DEMAND CONTROL VENTILATION SYSTEMS ACCEPTANCE

CERTIFICATE OF ACCEPTANCE		NRCA-MCH-06-A
Demand Control Ventilation Systems 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:	

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

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 (CO_2) concentration setpoints*

A. Construction Inspection	
1	Instrumentation to perform test may include, but not limited to: a. Calibrated hand-held CO^2 analyzer b. Manufacturer's calibration kit c. Calibrated CO^2/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

B. Functional Testing		**Results**
a.	Disable economizer controls	
b.	Outside air CO^2 concentration (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 CO^2 setpoint or follow manufacturers recommended testing procedures.		
☐	For single zone units, outdoor air damper modulates opens to satisfy the total ventilation air called for in the Certificate of Compliance.	
☐	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 CO^2 setpoint or follow manufacturers recommended procedures.		
☐	For single zone units, outdoor air damper modulates to the design minimum value.	
☐	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

C. 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)		

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

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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: