



LAMPTON-LOVE, INC

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Date: July 18, 2024
To: All Branch Managers
From: Kelly Meeks
Safety Director *KM*
Subject: Branch Office Monthly Safety Meeting – July 2024

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 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 July 2024. You may add topics, but please document the following topics:

Safety Meeting: (Heat Stress)

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

JULY 2024 SAFETY MEETING

Heat Stress Can Kill...Take Time to Cool Down...and Hydrate!!

Heat stress is a signal that says the body is having difficulty maintaining its narrow temperature range. Heat stress can result in heat stroke, heat exhaustion, heat cramps, or heat rashes.

Recommendations for workers:

- 💧 Wear light-colored, loose-fitting, breathable clothing such as cotton.
- 💧 Gradually build up to heavy work.
- 💧 Schedule heavy work during the coolest parts of day.
- 💧 Take more breaks in extreme heat and humidity.
- 💧 Take breaks in the shade or a cool area when possible.
- 💧 Drink water frequently. Drink enough water so that you never become thirsty.
- 💧 Avoid/reduce drinks with caffeine, alcohol, and large amounts of sugar.

A message from Health and Safety

Hydration

Summer Readiness

Are you well-hydrated? It's easy to tell. Check the color of your urine.

This is a quick and easy way to know whether you are hydrated, mildly dehydrated or severely dehydrated. The following dehydration urine color chart will help you use your urine color as an indicator of your hydration level and what actions you should take to help return your body back to a normal level. You are looking for: straw, light lemonade. If your urine is darker than pale yellow (apple juice colored) start drinking more water.



Things to KNOW

No Color, Transparent

You're drinking a lot of water. You may want to cut back.

Pale Straw Color

You're normal, healthy and well-hydrated.

Transparent Yellow

You're normal.

Dark Yellow

Normal. But drink some water soon.

Amber or Honey

Your body isn't getting enough water. Drink some now.

Syrup or Brown Ale

You could have liver disease. Or severe dehydration. Drink water and see your doctor if it persists.

Pink to Reddish

Eaten beets, blueberries or rhubarb recently? If not, contact your doctor.

Orange

You may not be drinking enough water. Or you could have a liver or bile duct condition. Or it could be food dye. Contact your doctor.

Blue or Green

Certain bacteria can infect the urinary tract. Or food dye in something you ate. Or a medication. See your doctor if it persists.

Foaming or Fizzing

Could indicate excess protein in your diet or a kidney problem. See a doctor if foaming happens all the time.

OUTSIDE INFLUENCES

Can change the color of your urine. Some medications, laxatives, chemotherapy drugs can make your urine darker than normal.



Minimize the risk of dehydration during the hot summer days

Pre-hydrate

Drink plenty of fluids before your shift so that you are not starting your work day with a fluid deficit.

Water is the absolute best drink. Sports drinks should not be substituted for water. If one perspires heavily, a low-calorie sports drink is acceptable to replace lost electrolytes (e.g., Powerade or Gatorade).

Avoid Ice Cold Drinks

Cold water causes the blood vessels in the stomach to constrict, reducing the rate of fluid absorption. **Cool water** is absorbed faster, which is important to keep you hydrated when working in the heat.

Food that contains water is one of the primary means by which we replace lost fluids. Ensure your diet includes leafy greens, fresh fruits and nuts to help replenish the electrolytes lost through sweat.

Symptoms of Dehydration

Mild to Moderate: dry skin, dry sticky mouth, tiredness or headache.

Severe Dehydration: extreme thirst, irritability and confusion.

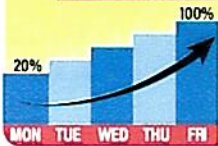


Prevent Heat Illness at Work

Outdoor and **indoor** heat exposure can be dangerous.

Ways to Protect Yourself and Others

Ease into Work. Nearly 3 out of 4 fatalities from heat illness happen during the first week of work.



- ✓ **New and returning workers** need to build tolerance to heat (acclimatize) and take frequent breaks.
- ✓ **Follow the 20% Rule.** On the first day, work no more than 20% of the shift's duration at full intensity in the heat. Increase the duration of time at full intensity by no more than 20% a day until workers are used to working in the heat.



Drink Cool Water

Drink cool water even if you are not thirsty — at least 1 cup every 20 minutes.



Take Rest Breaks

Take enough time to recover from heat given the temperature, humidity, and conditions.



Find Shade or a Cool Area

Take breaks in a designated shady or cool location.



Dress for the Heat

Wear a hat and light-colored, loose-fitting, and breathable clothing if possible.



Watch Out for Each Other

Monitor yourself and others for signs of heat illness.



If Wearing a Face Covering

Change your face covering if it gets wet or soiled. Verbally check on others frequently.

First Aid for Heat Illness

The following are signs of a medical emergency!



- Abnormal thinking or behavior
- Slurred speech
- Seizures
- Loss of consciousness

- 1 >> CALL 911 IMMEDIATELY**
- 2 >> COOL THE WORKER RIGHT AWAY WITH WATER OR ICE**
- 3 >> STAY WITH THE WORKER UNTIL HELP ARRIVES**



Watch for any other signs of heat illness and act quickly. When in doubt, call 911.

If a worker experiences:

Headache or nausea
Weakness or dizziness
Heavy sweating or hot, dry skin
Elevated body temperature
Thirst
Decreased urine output



Take these actions:

- >> Give water to drink
- >> Remove unnecessary clothing
- >> Move to a cooler area
- >> Cool with water, ice, or a fan
- >> Do not leave alone
- >> Seek medical care if needed



OSHA® Occupational Safety and Health Administration

For more information: 1-800-321-OSHA (6742)
TTY 1-877-889-5627 www.osha.gov/heat

Federal law entitles you to a safe workplace. You have the right to speak up about hazards without fear of retaliation. See www.osha.gov/workers for information about how to file a confidential complaint with OSHA and ask for an inspection.

JULY 2024
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:
Heat Stress _____

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

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