



# ACCG-IRMA & ACCG-GSIWCF

## SAFETY DISCOUNT VERIFICATION FORM

Complete & Return between August 1, 2024 and September 16, 2024 to Receive a Discount.

- The appointed **ACCG-IRMA Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

- The appointed **ACCG-GSIWCF Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

### TRAINING REQUIREMENTS

- SAFETY COORDINATORS

COMPLETE SAFETY COORDINATOR MODULES I, II, AND/OR III \_\_\_\_\_  
(COURSE / DATE)

COMPLETE SAFETY COORDINATOR MODULES I, II, AND/OR III \_\_\_\_\_  
(COURSE / DATE)

- ANY EMPLOYEE

ATTEND LGRMS TRAINING COURSE OR WEBINAR \_\_\_\_\_  
(COURSE / DATE)

DEPARTMENTAL SAFETY MEETINGS  OCT-DEC  JAN-MAR  APR-JUN  JUL-SEP

SAFETY COMMITTEE MEETINGS  OCT-DEC  JAN-MAR  APR-JUN  JUL-SEP

SAFETY ACTION PLAN [DUE APRIL 1<sup>ST</sup> to LGRMS] \_\_\_\_\_  
(DATE SUBMITTED)

The members of the Board of Commissioners of \_\_\_\_\_ County  
(Name of County)

hereby verify that they fully comply with the requirements of the Safety Discount Program.

ACCG-IRMA  YES  NO N/A ACCG-GSIWCF  YES  NO N/A

\_\_\_\_\_  
County Chairman Signature

\_\_\_\_\_  
Date

Email [accginsurance@accg.org](mailto:accginsurance@accg.org)