



LAMPTON-LOVE, INC

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**Date:** August 12, 2025  
**To:** All Branch Managers  
**From:** Kelly Meeks  
Safety Director   
**Subject:** Branch Office Monthly Safety Meeting – August 2025

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 a copy to Lynn Mathis or LLSafety@lamptonlove.com.** *Please keep the original for your records.*

**NOTE: ONLY the Monthly Safety Meeting Minutes and Attendance Records are 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 August 2025. You may add topics, but please document the following topics:

**Seasonal Reminder: Summer Fill Levels**

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

## Seasonal Reminder: Summer Fill Levels

As temperatures rise, propane expands. To ensure safety, **never fill tanks beyond 80% capacity**. During extreme heat, **above-ground tanks may be limited to 70%** to allow for additional expansion.

If you encounter an overfilled tank or active pop-up valve, follow the procedures below and do not leave the site until the situation is made safe through blow-off or flare-off.

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### Overfilled Propane Tanks or Active Pop-Off Valves

The following steps outline the proper response to an overfilled propane tank or an actively venting relief (pop-off) valve. These procedures are in place to ensure safety, consistency, and the protection of employees, customers, and property.

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### Response Steps for Overfilled Tanks or Venting Valves

#### 1. Stop Work & Evacuate

- Cease operations immediately
- Evacuate unnecessary personnel and eliminate ignition sources

#### 2. Notify Your Manager Immediately

- Contact your manager or Safety Department right away
- **Do not release propane** until the manager is on site (if possible) or the **manager and/or Safety Department has been notified and is actively involved**.

#### 3. Manager Assessment

- Manager must respond (if possible) to help determine safe next steps.
- Decision to **blow off** or **flare off** must include manager and/or safety

#### 4. Choose a Safe Release Method

- **Blow Off / Unloading Valve:** May be used in controlled settings where wind direction, spacing, and ignition risk are favorable.
- **Flare Off:** May be required if blowing off presents added risk. Only trained personnel may operate flaring equipment.

## 5. Notify Local Authorities (If Flaring is Required)

- Call **local fire department** before flaring.
- **Make every attempt to contact the homeowner or site personnel** to confirm the residence or building is unoccupied before flaring or unloading begins.

## 7. Relief Valve Protocol

- **Never obstruct a venting relief valve.** It is working as designed to relieve tank pressure.
- A relief valve that has activated should be **replaced**, as the internal spring loses approximately **20% of its strength**, increasing the chance of future venting.

## 8. Document/Report the Incident

- Once stabilized, branch management should complete an **incident report** and submit all documentation to the Safety Department.
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## Important Reminders

- Never attempt to open valves or vent propane without proper **PPE and training**.
- Never cover or restrict a **venting relief valve**—this is a serious safety hazard.
- Always treat an active pop-off valve or overfilled tank as an emergency until resolved.

If you are unsure or feel unsafe at any point, **stop and immediately contact your manager and/or the Safety Department.**

# AUGUST 2025

## MONTHLY SAFETY MEETING

### MINUTES & ATTENDANCE RECORD

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time Finished: \_\_\_\_\_

Instructed By: \_\_\_\_\_ Number Attending: \_\_\_\_\_

Subject Covered and Comments: Safety Meeting:

|                                              |
|----------------------------------------------|
| <b>Seasonal Reminder: Summer Fill Levels</b> |
|                                              |
|                                              |
|                                              |

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. to:**

**Kelly Meeks/Lynn Mathis -- LLSafety@lamptonlove.com**

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