LAMPTON-LOVE, INC

P.O. BOX 1607 • JACKSON MISSISSIPPI 39215-1607
2950 Layfair Drive • Flowood, Mississippi 39232-8822
(601) 933-3400 • Fax (601) 933-3420

Date: October 20, 2025

To: All Branch Managers

From: Kelly Meeks
Safety Director

Subject: Branch Office Monthly Safety Meeting – October 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 October 2025. You may add topics, but please document the following topics:

Pressure Tests & Leak Tests

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!!!

LAMPTON-LOVE PROPANE

PROPANE
EXCEPTIONAL ENERGY

Pressure Tests & Leak Tests

Two important safety procedures are **pressure testing** and **leak testing**.

1. Pressure Testing

Why it matters:
Pressure testing checks the **strength and integrity** of new or modified gas piping before propane is ever introduced. It helps catch cracks, leaks, or loose fittings early — preventing accidents later.

When to do it:

- Anytime **new piping** is installed
- When **adding a new branch line** to an existing system (e.g., new appliance or area)

How to do it:

- Test at **1.5 times (150%)** the normal operating pressure
- Hold the test for at least **10 minutes** with **no pressure drop**
- Use a **calibrated gauge** suited for the test pressure
- Follow procedures in **Company Policy A19.01**

Never introduce propane into a new or modified system until it has successfully passed a pressure test.

---

2. Leak Testing

Why it matters:
Leak testing confirms that a propane system is **gas-tight and safe** to operate. Even a small leak can cause fire, explosion, or injury.

When to do it:

- For **new customers** before starting service
- Anytime a **gas odor** is reported
- After a **service interruption** (like an empty tank or maintenance)

How to do it:

- Test at the **tank or regulator** using an approved method (test port or block gauge)
- Watch for **pressure drop** — if it drops, find and repair the leak before restoring service
- Follow **Company Policy A18.01** for detailed procedures

Reminders:

- Never light appliances or restore service until the system passes the leak test
- **Document** the test method, time, results, and technician's name
- If a leak is found, stay on site until it's repaired or properly shut off and tagged out

Pressure and leak tests are two of the most important safety steps we perform.
Doing them right protects **our customers, our coworkers, and our reputation**.
Always follow company policy and take the extra time to do it safely and by the book.

OCTOBER 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:

Pressure Tests & Leak Tests

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**