DISTRIBUTED ENERGY STORAGE DX AC SYSTEMS ACCEPTANCE

CERTIFICATE OF ACCEPTANCE		NRCA-MCH-14-A
Distributed Energy Storage DX AC Systems Acceptance		(Page 1 of 3)
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 proper operation of distributed energy storage DX systems.*

A. Construction Inspection
1. Instrumentation to perform test includes, but not limited to:
a. No special instrumentation is required to perform these tests.
2. Installation
Prior to Performance Testing, verify and document the following:
☐ The water tank is filled to the proper level
☐ The water tank is sitting on a foundation with adequate structural strength
☐ The water tank is insulated and the top cover is in place
☐ The DES/DXAC is installed correctly (refrigerant piping, etc.)
☐ Verify that the correct model number is installed and configured

B. Functional Testing	**Results**
Step 1: Simulate no cooling load during a nighttime period by setting system time to between 9PM and 6AM. Raise the space temperature setpoint above the current space temperature. Verify and document the following:	
a. The system charges the tank.	Y / N
b. The system does not provide cooling to the building.	Y / N
Step 2: Simulate cooling load during daytime period (e.g. by setting time schedule to include actual time and placing thermostat cooling set-point below actual temperature). Verify and document the following:	
a. Supply fan operates continually during occupied hours.	Y / N
b. If the DES/DXAC has cooling capacity, DES/DXAC runs to meet the cooling demand (in ice melt mode)	Y / N / NA
c. If the DES/DXAC has no ice and there is a call for cooling, the DES/DXAC runs in direct cooling mode	Y / N / NA
Step 3: Simulate no cooling load during daytime condition. Verify and document the following:	
a. Supply fan operates as per the facility thermostat or control system	Y / N
b. The DES/DXAC and the condensing unit do not run	Y / N
Step 4: Simulate no cooling load during morning shoulder time period. Verify and document the following:	
a. The DES/DXAC is idle (the condensing unit and the refrigerant pumps remain off).	Y / N
Step 5: Simulate a cooling load during morning shoulder time period. Verify and document the following:	
a. The DES/DXAC runs in direct cooling mode (the compressor operates to cool the space).	Y / N

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C. Calibrating Controls	**Results**
a. Verify that you are able to set the proper time and date, as per manufacturer's installation manual for approved installers	Y / N

D. Testing Results	**PASS**	**/ FAIL**
Test passes if all answers are yes under **Functional Testing** and **Calibrating Controls**.	☐	☐
☐ PASS: All **Construction Inspection** responses are complete and all **Testing Results** responses are "Pass"		

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System Name or Identification/Tag:	System Location or Area Served:	

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:

NRCA-MCH-14-A User Instructions

Section A. Construction Inspection

This pre-test section consists of check boxes and data entry requirements. Complete check boxes and enter data as instructed.

Section B. Functional Testing

This section consists of check boxes and yes or no questions arranged by individual test. Check each box or circle the correct answer for each specific test or line item.

Section C. Testing Results

This section consists of check boxes for each test procedure. Complete check boxes as instructed.

Section D. Evaluation

Check the appropriate box as instructed.

Declaration Statements of Acceptance

This section contains fillable fields for three declaration statements: one from the Documentation Author, one from the Field Technician, and one from the Responsible Person. Each area contains a combination of check boxes and data entry requirements, including signature; date; and license number. Complete check boxes and enter data as instructed.

The Documentation Author is the person completing the form. The Field Technician is responsible for performing and documenting the results of the acceptance procedures on the Certificate of Acceptance forms. The Field Technician must sign the Certificate of Acceptance to certify that the information he or she provides on the Certificate of Acceptance is true and correct. It is important to note that the Field Technician is not required to have a contractor's, architect's or engineer's license. A Responsible Person is eligible under Division 3 of the Business and Professions code in the applicable classification to take responsibility for the scope of work specified by the Certificate of Acceptance document. The Responsible Person can also perform the field testing and verification work, and if this is the case the Responsible Person must complete and sign both the Field Technician's signature block and the Responsible Person's signature block on the Certificate of Acceptance form. The Responsible Person assumes responsibility for the acceptance testing work performed by the Field Technician agent or employee.