



LAMPTON-LOVE, INC.

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Date: September 8, 2017
To: All Branch Managers
From: Gene Maddox *gm*
Safety Director
Subject: Branch Office Monthly Safety Meeting – September 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 September 2017. You may add topics, but please document the following topics:

1. News Briefs!!! (Conducting Regulator Performance Tests and Steps For Inspecting Dot/ICC Cylinders)
2. Safety Meeting: (Personal Protective Equipment - PPE)

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!!!



PROPANE
EXCEPTIONAL ENERGY

NEWS BRIEFS!!!

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

Conducting Regulator Performance Test

When a gas appliance is turned on, gas flows through the line to the appliance where it is burned. The regulator ensures that the proper amount of gas is flowing to the appliance and that the pressure is not too high or too low. When the appliance is shut-off, gas pressure will continue to build in the line unless the regulator automatically turns off the flow of gas.

“Flow & lock-up tests” as they are commonly known, are typically performed on vapor distribution systems during start-up to determine if the tank, piping system and regulator are properly sized for the intended British Thermal Unit (BTU) load and that the regulator properly stops the flow of gas when there is no more demand from the appliance.

Performing a Flow Pressure Test

The regulator flow pressure test is done first, making out-put pressure adjustments if needed.

Step 1: Install a water column manometer or other suitable low pressure measuring device in the second-stage regulator outlet test tap, or in the test tap of an appliance shut-off valve at the appliance farthest from the regulator.

Step 2: Relight all pilots and operate all appliance at full capacity.

Step 3: Check the flow pressure shown on the manometer with all appliances operating. If necessary, adjust the 2nd stage or line regulator to 11 inches water column. Delivery (flow) pressure must not fall to less than the appliances’ required input pressures as given on the manufacturer’s appliance rating plates.

If adequate flow pressure is not maintained with all connected gas appliance operating, check for the following problems:

- ◆ The regulator output capacity may not be adequate to supply the connected appliances.
- ◆ The service regulator upstream may not be properly sized.
- ◆ Piping may be too small and friction losses may be limiting the gas volume and pressure available to the appliances and/or regulator being flow tested.

If the flow tests are satisfactory, the next check is to test the regulator lock-up.

Performing a Regulator Lock-Up Test

Step 1: Turn all appliance controls off.

Step 2: Close all appliance shut-off valves.

Step 3: Leave the container service valve open in order to maintain pressure on the system. With the appliance shut-offs in the off position, the pressure will increase slightly then stop. This is the lock-up pressure. The lock-up pressure should not exceed the flow pressure by more than 30 percent.

Step 4: Watch the pressure for one minute. If the flow pressure was 11 inches water column, then the lock-up pressure should not exceed 14.3 inches water column. The pressure should stay steady and not creep up during your observation period. If the regulator fails to lock-up or creeps upward, the regulator is malfunctioning. This problem indicates the regulator must be replaced.

Never exceed the manufacture's recommendation for flow and lock-up pressures. Never attempt to perform these tests unless you have been properly trained.

Documentation

The job isn't finished until all paperwork is properly completed. All required pressure, flow and lock-up tests and leak checks must be documented on the designated company form or report per your company's standard operation procedures (SOP).

Operating pressures are very critical for proper appliance operation. Many high efficiency appliances will not operate if regulator lock-up pressure is too high or flow pressures are not within operating range. Always consult the appliance manufacturer's operating instruction for required gas pressure information.

Steps For Inspecting DOT/ICC Cylinders

1. **Check the cylinder requalification date.** Check the month and year for requalification along with the letter (such as “S” or “E”) indicating the requalification method used. If the date has passed, the cylinder must be requalified before putting back into service.

All DOT/ICC cylinders used to transport propane must be requalified 12 years after their manufacture date, and every 5, 7, or 12 years thereafter, depending on the method used for the last requalification.

2. **Determine the overall fitness of the cylinder.** Carefully examine each cylinder before filling or loading for transport. Look for cracks or leaks; bulging; dents; damaged or defective valves, foot rings, or pressure relief devices; and any evidence of abuse, heat damage, or excessive rust.

Pay close attention to the valves and fittings, and check any abnormal condition reported by the customer. Remove any cylinders that do not pass your inspection.

3. **Identify required cylinder markings.** Confirm that the cylinder is stamped with the following markings. If a marking is missing or illegible, remove it from service.

- ◆ Tare weight, in pounds
- ◆ Water capacity, in pounds
- ◆ Name of manufacturer
- ◆ Specification design code
- ◆ Serial number
- ◆ Manufacturer original test date
- ◆ Current requalification date
- ◆ Dip tube (DT) symbol
- ◆ Requalification identification number (RIN) (not present on new cylinders)

4. **Identify required cylinder labels.** Labels should be readily visible during transportation, not obstruct any other required cylinder markings, and be placed against a background of contrasting color. Every cylinder must have the following labels, either separately or in a combined 3-in-1 label:

- ◆ Shipping label
- ◆ Consumer information/warning label
- ◆ OSHA warning label

Check your company policy about any other labels your site requires. Replace or apply new labels if any label is not present or is illegible.

SEPTEMBER 2017 SAFETY MEETING

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The quality of one's safety attitude typically is described in terms of behavior. A person's actions reflect the attitude. The worker who always wears the proper personal protective equipment demonstrates good safety behavior and a good safety attitude.

Using Personal Protective Equipment (PPE) requires hazard awareness and knowledge of the equipment's purpose, limitations, and proper fit and maintenance.

OSHA in 29 Code of Federal Regulations (CFR) requires the use of personal protective equipment during operations that present the risk of injury to employees when that risk cannot be eliminated by engineering or process procedures. Under OSHA regulations, the employer is responsible for:

- ◆ Determining the use and selection of PPE;
- ◆ Training employees in the proper use and care of PPE;
- ◆ Documenting the use and employee training of PPE.

The required annual PPE training will be part of our September 2017 Safety Meeting. Pull your PPE Training Manual from the Safety Library and review the training with your employees.

After you have conducted the training and the employees have completed the quiz, they will need to sign the attached Annual Employee Training Verification for PPE (keep the signed original in the PPE training manual) and the Safety Meeting Minutes and Attendance Record. Send a copy of both sign sheets to me and/or Lynn.

**SEPTEMBER 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. Conducting Regulator Performance Tests and Steps For Inspecting DOT/ICC Cylinders _____
2. Personal Protective Equipment – PPE - 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: _____

E-Mail or fax this sheet only to: Lampton-Love, Inc.

Gene Maddox/Lynn Eldridge

Date: _____

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

ANNUAL EMPLOYEE TRAINING VERIFICATION for
PERSONAL PROTECTIVE EQUIPMENT

PERSONAL PROTECTIVE EQUIPMENT

Company Name: _____

Date: _____ Manager: _____

**I HEREBY CERTIFY THAT I HAVE REVIEWED THE PERSONAL PROTECTIVE EQUIPMENT
TRAINING PROGRAM;**

EMPLOYEE NAME and JOB TITLE
(please print)

EMPLOYEE SIGNATURE

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____
