



NOT REGISTERED - CAN BE USED FOR SUBMISSION TO BUILDING DEPARTMENTS PRIOR TO MARCH 31, 2023

CERTIFICATE OF VERIFICATION

Note: This table completed by HERS Registry.

Project Details

Field Name	Data Entry	Field Name	Data Entry
Project Name:		Enforcement Agency:	
Dwelling Address:		Permit Number:	
City and Zip Code:		Date Permit Issued:	

A. Ducted Cooling System Information

Fields 01 through 12 must be completed with data taken from the LMCI-MCH23 form.

Field	Field Name	Data Entry
01	System Identification or Name	
02	System Location or Area Served	
03	Indoor Unit Name or Description of Area Served	
04	System Installation Type	
05	Nominal Cooling Capacity (tons) of Condenser	
06	Condenser Speed Type	
07	Cooling System Zonal Control Type	
08	Central Fan Integrated (CFI) Ventilation System Status	
09	System Bypass Duct Status	
10	Date of System Airflow Rate Measurement	
11	Airflow Rate Protocol Utilized	
12	Central Fan Ventilation Cooling System Status	

B. Fan Watt Measurement Apparatus and Procedure Information

Instrument Specifications are given in RA3.3.1, and system fan watt measurement apparatus information is given in RA3.3.2.2.

Field	Field Name	Data Entry
01	Fan Watt Verification Device Used <i>(select option)</i>	<input type="checkbox"/> Portable watt meter <input type="checkbox"/> Analog Utility Revenue Meter (spinning wheel type) <input type="checkbox"/> Digital Utility Revenue Meter

MCH-22a Forced Air System Fan Efficacy Measurement – Newly Installed Non-Zoned Systems or Zoned Multi-Speed Compressor



C. Forced Air System Fan Efficacy Measurement

The procedures for System Fan Watt Verification are specified in Reference Residential Appendix RA3.3.

Field	Field Name	Data Entry
01	Actual Tested Watts	
02	Actual Tested Airflow from MCH-23 (cfm)	
03	Required Fan Efficacy (watts/cfm)	
04	Actual Fan Efficacy (watts/cfm)	
05	Compliance Statement (select option)	<input type="checkbox"/> System fan efficacy complies <input type="checkbox"/> System does not comply with fan efficacy requirement

D. Additional Requirements

Field	Field Name
01	All registers were fully open during the diagnostic test.
02	System fan was set at maximum speed during the diagnostic test.
03	If fresh air duct is part of the HVAC system it was not closed during the diagnostic test.
04	Airflow rate and fan watt draw shall be simultaneous measurements when used to calculate the Fan Efficacy tested value.
05	Multi-speed compressor space cooling systems or variable speed compressor systems shall verify airflow (cfm/ton) and fan efficacy (watts/cfm) with system operating in cooling mode at the maximum compressor speed and the maximum air handler fan speed.
06	Zoned cooling air distribution systems with single speed compressors shall meet both the airflow (cfm/ton) and fan efficacy (watts/cfm) criteria in every zonal control mode.
07	Portable watt meters used for measurements of air handler watt draws shall be true power measurement systems (i.e., sensor plus data acquisition system) having an accuracy of ± 2% of reading or ± 10 watts whichever is greater

Verification status and Correction notes.

Field	Field Name	Data Entry
08	Verification Status:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> All N/A
09	Correction Notes:	

The responsible person’s signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes.



E. Determination of HERS Verification Compliance

All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance.

Field	Field Name	Data Entry
01	HERS Verification Compliance	<input type="checkbox"/> Complies <input type="checkbox"/> Does not comply



DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Verification documentation is accurate and complete.

SIGNATORY	Entry
Documentation Author Name	
Author Signature	
Company Name	
Date Signed	
CEA/HERS Certification Identification (if applicable)	
Address	
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 Verification is true and correct.
2. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater).
3. The installed features, materials, components, manufactured devices, or system performance diagnostic results that require HERS verification identified on this Certificate of Verification comply with the applicable requirements in Reference Appendices RA2, RA3, and the requirements specified on the Certificate of Compliance for the building approved by the enforcement agency.
4. The information reported on applicable sections of the Certificate(s) of Installation (LMCI) signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (LMCC) approved by the enforcement agency.
5. I understand that a registered copy of this Certificate of Verification 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, and I will take the necessary steps to ensure this requirement is accomplished.

I understand that a registered copy of this Certificate of Verification is required to be included with the documentation the builder provides to the building.

Builder Or Installer Information As Shown On The Certificate Of Installation

SIGNATORY	Entry
Company Name	
Builder or Installer Name	
CSLB License	

HERS Provider Data Registry Information

SIGNATORY	Entry
Sample Group Number (if applicable)	
Dwelling Test Status in Sample Group (if applicable)	

HERS Rater Information

SIGNATORY	Entry
Company Name	
Responsible Rater Signature	
Responsible Rater Certification Number w/this HERS Provider	
Date Signed	

LMCV-MCH-22a-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 LMCV-MCH-23, 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 LMCV-MCH-23, which must be completed prior to this document.
3. *Indoor Unit Name*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
4. *System Installation Type*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
5. *Nominal Cooling Capacity (tons) of Condenser*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
6. *Condenser Speed Type*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
7. *Cooling System Zonal Control Type*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
8. *Central Fan Integrated (CFI) Ventilation System Status*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
9. *System Bypass Duct Status*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
10. *Date of System Airflow Rate Measurement*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
11. *Airflow Rate Protocol utilized*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
12. *Central Fan Ventilation Cooling System (CFVCS) Status*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.

Section B. Fan Watt Measurement Apparatus and Procedure Information

1. *Fan Watt Verification Device Used*: If the device used to measure fan watts was a portable watt meter then select “Portable Watt Meter”. This can include plug-in devices such as a “Watts-Up” meter, or a “Kill-a-Watt” meter, or a clamp-on type meter that reads true power watts directly (must account for power factor – multiplying amps x volts is not adequate).

Section C. Forced Air System Fan Efficacy Measurement

1. *Actual Tested Watts*: Enter the number of watts tested using the device specified in section B.
2. *Actual Tested Airflow from MCH-23 (cfm)*: This field is filled out automatically. It is referenced from the LMCV-MCH-23, which must be completed prior to this document.
3. *Required Fan Efficacy (Watts/cfm)*: This field is filled out automatically and referenced from MCH-01. Values below are used unless higher efficacy values are specified on the LMCC for performance compliance.
 - a. 0.62 watts/cfm for small duct high velocity HP or AC systems
 - b. 0.45 watts/cfm for central gas furnace or packaged gas furnace systems
 - c. 0.58 watts/cfm for all other systems
4. *Actual Fan Efficacy (watts/cfm)*: This field is filled out automatically. It is calculated by dividing the actual tested watts by the actual tested airflow.

5. *Compliance Statement:* This field is filled out automatically based on whether or not the actual fan efficacy meets the required fan efficacy.

Section D. Additional Requirements

1. This field must be a true statement (or not applicable) for the system to comply.
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6. This field must be a true statement (or not applicable) for the system to comply.
7. This field must be a true statement (or not applicable) for the system to comply.
8. *Verification Status:* If this Section does not apply, then select “All N/A”. If the system meets the criteria for *Ducts Located in Conditioned Space* credit then select “Pass”, otherwise select “Fail”. The latter selection means that the system does not meet the requirements and the LMCC will have to be revised, or the system will need to be modified to meet the requirements.
9. *Correction Notes:* If one or more applicable requirements are not met “Fail” will appear in the row above. When this occurs the rater is required to enter detailed notes here that describe what failed and why.

Section E. Determination of HERS Verification Compliance

1. This field is filled out automatically. Compliance requires that all individual criteria pass.