

NA7.5.5 Demand Control Ventilation Systems Acceptance

Project Name/Address:

System Name or Identification/Tag:

System Location or Area Served:

Enforcement Agency:

Permit Number:

Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.

Enforcement Agency Use: Checked by/Date

Documentation Author's Declaration Statement

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

Name:

Signature:

Company :

Date:

Address:

If Applicable CEA or CEPE (Certification #):

City/State/Zip:

Phone:

FIELD TECHNICIAN'S 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 person who performed the acceptance requirements verification reported on this Certificate of Acceptance (Field Technician).
- I certify that the construction/installation identified on this form 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.
- I have confirmed that the Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.

Company Name:

Field Technician's Name:

Field Technician's Signature:

Date Signed:

Position With Company (Title):

RESPONSIBLE PERSON'S DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, that 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 form.
- I am a licensed contractor, architect, or engineer, who is eligible under Division 3 of the Business and Professions Code, in the applicable classification, to take responsibility for the scope of work specified on this document and attest to the declarations in this statement (responsible person).
- I certify that the information provided on this form substantiates that the construction/installation identified on this form 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.
- I have confirmed that the Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.
- 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.

Company Name:

Phone:

Responsible Person's Name:

Responsible Person's Signature:

License:

Date Signed:

Position With Company (Title):

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Intent:

Verify that systems required to employ demand Controlled ventilation (refer to §121(c)3) can vary outside ventilation flow rates based on maintaining interior carbon dioxide (CO₂) concentration setpoints

Construction Inspection

- 1 Instrumentation to perform test includes, but not limited to:
 - a. Calibrated hand-held CO² analyzer
 - b. Manufacturer's calibration kit
 - c. Calibrated CO²/air mixtures
- 2 Installation
 - The sensor is located in the high density space between 3ft and 6 ft above the floor or at the anticipated level of the occupants' heads.
- 3 Documentation of all carbon dioxide control sensors includes (check one of the following):
 - a. Calibration method
 - Factory-calibration certificate calibration cert must be attached
 - Field calibrated
 - b. Sensor accuracy
 - Certified by manufacturer to be no more than +/- 75 ppm calibration cert must be attached

A. Functional Testing	Results
a. Disable economizer controls	
b. Outside air CO ² concentration (select one of the following)	
<input type="checkbox"/> Measured dynamically using CO ² sensor	_____ ppm
c. Interior CO ² concentration setpoint (Outside CO ² concentration + 600 ppm)	_____ ppm
Step 1: Simulate a signal at or slightly above the CO² setpoint or follow manufacturers recommended testing procedures.	
<input type="checkbox"/> For single zone units, outdoor air damper modulates opens to satisfy the total ventilation air called for in the Certificate of Compliance.	
<input type="checkbox"/> For multiple zone units, either outdoor air damper or zone damper modulate open to satisfy the zone ventilation requirements.	
Step 2: Simulate signal well below the CO² setpoint or follow manufacturers recommended procedures.	
<input type="checkbox"/> For single zone units, outdoor air damper modulates to the design minimum value.	
<input type="checkbox"/> For multiple zone units, either outdoor air damper or zone damper modulate to satisfy the reduced zone ventilation requirements.	
Step 3: System returned to initial operating conditions	Y / N
B. Testing Results	PASS / FAIL
Step 1: Simulate a high CO ² load (check box complete)	
Step 2: Simulate a low CO ² load (check box complete)	
C Evaluation:	
<input type="checkbox"/> PASS: All Construction Inspection responses are complete and all Testing Results responses are "Pass"	