



INTERLOCAL RISK MANAGEMENT AGENCY

SAFETY DISCOUNT VERIFICATION FORM

If the organization is a member of the ACCG - IRMA [property & liability] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between August 1, 2022 and September 16, 2022

| | | Elizabeth Barcomb (Safety Coordinator is responsible for the Safety Program) al: ebarcomb@effinghamcounty.org |
|---|---|---|
| | | linator, please advise if the previous contact |
| TRAINING REQUIR | REMENTS | |
| • ANY MEMBER | E SAFETY COORDINATOR MODULES I, II, EMPLOYEE | Modules I-III; October 5-6, 2021 (COURSE / DATE) S Personnel Liability; March 17, 2022 (COURSE / DATE) |
| DEPARTMENTAL SAFETY MEETINGS OCT-DEC JAN-MAR APR-JUN JUL-SEP | | |
| | | JAN-MAR APR-JUN JUL-SEP |
| SAFETY ACTION PLAN [DUE APRIL 29 th to LGRMS] April 28, 2022 | | |
| | of the Board of Commissioners of _that they fully comply with the requi | Effingham County (Name of County) irements of the Safety Discount Program. |
| County C | Chairman Signature | Date |
| Email accginsurance@accg.org | | |