



CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING		CF-4R-MECH-22
HSP/PSPP Installation; Cooling Coil Airflow & Fan Watt Draw Test		(Page 1 of 3)
Site Address:	Enforcement Agency:	Permit Number:

As many as 4 systems in the dwelling can be documented for compliance using this form. Attach an additional form(s) for any additional systems in the dwelling as applicable.

Hole for the placement of a Static Pressure Probe (HSPP), and Permanently installed Static Pressure Probe (PSPP) in the supply plenum

When the Certificate of Compliance (CFIR) indicates Cooling Coil Airflow or Fan Watt Draw verification are required, HSPP or PSPP are required to be installed in each air handler in the dwelling. Procedures for installing HSPP and PSPP are described in Reference Residential Appendix RA3.3. This measure requires verification by a HERS rater.

Select one method from the two choices below for compliance with the HSPP/PSPP requirement for this dwelling.			
<input type="checkbox"/>	HSPP	1/4 inch (6 mm) hole labeled and located downstream of the evaporator coil in the supply plenum as shown in the figure in Section RA3.3.1.1.	
<input type="checkbox"/>	PSPP	1/4 inch (6 mm) hole equipped with a permanently installed pressure probe, labeled and located downstream of the evaporator coil in the supply plenum as shown in the figure in Section RA3.3.1.1.	
System Name or Identification/Tag			
System Location or Area Served			
Confirm that a HSPP or PSPP has been installed on the air handler per the requirements of RA3.3.1.1. Enter Pass or Fail			

Cooling Coil Airflow Verification

When the Certificate of Compliance indicates Cooling Coil Airflow verification is required, the procedures for measuring the cooling coil airflow must be performed as specified in Reference Residential Appendix RA3.3. Results of the cooling coil airflow diagnostic test must be entered in the table below. This measure requires verification by a HERS rater.

Select one method from the three choices below for compliance with the Cooling Coil Airflow test requirement for this dwelling.			
<input type="checkbox"/>	Diagnostic Fan Flow Using Plenum Pressure Matching according to the procedures in RA3.3.3.1.1		
<input type="checkbox"/>	Diagnostic Fan Flow Using Flow Grid Measurement according to the procedures in RA3.3.3.1.2		
<input type="checkbox"/>	Diagnostic Fan Flow Using Flow Capture Hood according to the procedures in RA3.3.3.1.3		
System Name or Identification/Tag			
System Location or Area Served			
Nominal Cooling Capacity (ton) of the outdoor unit.			
Enter the minimum airflow requirement from the CF-1R (CFM/ton).			
Calculate the target minimum airflow for the test by multiplying the CFM/ton criteria specified on the CF-1R by the nominal cooling capacity of the outdoor unit (ton). Target (CFM)			
Enter the diagnostically tested airflow (CFM). Tested (CFM)			
The system complies if Tested (CFM) is equal or greater than Target (CFM). Enter Pass or Fail			



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Fan Watt Draw Verification

When the Certificate of Compliance indicates Fan Watt Draw verification is required, the procedures for measuring the Fan Watt Draw must be performed as specified in Reference Residential Appendix RA3.3. Results of the Fan Watt Draw diagnostic test must be entered in the table below. This measure requires verification by a HERS rater. Note: Fan watt draw must be measured simultaneously with cooling coil airflow. The fan watt draw measurement and cooling coil airflow measurement must simultaneously meet or exceed their target criteria specified by the CF-1R for the dwelling.

Select one method from the two choices below for compliance with the Fan Watt Draw test requirement for this dwelling.			
<input type="checkbox"/>	Portable Watt Meter Measurement according to the procedures in RA3.3.3.3.1		
<input type="checkbox"/>	Utility Revenue Meter Measurement according to the procedures in RA3.3.3.3.2		
System Name or Identification/Tag			
System Location or Area Served			
Enter the air handler Tested (CFM) from the cooling coil airflow test table above.			
Enter the fan watt draw requirement from the CF-1R (Watt/CFM).			
Calculate the target maximum Watt draw for the test by multiplying the Watt/CFM criteria specified on the CF-1R by the air handler Tested (CFM). Target (Watt)			
Enter the diagnostically tested Watt draw (Watt). Tested (Watt)			
The system complies if Tested (Watt) is less than or equal to Target (Watt) Enter pass or Fail			

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).
- The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.
- The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s) responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the enforcement agency.

Builder or Installer information as shown on the Installation Certificate (CF-6R)		
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	CSLB License:	
HERS Provider Data Registry Information		
Sample Group # (if applicable):	<input type="checkbox"/> tested/verified dwelling	<input type="checkbox"/> not-tested/verified dwelling in a HERS sample group
HERS Rater Information		
HERS Rater Company Name:		
Responsible Rater's Name	Responsible Rater's Signature	

HSP/PSPP INSTALLATION; COOLING COIL AIRFLOW & FAN WATT DRAW TEST



CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING **CF-4R-MECH-22**

HSP/PSPP Installation; Cooling Coil Airflow & Fan Watt Draw Test **(Page 3 of 3)**

Site Address:	Enforcement Agency:	Permit Number:
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Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:
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SAMPLE FORM
 FOR INFORMATION ONLY
 NOT FOR SUBMITTAL