



# COUNTY

[159 COUNTY GOVERNMENTS]

## 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 3, 2020 and September 15, 2020

The appointed ACCG-IRMA Safety Coordinator is DAVID GIBSON  
(Safety Coordinator is responsible for the Safety Program)

Position RISK MANAGEMENT Email: dgibson@gordoncounty.org

Yes  No If there is a change in the safety coordinator, please advise if the previous contact is still affiliated with the county to maintain a current database.

#### TRAINING REQUIREMENTS

• SAFETY COORDINATORS

COMPLETE SAFETY COORDINATOR MODULES I, II, OR III 02-12-02, 03-06-02, 10-06-02  
(COURSE / DATE)

• ANY MEMBER EMPLOYEE

ATTEND LGRMS TRAINING COURSE OR WEBINARS MOTOR FLEET SAFETY & WORKPLACE HAZARD ANALYSIS  
(COURSE / DATE) 03-05-20

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 MAY 1<sup>ST</sup> to LGRMS] 04-23-2020  
(DATE SUBMITTED)

The members of the Board of Commissioners of GORDON County  
(Name of County)  
hereby verify that they fully comply with the requirements of the Safety Discount Program.

County Chairman Signature

Date

Email accginsurance@accg.org



COUNTY  
[159 COUNTY GOVERNMENTS]

GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND

SAFETY DISCOUNT VERIFICATION FORM

If the organization is a member of the ACCG-GSIWCF [workers' comp] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between August 3, 2020 and September 15, 2020

The appointed ACCG-GSIWCF Safety Coordinator is DAVID GIBSON  
(Safety Coordinator is responsible for the Safety Program)

Position RISK MANAGEMENT Email: dgibson@gordoncounty.org

Yes  No If there is a change in the safety coordinator, please advise if the previous contact is still affiliated with the county to maintain a current database.

TRAINING REQUIREMENTS

• SAFETY COORDINATORS

COMPLETE SAFETY COORDINATOR MODULES I, II, OR III 02-12-02, 03-6-02, 10-06-02  
(COURSE / DATE)

• ANY MEMBER EMPLOYEE

ATTEND LGRMS TRAINING COURSE OR WEBINARS MOTOR FLEET SAFETY & WORKPLACE HAZARD ANALYSIS  
(COURSE / DATE) 03-05-20

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