

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING		CF-4R-MECH-22
HSPP/PSPP Installation; Cooling Coil Airflow & Fan Watt Draw Test		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

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	
Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:	