



# 2022



## ACCG – Group Self-Insurance Workers’ Compensation Fund Employee Safety Grant Application

<b>Member Name:</b>	Effingham County Board of Commissioners		
Member’s Insurance Contact:	Sarah Mausolf		
Phone #:	(912) 754-2104	Email:	smausolf@effinghamcounty.org

### Items Requested for Reimbursement:

#	Item Name	How will this item reduce workers’ comp risks?	Estimated Cost
1	Fire Protection: Escape Ladders/Smoke Alarms	Escape ladders work alongside smoke alarms and can alert employees to the danger and provide a means of escape if there is no other route available.	\$465.65
2	Spill Kits and First Aid Kits	To assist with blood pathogen and biohazard clean up to ensure protection for employees.	\$498.19
3	Slips/Falls: Slip Resistant Mats, wet floor signs	Slips and falls can cause harm to everyone in a facility, regardless of title or job.	\$551.99
4	Flagger Equipment: signs, flags, traffic cones	To ensure that flaggers are visible to everyone on the roads.	\$575.78
5	PPE: Gloves, Hard hats, boots, protective eye glass, chainsaw chaps, vests, etc.	To minimize exposure to hazards that may cause serious injuries in the workplace.	\$1,968.61
<b>TOTAL</b>			<b>\$4,112.18</b>

### Application Checklist:

<input type="checkbox"/>	Current Safety Action Plan
<input type="checkbox"/>	Expected cost, purchase order, invoice or receipt attached for each requested item

### Member’s Approval / Submittal Authorization (Chairman / Executive Director):

As Chairman (or Authority Director), I hereby acknowledge and verify that I have read, support, and agree to fully comply with all requirements of the ACCG-GSIWCF Employee Safety Grant.

Print Name		Date	
Signature			

For further assistance, LGRMS Director Dan Beck can be contacted at 678.686.6279; toll-free at 800.650.3120 or email [dbeck@lgrms.com](mailto:dbeck@lgrms.com). To be eligible, the Employee Safety Grant Application must be completed **between April 1, 2022 and July 31, 2022.**

Submit to [accginsurance@accg.org](mailto:accginsurance@accg.org) with the *Email Subject Line*: EMPLOYEE SAFETY GRANT PROGRAM. Originals are not necessary.