

# Simple Saver System®

## Certification of Alternative Fall Protection

*Thermal Design, Inc., P.O. Box 468, Madison, NE 68748  
Telephone: (402) 454-6591 Fax (402) 454-2708*

Thermal Design, Inc. ("Thermal Design") has tested the Simple Saver System® materials and methods. Subject to the supervision and performance duties as required under the OSHA regulations for the OSHA Competent Person when the materials are properly installed, Thermal Design certifies that the Simple Saver System® meets OSHA fall protection requirements for through fall protection excluding perimeter protection for which workers must be tied-off with OSHA compliant devices. The manufacturer's certification will begin upon receipt of this completed signed agreement, an acceptable certificate of insurance and compliance with the terms below.

Project Name: \_\_\_\_\_ Order Number: \_\_\_\_\_

Project Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### To Thermal Design Safety Coordinator:

I, \_\_\_\_\_, am an OSHA Qualified\* person and an authorized company representative of the installing contractor of the Simple Saver System® with fall protection. I have thoroughly read the manufacturer's installation instructions and have resolved any questions that I may have had about the correct installation procedures and terms.

- I agree to instruct and supervise all workers relying on the Simple Saver System as a means of fall protection as to the proper installation procedures and agree to conspicuously post the installation instructions and a copy of this certificate at the project site. I agree to completely install the Simple Saver System in each building bay in strict accordance with all of the manufacturer's written instructions and to inspect for correct installation prior to use of the system as an alternative form of "through" fall protection. I agree not to rely on any damaged system materials as fall protection.
- I agree to provide a current insurance certificates where the minimum insurance coverage is \$500,000 general liability and the minimum statutory worker's compensation coverage. I hereby request our insurance agent to provide a certificate of insurance to Thermal Design on demand. We agree to indemnify and hold Thermal Design harmless as a result of any defects in the installation of the materials. The manufacturer's "Certificate of Alternative Fall Protection" which is limited to insulation and roof sheeting workers for "through" fall protection shall cover no workers other than those covered by the insurance certificate(s). I understand that fall protection during installation of the Simple Saver System and perimeter edge fall protection must be provided by other means.
- I agree to fax a completed signed copy of this certification to Thermal Design at (402) 454-2708 to start the coverage and to immediately notify Thermal Design of any fall incidents onto the Simple Saver System at (800) 255-0776.

Installing Contractor: \_\_\_\_\_ Authorized Person: \_\_\_\_\_

Address: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Qualified Person as defined by OSHA in Standard 29 CFR Definitions - 1926.751