

**County Risk Services, Inc. – Third Party Administrator for  
Association of County Commissions of Alabama Self-Insurance Pools**

2024-2025 SAFETY INCENTIVE DISCOUNT PROGRAM

## VERIFICATION APPLICATION

The members of the BALDWIN County Commission hereby verify that we have fully complied with all the requirements of the ACCA Self-Insurance Pools' **2024-2025 Safety Incentive Discount Program** and are returning this application and documentation for consideration to receive the incentive discount. We understand this application and all the required documentation should be received to be eligible.

Signed by: \_\_\_\_\_ Date \_\_\_\_\_  
County Commission Chairman

The current appointed County Safety Coordinator is: KEN STRONG

County Job Title: RISK MANAGER Email Address: ken.strong@baldwincountyal.gov

**Requirements:** I, KEN STRONG, serving as this County's Safety Coordinator, am verifying by my initials below that all the requirements of the **2024-2025 SIDP** have been completed and are being maintained in my county; and I am emailing this signed application and all required documentation before its deadline of September 30, 2025.

### SIDP REQUIREMENTS

Verified current *Safety Coordinator Resolution* and/or commission minutes are on file w/CRS  
 Attended **one** Safety Coordinator Training  
 Ensured **one** Public Official/Administrative Staff & **one** Dept. Supervisor attended Loss Prev. Training  
 Emailed **current** (as of 9/1/25) Countywide Safety Committee List w/names, titles, depts & email addresses  
 Emailed documentation for at least **two** or more Countywide Safety Committee meetings  
 Emailed SO named & dated documentation for **four** or more meetings for Sheriff's Office  
 Emailed Jail named & dated documentation for **four** or more meetings for Jail  
 Emailed R&B named & dated documentation for **four** or more meetings for Rd & Bridge Dept  
 Emailed Dept. named & dated documentation for **four** or more meetings of Other Safety-Sensitive Depts  
 Ensured Safety Inspections in Safety-Sensitive Depts were conducted  
 Ensured Incidents & Accidents in Safety-Sensitive Depts were reviewed and documented  
 Ensured Safety Records in Safety-Sensitive Depts were being maintained & followed-up  
 Emailed signed Employee Orientation sheet for **one** employee hired between 10/1/24-9/30/25  
 Verified County has adopted & enforces Written *Drug & Alcohol Abuse Policies and Procedures*  
 Verified County has adopted & enforces Written *Return-to-Work / Modified-Duty Policy*  
 Verified County has adopted & enforces Written *Seat Belt Policy*  
 Verified County has adopted & enforces Written *Wireless Communication Devices Policy*  
 Ensured Commission and Sheriff's Office/Jail cooperated with CRS Risk Management Program  
 Verified Commission mailed response letter to CRS Risk Management within required 90 days  
 Verified Sheriff's Office & Jail mailed response letter to CRS Risk Management within required 90 days  
 Ensured **two** or more Sheriff's Deputies attended CRS-sponsored Deputy Training  
 Ensured **two** or more Correctional Officers/Jail Staff attended at least **three** CRS-sponsored Jail Trainings  
 Ensured Rd & Bridge Safety Director or Deputy Safety Director attended CRS-sponsored Training  
 Ensured at least one Deputy, one CO, and one R&B employee participated in the Simulator Training

### Safety Coordinator Documentation

Initials	Details	
K.S.	Verify w/CRS & Initial	9/18/18
K.S.	Initial if Completed	6/4/25
K.S.	Initial if Completed	6/4/25
K.S.	Current (9/1/25) List	8/22/25
K.S.	2 Sign-ins/Agendas	2/27, 9/4
K.S.	4 Sign-ins/Agendas	various
K.S.	4 Sign-ins/Agendas	various
K.S.	4 Sign-ins/Agendas	various
K.S.	4+ Sign-ins/Agendas	various
K.S.	Initial if Completed	various
K.S.	Initial if Completed	various
K.S.	Initial if Completed	various
K.S.	1 Signed Sheet	3/12/25
K.S.	Verify w/CRS & Initial	2/20/24
K.S.	Verify w/CRS & Initial	2/20/24
K.S.	Verify w/CRS & Initial	2/20/24
K.S.	Verify w/CRS & Initial	2/20/24
K.S.	Initial if Completed	No visits
K.S.	Verify w/CRS & Initial	N/A
K.S.	Verify w/CRS & Initial	N/A
K.S.	Initial if Completed	various
K.S.	Initial if Completed	various
K.S.	Initial if Completed	2/19/25
K.S.	Initial if Completed	5/1/25

Email this signed & dated application and all required documentation to [memberservices@countyrisk.org](mailto:memberservices@countyrisk.org)

**NO LATER THAN SEPTEMBER 30, 2025**