SPACE CONDITIONING SYSTEM AIRFLOW RATE

CERTIFICATE OF INSTALLATION		CF2R-MCH-23-H
Space Conditioning System Airflow Rate		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City:	Zip Code:

A. Ducted Cooling System Information		
01	Space Conditioning System Identification or Name	
02	Space Conditioning System Location or Area Served	
03	System Installation Type	
04	Nominal Cooling Capacity (tons) of Condenser	
05	Condenser Speed Type	
06	Cooling System Zonal Control Type	
07	Central Fan Integrated (CFI) Ventilation System Status	
08	System Bypass Duct Status	
09	Date of System Airflow Rate Measurement	
10	Airflow Rate Protocol Utilized	

B. Hole for the Placement of a Static Pressure Probe (HSPP), and Permanently Installed Static Pressure Probe (PSPP) in the Supply Plenum Procedures for installing HSPP or PSPP are specified in RA3.3.1.1.		
01	Method Used to Demonstrate Compliance with the HSPP/PSPP Requirement	

C. Airflow Rate Measurement Apparatus and Procedure Information Instrument Specifications are given in RA3.3.1.1, and system airflow rate measurement apparatus information is given in RA3.3.2.		
01	Airflow Rate Measurement Type Used for this Airflow Rate Verification	
02	Manufacturer of Airflow Measurement Apparatus	
03	Model Number of Airflow Measurement Apparatus	
04	Certification Status of the Airflow Measurement Apparatus Accuracy	

MCH-23d Forced Air System Airflow Rate Measurement – Newly Installed Heating Only Non-Zoned Systems Measurement Only – No Minimum Target Requirement

D. Forced Air System Airflow Rate Measurement The procedures for System Airflow Rate Verification are specified in Reference Residential Appendix RA3.3.		
01	Actual System Airflow Rate Measurement (cfm)	

E. Additional Requirements	
01	Air filters that meet the applicable requirements of Standards Section 150.0(m)12 or 150.0(m)13 were properly installed in the system during system air flow rate measurement identified on this Certificate of Installation.
02	The airflow rate measurement apparatus used to perform the airflow rate measurement identified on this Certificate of Installation was calibrated in accordance with the apparatus manufacturer's specifications and conforms to the instrumentation specifications given in RA3.3.1.
03	All registers were fully open during the diagnostic test.
04	System fan was set at maximum speed during the diagnostic test.
05	If fresh air duct is part of the HVAC system it was not closed during the diagnostic test.
06	Airflow rate and fan watt draw shall be simultaneous measurements when used to calculate the Fan Efficacy tested value.
The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.	

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CERTIFICATE OF INSTALLATION		CF2R-MCH-23-H
Space Conditioning System Airflow Rate		(Page 2 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City:	Zip Code:

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
1. I certify that this Certificate of Installation documentation is accurate and complete.	
Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/HERS Certification Identification (if applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'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 Installation is true and correct.
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 Installation and attest to the declarations in this statement (responsible builder/installer), otherwise I am an authorized representative of the responsible builder/installer.
3. The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations, and the installation conforms to the requirements given on the plans and specifications approved by the enforcement agency.
4. I understand that a HERS rater will check the installation to verify compliance, and that if such checking identifies defects; I am required to take corrective action at my expense. I understand that Energy Commission and HERS Provider representatives will also perform quality assurance checking of installations, including those approved as part of a sample group but not checked by a HERS rater, and if those installations fail to meet the requirements of such quality assurance checking, the required corrective action and additional checking/testing of other installations in that HERS sample group will be performed at my expense.
5. I reviewed a copy of the Certificate of Compliance approved by the enforcement agency that identifies the specific requirements for the scope of construction or installation identified on this Certificate of Installation, and I have ensured that the requirements that apply to the construction or installation have been met.
6. I will ensure that a registered copy of this Certificate of Installation 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 registered copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Builder/Installer Name:	Responsible Builder/Installer Signature:	
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)	Position With Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed:
Third Party Quality Control Program (TPQCP) Status:	Name of TPQCP (if applicable):	

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CF2R-MCH-23d-H User Instructions

Section A. Ducted Cooling System Information

1 System Identification or Name: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.

2 System Location or Area Served: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.

3 System Installation Type: Select the appropriate System Installation Type from the following choices:

   a. New: Use this choice for newly constructed buildings, additions with all-new systems dedicated to the addition, or new systems installed in existing homes where the equipment and ducts are all newly installed (aka, "Cut-in").

   b. Replacement: Use this choice if the system is a complete replacement space-conditioning system installed as part of an alteration, and includes all the system heating or cooling equipment plus a replacement duct system (150.2(b)1Diia) where the ducts are at least 75 percent or more newly installed duct material (up to 25 percent of the finished system may consist of reused parts from the dwelling unit's previously existing duct system, such as registers, grilles, boots, air handler, coil, plenums, duct material); plus a replacement air handler.

   c. Alteration: Use this choice for existing buildings where any of the following are newly installed or replaced as part of the project and the system does not meet one of the other compliance categories above~~.~~:

      i. 40 feet or more of space-conditioning system ducts are installed in unconditioned space or indirectly conditioned space.

      ii. Air conditioning or heat pump condenser

      iii. Heating or cooling coil

      iv. Air handler (e.g., furnace, fan coil, package unit)

      v. Air handler (e.g., furnace, fan coil, package unit)

4 Nominal Cooling Capacity (tons) of Condenser: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.

5 Condenser Speed Type: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.

6 Cooling System Zonal Control Type: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.

7 Central Fan Integrated (CFI) Ventilation System Status: If the system has Central Fan Integrated System, then select "CFI System", otherwise select "Not a CFI system".

8 System Bypass Duct Status: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.

9 Date of System Airflow Rate Measurement: Enter the date that the airflow test was performed.

10 Airflow Rate Protocol Utilized: If the system installation type is "New" or "Replacement" then only the RA3.3 airflow methods may be used. If the system installation type is "Alteration", the RA3.3 airflow methods may be used, but the Alternative to Compliance with Minimum System Airflow Requirements ("Best I Can Do" airflow) is an option for existing systems that may require substantial modification to improve the airflow.

Section B. Hole for the Placement of a Static Pressure Probe (HSPP), and Permanently Installed Static Pressure Probe (PSPP) in the Supply Plenum

1 A hole for a static pressure probe (HSPP) or a permanent static pressure probe (PSPP) is required when system airflow verification is required, whether the airflow test method used requires one or not. Select the appropriate choice from the following options using a dropdown box, the Static Pressure Measurement Method:

   A. If an Hole Static Pressure Probe is installed then select "HSPP Installed"

   B. If a Permanent Static Pressure Probe is installed then select "PSPP Installed"

   C. If the system is configured such that an HSPP nor PSPP can be installed, an alternate location that provides access for making supply plenum pressure measurement may be used. Select "An alternative location has been provided and clearly labeled."

   D. If the system is such that an HSPP or PSPP is not applicable, select "HSPP/PSPP are not applicable to this system".

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Section C. Airflow Rate Measurement Apparatus and Procedure Information

1. Airflow Rate Measurement Type Used for this Airflow Rate Verification: Select the appropriate airflow test procedure from the following options for the method used to determine actual fan air flow:
   a. Diagnostic Fan Flow Using Fan Flow Meter (aka Plenum Pressure Matching) according to the procedures in RA3.3.3.1.1
   b. Diagnostic Fan Flow Using Flow Grid Measurement according to the procedures in RA3.3.3.1.2
   c. Diagnostic Fan Flow Using Powered Flow Capture Hood according to the procedures in RA3.3.3.1.3
   d. Diagnostic Fan Flow Using Traditional Flow Capture Hood according to the procedures in RA3.3.3.1.4
2. Manufacturer of Airflow Measurement Apparatus: Enter the name of the manufacturer of the airflow measurement tool used to measure the airflow for this test.
3. Model number of Airflow Measurement Apparatus: Enter the model number of the airflow measurement tool used to measure the airflow for this test.
4. Certification Status of the Airflow Measurement Apparatus Accuracy: The measurement apparatus used to perform airflow verification measurements must appear on the CEC list of approved devices found at http://www.energy.ca.gov/title24/equipment_cert/ama_fas/index.html, if this is true, select "Certified", otherwise select "Not Certified". The latter choice will not allow the system to pass until a certified device is used.

Section D. Forced Air System Airflow Rate Measurement

1. Actual System Airflow Rate Measurement (cfm): Enter the actual tested value of the airflow measured using the apparatus specified above.

Section E. Additional Requirements

1 This field must be a true statement (or not applicable) for the system to comply.
2 This field must be a true statement (or not applicable) for the system to comply.
3 This field must be a true statement (or not applicable) for the system to comply.
4 This field must be a true statement (or not applicable) for the system to comply.
5 This field must be a true statement (or not applicable) for the system to comply.
6 This field must be a true statement (or not applicable) for the system to comply.

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