

NOT REGISTERED - CAN BE USED FOR SUBMISSION TO BUILDING DEPARTMENTS PRIOR TO DECEMBER 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		Permit Application Date	

A. System Information

HERS Rater to field-verify all system information, discrepancies to be noted by overwriting entry.

Field	Field Name	Data Entry
01	Space Conditioning System Identification or Name	
02	Space Conditioning System Location or Area Served	
03	Condenser (or package unit) Make or Brand	
04	Condenser (or package unit) Model Number	
05	Nominal Cooling Capacity (tons) of Condenser	
06	Condenser (or package unit) Serial Number	
07	Refrigerant Type	
08	Other Refrigerant Type (if applicable)	
09	Liquid Line Filter Drier Installed According to Manufacturer’s Specifications (if applicable)	
10	System Installation Type	
11	Fault Indicator Display (FID) Status (Note: Even systems with a FID must have refrigerant charge verified by installer)	
12	Is the system of a type that the minimum airflow can be verified for all indoor units using an approved measurement procedure (RA3.3 or RA3.3.3)?	
13	Is the system of a type that approved refrigerant charge verification procedures can be used to verify compliance with the refrigerant charge verification requirements when temperatures are ≥ 55°F (RA3.2.2, or RA1)?	
14	Date of HERS Rater Refrigerant Charge Verification for this System	
15	Refrigerant Charge Verification Method Used by Installer	
16	Person Who Performed the Refrigerant Charge Verification Reported on the Certificate of Installation	

17	HERS Verification Compliance Requirement Status	
18	Refrigerant Charge Verification Method Used by HERS Rater	

MCH-25c - Refrigerant Charge Verification - Weigh In Observation Procedure

B. Measurement Access Hole (MAH) Verification

HERS Raters are required to visually field verify MAH. Procedures for installing MAH are specified in Reference Residential Appendix RA3.2.2.3.

Field	Field Name	Data Entry
01	Method Used to Demonstrate Compliance with the Measurement Access Hole (MAH) Requirement <i>(select option)</i>	

C. Minimum System Airflow Rate Verification

Procedures for verifying minimum system airflow are specified in Reference Residential Appendix RA3.3.3.

Field	Field Name	Data Entry
01	Indoor Unit Name or Description of Area Served	
02	Minimum Required System Airflow Rate (cfm)	Verification of Table 150.0-B or C Alternative Return Duct Design Criteria is Required Enter numeric XXX value: _____
03	System Airflow Rate Verification Status <i>(select option)</i>	
04	Compliance Statement <i>(select option)</i>	

Notes

Data Entry

D. Weigh In Charge Procedure

HERS Rater Must Observe and Confirm All Data Collected. Procedures for Refrigerant Charge using the Weigh-in Charging Procedure are given in Reference Residential Appendix RA3.2.2.2 and RA3.2.3.

Field	Field Name	Data Entry
01	Measured Condenser Air Entering Dry-bulb Temperature ($T_{condenser, db}$) (°F)	
02	Specify the Method of Weigh-in	
03	Manufacturer’s Standard Charge for Condenser (lbs, oz.)	
04	Manufacturer’s Standard Liquid Line Length (ft)	
05	Manufacturer’s Standard Liquid Line Diameter (in)	
06	Manufacturer’s Standard Indoor Coil Size (tons)	
07	Installed Liquid Line Length (ft)	
08	Installed Liquid Line Diameter (in)	
09	Installed Indoor Coil Size (tons)	
10	Charge Adjustment to Standard Charge from Manufacturer’s Specifications (ounces, positive = add, negative = remove)	
11	Refrigerant Required to be Weighed in by the Installer (lbs, oz)	
12	Refrigerant Weighed in by Installer (lbs, oz)	
13	Verification Status: (Note: If Verification Status for this table indicates “Does not comply”, the reason shall be described in the correction notes for this table.)	

Correction Notes:

Data Entry

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 in this table.

E. Weigh In Charge Procedure – Additional Requirements

Field	Field Description
01	The indoor coil correction to refrigerant weight is used if it is supplied by the manufacturer.
02	Prior to introducing refrigerant, system is evacuated to 500 microns or less and, when isolated, has risen no more than 300 microns after 5 minutes.

Verification Status:

(Note: If Verification Status for this table indicates “Fail”, the reason shall be described in the correction notes for this table.)

Field	Field Description	Data Entry
03	Select pass or fail	

Correction Notes:

Data Entry

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 in this table.

F. 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 Description	Data Entry
01	Check complies or does not comply <i>(select option)</i>	

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	