



December 2014 Safety Meeting Topic

Odor Complaints, Gas Leaks, and Service Interruptions

A customer complaint about a gas odor requires prompt attention. A propane leak can exist for a long time without detection. To ensure against potential hazards or downtime, respond to propane odor reports swiftly, and follow your company policy for resolution.

FIELDING ODOR REPORTS:

- Use your company's policies and procedures when taking a customer odor/gas leak call. This will help you gather the information you need to determine the source and location of a possible leak, and help you give appropriate instructions to the customer.
- If the propane odor is detected *inside* a building, instruct the customer to immediately put out all smoking materials and other open flames; do not operate lights, appliances, telephones, or cell phones; shut off the gas if it is safe to do so; and leave the area.

AT THE CUSTOMER SITE:

The odor of propane suggests its presence, but cannot signify its concentration. Since you have no way of knowing the potential risk, always follow these precautions:

- Treat all leak reports as propane gas, until proven otherwise.
- Keep the area clear of open flames and electric sparks; do not turn on electrical switches, cell phones, or flashlights in the area.
- Use NFPA 54's three-minute leak test (www.nfpa.org), or your company's preferred leak-detection methods. Be aware of any other state and local guidelines that apply, and follow them accordingly.
- Once you have determined the source and extent of the leak, follow your company's policy and procedures for ways to remedy.

SERVICE INTERRUPTIONS AND REGULATIONS:

Propane delivery interruptions may occur when:

- Cylinders or containers undergo maintenance or when they are exchanged or repaired.
- Any changes are made to the gas distribution lines.
- There is a gas leak.
- There is an equipment failure or issue with customer payment.

Know the reasons and causes of a service interruption and respond appropriately. It is your job to respond promptly to a service interruption due to an appliance malfunction, a safety shutoff, or a pilot light shutoff.

Discussion Topics

1. Your customer has just had a propane delivery and calls to report an odd smell. How do you respond? What are the key questions asked and information gathered?
2. A customer, who has been dispatched to a number of times, once again complains of a propane odor in his kitchen. How do you respond?

LEARNING ACTIVITY

Simulate an odor complaint call. Have participants take the call and follow your company's policies and procedures. Discuss circumstances where immediate action may be required, and the appropriate steps.

Source: *Basic Principles and Practices of Propane* (PERC)

For more information about odor complaints, visit propanesafety.com.

December 2014 Safety Test
Odor Complaints, Gas Leaks, and Service Interruptions

Name _____

Date _____

Instructions: Read and answer each of the following questions. When complete, grade the test and review incorrect answers so each employee is “armed” with the correct answers before they leave the training.

- (1) If a propane odor is detected inside a building, instruct the customer to immediately
 - (A) put out all smoking materials and other flames
 - (B) do not operate lights, appliances, telephones, or cell phones inside the building
 - (C) shut off the gas if it is safe to do so
 - (D) all of the above

- (2) An interruption of service may occur when
 - (A) cylinders or containers undergo maintenance or when they are exchanged or repaired
 - (B) any changes are made to the gas distribution lines
 - (C) there is a gas leak
 - (D) there is an equipment failure or issue with customer payment
 - (E) all of the above

- (3) After an interruption of service, a leak check must be performed for a minimum of _____ minutes.
 - (A) 2
 - (B) 3
 - (C) 5
 - (D) 10

- (4) A customer complaint about a gas odor requires prompt attention.
 - (A) True
 - (B) False

- (5) Treat all odor complaints as a leak.
 - (A) True
 - (B) False

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Answer Key

1. D
2. E
3. B
4. A
5. A

MONTHLY SAFETY MEETING MINUTES AND ATTENDANCE RECORD

Company Name: _____

City: _____ **State:** _____

Date: _____ **Time Started:** _____ **Time Finished:** _____

Instructed By: _____ **Number Attending:** _____

Subject Covered and Comments:

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	***Physical Exam
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

*Driver licenses may be for multiple years and require HazMat testing between license renewal periods. List expiration date.

**Check licenses for proper endorsements and re-testing. (HazMat) List endorsements in this column.

***Physical Examinations are good for 2 years from the original date of the exam or sooner by Physician's request. List original exam date in this column.

By my signature below, I hereby certify that the employees listed above have been trained in accordance with the applicable regulations and curriculum for this monthly safety meeting.

Instructor's Signature: _____ **Date:** _____