

## ACCG-IRMA & ACCG-GSIWCF

## SAFETY DISCOUNT VERIFICATION FORM

Complete & Return between <u>August 1, 2025</u> and <u>September 15, 2025</u> to Receive a Discount.

■ The appointed <b>ACCG—IRMA Safety Coord</b>	linator is Libby Kessler (Safety Coordinator is responsible for the Safety Program)
	(Safety Coordinator is responsible for the Safety Program)
Position_Health, Wellness, and Safety Coordinator	Email: Ikessler@effinghamcounty.org
<ul> <li>The appointed ACCG—GSIWCF Safety Co</li> </ul>	ordinator is Libby Kessler (Safety Coordinator is responsible for the Safety Program)
	(Safety Coordinator is responsible for the Safety Program)
Position Health, Wellness, and Safety Coordinator	Email: Ikessler@effinghamcounty.org
Training Requirements	
CARETY COORDINATIONS	
<ul> <li>SAFETY COORDINATORS</li> <li>COMPLETE SAFETY COORDINATOR MODUL</li> </ul>	LES I, II, AND/OR III Modules I, II, III - August 29-30, 2023
COMPLETE CARRETY COORDINATION MODUL	(COURSE/DATE)
■ Complete Safety Coordinator Modul	(COURSE / DATE)
• ANY EMPLOYEE	
ATTEND I GRMS TRAINING COURSE OR W	VEBINAR Advanced Workers' Compensation - July 15, 2025
E TITLE BOILD FRANKING COOKSE OK W	(COURSE / DATE)
DEPARTMENTAL SAFETY MEETINGS 🗖 Oct	Г-DEC I JAN-MAR I APR-JUN I JUL-SEP
SAFETY COMMITTEE MEETINGS OCT	г-Dec 🔳 Jan-Mar 🔳 Apr-Jun 🔳 Jul-Sep
	04/09/2025
SAFETY ACTION PLAN [DUE APRIL $1^{ m st}$ to LGF	RMS](DATE SUBMITTED)
	(DATE SUBMITTED)
	ers of Effingham County
The members of the Board of Commissione	ers ofCounty (Name of County)
hereby verify that they fully comply with th	the requirements of the Safety Discount Program.
	<u> </u>
ACCG-IRMA ■ YES □ NO □ N/A	ACCG-GSIWCF ■ YES □ NO □ N/A
County Chairman Signature	 Date
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Email accgin	surance@accg.org