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| CERTIFICATE OF ACCEPTANCE | | NRCA-MCH-18-A |
| Energy Management Control System Acceptance | | (Page 1 of 2) |
| Project Name: | Enforcement Agency: | Permit Number: |
| Project Address: | City: | Zip Code: |
| System Name or Identification/Tag: | System Location or Area Served: | |

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| <i>Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.</i> | <i>Enforcement Agency Use: Checked by/Date:</i> |
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| Intent: | <i>The purpose of this acceptance test is to help ensure the central control system, when installed, is properly installed and configured and capable of meeting the applicable requirements of Title 24 Part 6. The EMCS is a complex, highly customized control system with many opportunities for installation and programming problems. Obviously it is important to identify, diagnose, and resolve these problems. This acceptance test can help assist with this effort.</i> |
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| A. Construction Inspection |
| Prior to functional testing and conducting other acceptance tests that rely on the EMCS: <ul style="list-style-type: none"> <input type="checkbox"/> Factory start-up and check-out completed <input type="checkbox"/> Point-to-point verification completed <input type="checkbox"/> I/O point lists available <input type="checkbox"/> Sequence of operations of each system are programmed <input type="checkbox"/> Written sequences are available <input type="checkbox"/> Input sensors are calibrated |

| B. Functional Testing | Results | |
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| Conduct the following verification checks to validate the functionality of the EMCS: | | |
| 1. Verify the control graphics represent the system configuration. | Yes | No |
| 2. Verify control points are properly mapped to the graphics screen. | Yes | No |
| 3. Raise and lower a sampling of space temperature setpoints in the software and verify the system responds appropriately. | Yes | No |
| 4. Verify the time-of-day start-up and shut-down function initiates a proper system response. | Yes | No |
| 5. Verify trending capabilities by establishing trend logs for a sampling of control points. | Yes | No |
| 6. Verify alarm conditions are monitored. | Yes | No |
| 7. Verify the EMCS panel is installed on an emergency power circuit or has adequate battery back-up, if applicable. | Yes | No |

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| C. Testing Results | PASS / FAIL | |
| Test passes if all Construction Inspection boxes are checked and all Functional Testing results are 'Y'. | <input type="checkbox"/> | <input type="checkbox"/> |
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ENERGY MANAGEMENT CONTROL SYSTEM ACCEPTANCE



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| Project Name: | Enforcement Agency: | Permit Number: |
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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: |

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| FIELD TECHNICIAN'S DECLARATION STATEMENT | | |
| I certify the following under penalty of perjury, under the laws of the State of California: | | |
| <ol style="list-style-type: none"> 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: |

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| RESPONSIBLE PERSON'S DECLARATION STATEMENT | | |
| I certify the following under penalty of perjury, under the laws of the State of California: | | |
| <ol style="list-style-type: none"> 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: |