CONSTANT VOLUME, SINGLE ZONE, UNITARY (PACKAGED AND SPLIT) AIR CONDITIONER AND HEAT PUMP SYSTEMS

Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.	Enforcement Agency Use: Checked by/Date

A. Construction Inspection

1. Supporting documentation needed to perform test includes, but not limited to:
   a. 2016 Building Energy Efficiency Standards Nonresidential Compliance Manual *(NA7.5.2 Constant Volume, Single-zone, Unitary Air Conditioner and Heat Pumps Systems Acceptance At-A-Glance).*
   b. 2016 Building Energy Efficiency Standards Manual.
2. Instrumentation to perform test may include:
   a. Temperature Meter
   b. Amp Meter
3. Installation (check if applies):
   ☐ Thermostat is located within the space-conditioning zone that is served by the HVAC system.
4. Programming (check all those that apply):
   ☐ Thermostat meets the temperature adjustment and dead band requirements of 2016 Building Energy Efficiency Standards Manual Section 120.2(b).
   Minimum heating setpoint: _____°F. Maximum cooling setpoint _____°F. Deadband: _____°F.
   ☐ Occupied, unoccupied, and holiday schedules have been programmed per the schedule provided.
   ☐ Pre-occupancy purge has been programmed to meet the requirements of 2016 Building Energy Efficiency Standards Manual Section 120.1(c)2.
   1. Check method used to determine pre-occupancy purge:
      ☐ Lesser of: conditioned floor area times ventilation rate from 2016 Building Energy Efficiency Standards TABLE 120.1-A or 15cfm per person times the expected number of occupants.
      ☐ 3 complete air changes.

Notes:

CERTIFICATE OF ACCEPTANCE		NRCA-MCH-03-A
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B. Functional Testing Requirements

Operating Modes

Step 1: Disable economizer control and demand-controlled ventilation (if applicable) to prevent unexpected interactions.

Occupied Mode

Step 2: Heating load during occupied condition

Step 3: No-load during occupied condition

Step 4: Cooling load during occupied condition

Unoccupied Mode

Step 5: No-load during unoccupied condition

Step 6: Heating load during unoccupied condition

Step 7: Cooling load during unoccupied condition

Step 8: Manual override

		8	7	6	5	4	3	2
Step 2 – 8: Check and verify the following for each simulation mode required								
a.	Supply fan operates continually							
b.	Supply fan turns off							
c.	Supply fan cycles on and off							
d.	System reverts to "occupied" mode to satisfy any condition							
e.	System turns off when manual override time period expires							
f.	Gas-fired furnace, heat pump, or electric heater stages on							
g.	No heating is provided by the unit							
h.	No cooling is provided by the unit							
i.	Compressor stages on							
j.	Outside air damper is open to minimum position							
k.	Outside air damper closes completely							

Step 9: System returned to initial operating conditions after all tests have been completed: Yes ◯ No ◯

C. Testing Results

	8	7	6	5	4	3	2
Indicate if Passed (P), Failed (F), or N/A (X), fill in appropriate letter							

D. Evaluation

☐ PASS: All **Construction Inspection** responses are complete and all applicable **Testing Results** responses are "Pass" (P).

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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Acceptance documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	ATT Certification Identification (If applicable):
City/State/Zip:	Phone:

FIELD TECHNICIAN'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Acceptance is true and correct.
2. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).
3. The construction or installation identified on this Certificate of Acceptance complies with the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and signed by the responsible builder/installer and has been posted or made available with the building permit(s) issued for the building.

Field Technician Name:	Field Technician Signature:	
Field Technician Company Name:	Position with Company (Title):	
Address:	ATT Certification Identification (if applicable):	
City/State/Zip:	Phone:	Date Signed:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this Certificate of Acceptance.
2. I am eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Acceptance and attest to the declarations in this statement (responsible acceptance person).
3. The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and is posted or made available with the building permit(s) issued for the building.
5. I will ensure that a completed, signed copy of this Certificate of Acceptance shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Certificate of Acceptance is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Acceptance Person Name:	Responsible Acceptance Person Signature:	
Responsible Acceptance Person Company Name:	Position with Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed: