

COMPRESSED AIR SYSTEM ACCEPTANCE

CEC-NRCA-PRC-01-F (Revised 05/15)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF ACCEPTANCE		NRCA-PRC-01-F
Compressed Air System Acceptance		(Page 1 of 4)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:

<i>Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.</i>	Enforcement Agency Use: Checked by/Date:
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Intent:	<i>Verify that compressed air system controls are installed and operating correctly.</i>
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A. Construction Inspection	
1. Supporting documentation needed to perform test includes:	
a. 2013 Building Energy Efficiency Standards Nonresidential Compliance Manual (<i>NA7.13 Compressed Air Systems Acceptance At-A-Glance</i>).	
b. 2013 Building Energy Efficiency Standards (<i>Section 120.6(e)</i>).	
2. Instrumentation to perform test may include, but is not limited to:	
a. Power meter(s) for every compressor	
b. Pressure transducer(s) for every compressor	
c. Flow meter(s) for every compressor	
3. Installation: (all of the following boxes must be checked)	
<input type="checkbox"/> Equipment installation is complete (including compressors, storage, controls, conditioning equipment, piping, etc.)	
<input type="checkbox"/> Compressed air system is ready for system operation, including completion of all start-up procedures per manufacturer's recommendations.	
4. Prior to functional testing, fill out the System Specifications Table. If the number of compressors exceeds the number in this list, please list additional compressors and specifications in the Notes section.	
5. Prior to functional testing, document below the method and tools for observing and recording the states of each compressor in the system, as seen in Step 3 of Functional Testing.	
Method for Observing and Recording Compressor States:	

System Specifications Table								
Total Online System Capacity (acfm):					Operating Pressure (psi):			
Compressor Specifications:								
Compressor	Size (hp)	Rated Capacity (acfm)	Control Type (check one or fill-in for 'Other')					Acting as Trim Compressor?
			Fixed Speed	Variable Displacement	Variable Speed	Centrifugal	Other	
1								Y / N
2								Y / N
3								Y / N
4								Y / N
5								Y / N
6								Y / N
7								Y / N
8								Y / N
9								Y / N
10								Y / N
If number of compressors exceeds 10, please list the additional compressors with specifications in the following Notes section.								

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Notes:

B. Functional Testing							Results
Step 1: Verify that the methods from the Construction Inspection have been employed by confirming the following:							
a. Compressor states can be observed and recorded for every compressor.							Y / N
b. The current air demand (in acfm) can be measured or inferred.							Y / N
Step 2: Run the compressed air supply system steadily at a load within (or close to) the expected operational load range as can be practically implemented for a duration of at least 10 minutes. Verify the following:							
a. System is running steadily for at least 10 minutes.							Y / N
b. System is running within (or close to) the expected operational load range.							Y / N
c. Downstream equipment is not affected by test valve being open (if applicable).							Y / N / NA
Step 3: Observe and record the operating states of each compressor and the current air demand during the test.							
					Current Air Demand (acfm)		
	Compressor States <i>(Check one)</i>				Compressor States <i>(Check all that apply)</i>		
Compressor	<i>Off</i>	<i>Unloaded</i>	<i>Partially Loaded</i>	<i>Fully Loaded</i>	<i>Blowoff</i>	<i>Short Cycling</i>	Notes:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
If number of compressors exceeds 10, please list the additional compressors with specifications in the Notes section.							
Step 4: Confirm that the system exhibits the following behavior following the test:							
a. No compressor exhibits short-cycling (loading and unloading more often than once per minute).							Y / N
b. No compressor exhibits blowoff (venting compressed air at the compressor itself).							Y / N
c. The trim compressors shall be the only compressors partially loaded, while the base compressors will either be fully loaded or off by the end of the test. (only applicable for new systems)							Y / N / NA
Step 5: Return system to initial operating conditions.							Y / N

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C. Testing Results	PASS / FAIL	
Step 1: Verify construction inspection steps are complete (all answers are Y).		
Step 2: Run system steadily at operational load range for 10 minutes (all answers are Y or NA).		
Step 3: Record all observed states of the compressors and system demand (Table is filled out).		
Step 4: System exhibits expected behavior (all answers are Y or NA).		

D. Evaluation
<input type="checkbox"/> 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:	CEA/HERS/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:		
<ol style="list-style-type: none"> The information provided on this Certificate of Acceptance is true and correct. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician). 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. 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:	CEA/HERS/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:		
<ol style="list-style-type: none"> 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. 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). 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. 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. 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: