SUPPLY WATER TEMPERATURE RESET CONTROLS ACCEPTANCE

CERTIFICATE OF ACCEPTANCE		NRCA-MCH-09-A
Supply Water Temperature Controls Acceptance		(Page 1 of 3)
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

Intent:	*Ensure that both the chilled water and hot water supply temperatures are automatically reset based on either building loads or outdoor air temperature, as indicated in the control sequences.*

A. Construction Inspection

1. Supporting documentation needed to perform test includes, but not limited to:
   a. 2016 Building Energy Efficiency Standards Nonresidential Compliance Manual (*NA7.5.8 Supply Water Temperature Reset Controls Acceptance At-A-Glance)*
2. Instrumentation to perform test includes, but is not limited to:
   a. Calibrated reference temperature sensor, icewater, or drywell bath.
      1. Calibration Date: _____ (must be within last year).
3. Document that hydronic system supply temperature sensor(s) have been factory or field calibrated: (check the following that apply):
   - ☐ Factory calibrated
   - ☐ Provide supporting documentation.
   - ☐ Field-calibrated by Controls contractor or other.
   - ☐ Calibration complete, hydronic system supply temperature sensors within 1% of calibrated reference sensor, icewater or drywell bath.
   - ☐ Provide supporting documentation.

B. Functional Testing

		Results
Step 1: Test Maximum Reset Value		
a.	Change reset control variable to its maximum value. This can be accomplished by any one of the following (check method):	☐
	☐ Commanding at least one coil valve to 100% open	
	☐ Adjust discharge air temperature or zone temperature setpoints to drive a valve into a 100% open.	
	☐ Override actual outdoor air sensor to exceed maximum water temperature boundary value.	
b.	Verify that chilled or hot water temperature setpoint is reset to appropriate value.	Yes ○ No ○
c.	Verify that actual system temperature changes to within 2% of the new setpoint.	Yes ○ No ○
Step 2: Test Minimum Reset Value		
a.	Change reset control variable to its minimum value	☐
b.	Verify that chilled or hot water temperature setpoint is reset to appropriate value	Yes ○ No ○
c.	Verify that actual system temperature changes to within 2% of the new setpoint	Yes ○ No ○
Step 3: Test Automatic Control of Reset Control Variable.		
a.	Restore reset control variable to automatic control	☐
b.	Verify that chilled or hot water temperature setpoint is reset to appropriate value	Yes ○ No ○
c.	Verify that actual supply temperature changes to meet setpoint	Yes ○ No ○
d.	Verify that actual supply temperature changes to within 2% of the new setpoint	Yes ○ No ○

C. Testing Results

	PASS	FAIL
System passes criteria in 1c, 2c and 3d	○	○

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D. Evaluation

☐ PASS: All **Construction Inspection** responses are complete and all **Testing Results** responses are "Pass"

Notes:

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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: