



LAMPTON-LOVE, INC.

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Date: September 11, 2020

To: All Branch Managers

From: Gene Maddox
Safety Director

Subject: Branch Office Monthly Safety Meeting – September 2020

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 2020. You may add topics, but please document the following topics:

1. News Briefs!!! (A. Safe Driving Practices; B. Violations & Enforcement)
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!!!



PROPANE
EXCEPTIONAL ENERGY

NEWS BRIEFS!!!

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

Safe Driving Practices

Safe driving practices are a must for propane delivery drivers. Since your vehicle is larger and heavier than most other on-road vehicles – and you have a higher center of gravity – you need to know how to maintain vehicle control; driver safely; and manage accidents, breakdowns, or emergencies quickly.

DEFENSIVE DRIVING TIPS:

- ◆ Before setting out, not any issues with your route, surrounding area, or weather conditions. Schedule appointments with these in mind.
- ◆ Keep a safe following distance between you and the vehicle in front of you.
- ◆ Understand how to accommodate load and suspension shifts and manage skids.
- ◆ Check your blind spots often, keep your eye on other drivers by using your mirrors and use your lights or horn as needed to make other drivers aware of your presence.
- ◆ Keep your vehicle well serviced to ensure proper tire pressure and condition.

BE COGNIZANT OF ROAD CONDITIONS:

Adverse weather and road conditions can be especially hazardous. Be alert and cautious as you manage your vehicle. When driving in poor conditions, remember to:

- ◆ Clean the vehicle’s windows before heading out, and use your wipers and defroster as needed.
- ◆ Turn on your headlights and marker lights.
- ◆ Reduce speed, increase your following distance between vehicles, and pay close attention to other motorists.

ADDITIONAL WAYS TO REDUCE RISKS:

Combined with a high center of gravity, liquid surges and suspension shifts can cause changes in vehicle performance or loss of vehicle control, which could result in a rollover. To reduce risks:

- ◆ Distribute the weight of cargo evenly.
- ◆ Monitor tire pressure and condition. Excessive wear or improper inflation can increase risk. In the case of a blowout, steer your vehicle in a straight line, then reduce power and gradually brake as you steer out of traffic lanes.
- ◆ Regain control of the vehicle before making any change in direction or speed. Regain control of the vehicle before reducing speed, and then apply controlled braking. If possible, gradually maneuver completely off the road and onto the shoulder.
- ◆ Compensate for blind spots. Larger vehicle size and higher center of gravity result in blind spots to the sides and rear. Check mirrors frequently, use turn signals and maintain proper lane location. Consider blind spots whenever backing the vehicle to ensure your cylinder delivery vehicle or bobtail will not strike anything.

Violations and Enforcement

PHMSA's inspection and enforcement staff inspect companies and individuals who ship hazardous materials as well as those companies who manufacture, maintain, repair, recondition, or test packages used for transporting hazardous materials. The following table shows recent violations and fines published by PHMSA.

Propane Supply Company

Penalty amount: \$12,380

- ◆ Represented, certified, and marked DOT specification cylinders as having been successfully requalified in accordance with the Hazardous Materials Regulations (HMR), without the approval to do so by maintaining a Requalifiers Identification Number (RIN) issued by PHMSA, and marking, another company's RIN on the Cylinders.
- ◆ Represented, certified, and marked DOT specification cylinders as having been successfully requalified in accordance with the HMR, and failed to maintain complete and accurate records of cylinder inspection and requalification.
- ◆ Failed to provide initial general awareness, function-specific and security awareness training.

Petroleum Supply Company

Penalty amount: \$2,325

- ◆ Represented, marked, and certified and offered charged DOT specification cylinders which have been rejected by ultrasonic examination (UE) under the terms of a special permit DOT-14149 and DOT-SP14206, for which the terms of disposal of the hazardous material have not been met.
- ◆ Failed to provide general awareness, function -specific, safety, and security awareness and in-depth security training and hazmat training records missing the address of the instructor and certification that hazmat employees were trained and tested.

SEPTEMBER 2020 SAFETY MEETING

BLOODBORNE PATHOGENS Annual Training

For our September 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.

When the training is completed, have employees sign the Safety Meeting Minutes and Attendance Record along with the following Annual Training Verification form. Keep your originals of these forms on file or in the back of the training manual and send a copy of each signed form to Gene or Lynn.

SEPTEMBER 2020
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: A. Safe Driving Practices; B. Violations & Enforcement

2. Safety Meeting: Bloodborne
Pathogens _____

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
BLOODBORNE PATHOGENS**

BLOODBORNE PATHOGENS	
Company Name: _____	
Date: _____	Manager: _____

**I HEREBY CERTIFY THAT I HAVE REVIEWED THE BLOODBORNE PATHOGENS
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 _____	_____