



# ACCG-GSIWCF & ACCG-IRMA

## SAFETY DISCOUNT VERIFICATION FORM

Complete & Return between August 3, 2026 and September 15, 2026 to Receive a Discount.

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

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

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

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

### TRAINING REQUIREMENTS

- SAFETY COORDINATORS (1<sup>ST</sup> BOX – GSIWCF SAFETY COORDINATOR 2<sup>ND</sup> BOX – IRMA SAFETY COORDINATOR)**

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 ACCG SPONSORED TRAINING COURSE OR WEBINAR \_\_\_\_\_  
(COURSE / DATE)

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

**ACCIDENT REVIEW MEETINGS**  OCT-DEC  JAN–MAR  APR–JUN  JUL–SEP

**SAFETY ACTION DUE MAY 1<sup>ST</sup> to ACCG:** \_\_\_\_\_  
(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-GSIWCF  YES  NO  N/A      ACCG-IRMA  YES  NO  N/A

\_\_\_\_\_  
County Chair Signature

\_\_\_\_\_  
Date

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