

May 21, 2012

MEMORANDUM #030-12HR

TO: Agency Administrators
FROM: Andy Snuggs, Senior Human Resources Coordinator
VIA: Rip Colvin, Executive Director
RE: Safety Coordinator Appointment Form

As you may be aware, under s. 284.50(1), F.S., each agency is required to have a designated Safety Coordinator. Please find attached the most recent Safety Coordinator Appointment Form. Because this information was last requested a few years ago, I would like to ensure that the Safety and Alternate Safety Coordinators from each circuit/agency are receiving updates from us as it relates to safety and security, including the *Safety Notes* and *Safety Outlook* Newsletter from Risk Management, Division of Loss Prevention. It is also important that they know who to contact if they have questions.

Some of the duties that are expected of a Safety Coordinator are as follows:

- Develop and implement the Loss Prevention Program, a comprehensive departmental safety program which shall include a statement of safety policy and responsibility;
- Provide for regular and periodic facility and equipment inspections;
- Investigate job-related employee accidents of his or her department; and
- Establish a program to promote increased safety awareness among employees.

I am requesting for the forms to be completed and returned to me by the close of business on June, 1, 2012.

Thank you and please contact me at 850-488-2415 ext. 291 or at Andy.Snuggs@jac.myflorida.com if you have questions.

Please note my email address has changed to Andy.Snuggs@jac.myflorida.com.

Andy Snuggs, Senior Human Resources Coordinator

Human Resources

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**DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF RISK MANAGEMENT**

SAFETY COORDINATORS APPOINTMENT FORM

IN ACCORDANCE WITH SECTION 284.50(1), F.S., THE FOLLOWING INDIVIDUALS ARE APPOINTED

To: Department of Financial Services
Division of Risk Management
Bureau of Property, Financial & Risk Services
200 East Gaines Street
Tallahassee, FL 32399-0337

P L E A S E P R I N T O R T Y P E

FROM:

AGENCY: _____

SAFETY COORDINATOR:

EFFECTIVE DATE

SAFETY COORDINATOR NAME

POSITION TITLE

MAILING ADDRESS

CITY/STATE/ZIP CODE

AREA CODE/TELEPHONE NUMBER

SUNCOM NUMBER

AREA CODE/FAX NUMBER

SAFETY COORDINATOR E-MAIL ADDRESS

ALTERNATE COORDINATOR NAME

POSITION TITLE

MAILING ADDRESS

CITY/STATE/ZIP CODE

AREA CODE/TELEPHONE NUMBER

SUNCOM NUMBER

AREA CODE/FAX NUMBER

ALTERNATE COORDINATOR E-MAIL ADDRESS

AGENCY HEAD SIGNATURE

DATE