

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

**2023-2024 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' **2023-2024 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: \_\_\_\_\_  
County Commission Chairman Date

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 **2023-2024 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, 2024.

**SIDP REQUIREMENTS**

	<u>Initials</u>	<u>Details</u>
Verified current <i>Safety Coordinator Resolution</i> and / or commission minutes are on file w/CRS	<u>K.S.</u>	Verify w/CRS & Initial
Attended <b>one</b> Safety Coordinator Training	<u>K.S.</u>	Initial if Completed
Ensured <b>one</b> Public Official/Administrative Staff & <b>one</b> Dept. Supervisor attended Loss Prev. Training	<u>K.S.</u>	Initial if Completed
Emailed <b>current</b> (as of 9/1/24) Countywide Safety Committee List w/names, titles, depts & email addresses	<u>K.S.</u>	Current (9/1/23) List
Emailed documentation for at least <b>two</b> or more Countywide Safety Committee meetings	<u>K.S.</u>	2 Sign-ins/Agendas
Emailed SO named & dated documentation for <b>four</b> or more meetings for Sheriff's Office	<u>K.S.</u>	4 Sign-ins/Agendas
Emailed Jail named & dated documentation for <b>four</b> or more meetings for Jail	<u>K.S.</u>	4 Sign-ins/Agendas
Emailed R&B named & dated documentation for <b>four</b> or more meetings for Rd & Bridge Dept	<u>K.S.</u>	4 Sign-ins/Agendas
Emailed Dept. named & dated documentation for <b>four</b> or more meetings of Other Safety-Sensitive Depts	<u>K.S.</u>	4+ Sign-ins/Agendas
Ensured Safety Inspections in Safety-Sensitive Depts were conducted	<u>K.S.</u>	Initial if Completed
Ensured Incidents & Accidents in Safety-Sensitive Depts were reviewed and documented	<u>K.S.</u>	Initial if Completed
Ensured Safety Records in Safety-Sensitive Depts were being maintained & followed-up	<u>K.S.</u>	Initial if Completed
Emailed signed Employee Orientation sheet for <b>one</b> employee hired between 10/1/23-9/30/24	<u>K.S.</u>	1 Signed Sheet
Verified County has adopted & enforces Written <i>Drug &amp; Alcohol Abuse Policies and Procedures</i>	<u>K.S.</u>	Verify w/CRS & Initial
Verified County has adopted & enforces Written <i>Return-to-Work / Modified-Duty Policy</i>	<u>K.S.</u>	Verify w/CRS & Initial
Verified County has adopted & enforces Written <i>Seat Belt Policy</i>	<u>K.S.</u>	Verify w/CRS & Initial
Verified County has adopted & enforces Written <i>Wireless Communication Devices Policy</i>	<u>K.S.</u>	Verify w/CRS & Initial
Ensured Commission and Sheriff's Office/Jail cooperated with CRS Risk Management Program	<u>K.S.</u>	Initial if Completed
Verified Commission mailed response letter to CRS Risk Management within required 90 days	<u>K.S.</u>	Verify w/CRS & Initial
Verified Sheriff's Office & Jail mailed response letter to CRS Risk Management within required 90 days	<u>K.S.</u>	Verify w/CRS & Initial
Ensured <b>two</b> or more Sheriff's Deputies attended CRS-sponsored Deputy Training	<u>K.S.</u>	Initial if Completed
Ensured two or more Correctional Officers/Jail Staff attended at least <b>two</b> CRS-sponsored Jail Trainings	<u>K.S.</u>	Initial if Completed
Ensured Rd & Bridge Safety Director or Deputy Safety Director attended CRS-sponsored Training	<u>K.S.</u>	Initial if Completed
Ensured at least one Deputy, one CO, and one R&B employee participated in the Simulator Training	<u>K.S.</u>	Initial if Completed

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

**NO LATER THAN SEPTEMBER 30, 2024**