipment will bypass the bulk plant. Propane personnel are required to verify the presence of odorant at various times, typically through a "sniff test". It is essential that you understand how to perform these tests safely and document them for your company.

WHEN PERFORMING A SNIFF TEST, AT TIME OF BULK PLANT DELIVERY:

- Protect yourself by wearing appropriate personal protective equipment (PPE).
- Vent only a small amount of liquid propane.
- Sniff only after the vent is closed and the liquid propane has vaporized.
- Understand your company's policies and procedures, including how to document the presence of odorant, and what to do if you believe propane is not properly odorized.

WHEN PERFORMING A SNIFF TEST, WHILE LOADING A BOBTAIL:

- After you secure the plant liquid transfer hose to the cargo tank connection and before you fill the cargo tank, briefly open and close the transfer hose end valve.
- Vent a small amount of liquid propane through a #54 vent and then close it.
- Sniff the area immediately after the liquid vaporizes.
- If you can smell propane odorant, proceed with loading your truck.
- If you cannot smell propane odorant, or smell anything unusual, do not load the cargo tank. Contact your supervisor immediately and tell others not to load until approved by the facility manager or supervisor.
- Record your sniff test on your loading ticket, daily routing report, or other company form and proceed with the loading operation.

IF YOU CANNOT SMELL PROPANE ODORANT:

In some situation, odorant can oxidize or fade, thus producing a potential hazard. If you cannot detect propane odor via sniff test (or other measure, such as an odorometer), carefully take the following actions:

- Do not load the cargo tank or cylinder.
- Disconnect the transfer hoses and secure them in their storage racks.
- Contact your supervisor immediately.
- Warn others not to load until approved by your supervisor. Your company ma also require you to close and tag the withdrawal valves on the storage container so that the propane is not distributed to consumers.

NOVEMBER 2019
MONTHLY SAFETY MEETING
MINUTES & ATTENDANCE RECORD

Company Name:_____

City:_____ **State:**_____

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

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

Subject Covered and Comments:

1. First Aid Kits_____
2. Verifying Propane Odorization_____

_____

_____

_____

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 39215-1607 **Fax #:601-933-3417**