

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****CERTIFICATE OF VERIFICATION****Note:** This table completed by HERS Registry.

|                    |                          |
|--------------------|--------------------------|
| Project Name:      | Enforcement Agency:      |
| Dwelling Address:  | Permit Number:           |
| City and Zip Code: | Permit Application Date: |

Title 24, Part 6, Section 150.0(o) **Ventilation for Indoor Air Quality**. All dwelling units shall meet the requirements of ANSI/ASHRAE Standard 62.2. Ventilation and Acceptable Indoor Air Quality in Low-Rise Residential Buildings, subject to the amendments specified in Section 150.0(o)1. **Equation and table numbering on this form corresponds to the numbering for that information in the published ANSI/ASHRAE Standard 62.2-2019.**

**A. Local Mechanical Exhaust - General Information**

|    |                                         |  |
|----|-----------------------------------------|--|
| 01 | Dwelling Unit Name                      |  |
| 02 | Building Type                           |  |
| 03 | Total Kitchen Floor Area                |  |
| 04 | Kitchen Average Ceiling Height          |  |
| 05 | Kitchen Total Conditioned Volume        |  |
| 06 | Kitchen Type                            |  |
| 07 | Dwelling Unit Total Floor Area          |  |
| 08 | Kitchen Range (Cooking Stove) Fuel Type |  |

**B. Kitchen Exhaust Systems**

| 01          | 02                | 03          | 04                                        | 05                                         | 06                                        | 07                                          | 08                 | 09a                  | 09                                | 10                   | 11                               | 12                             |
|-------------|-------------------|-------------|-------------------------------------------|--------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------|----------------------|-----------------------------------|----------------------|----------------------------------|--------------------------------|
| System Name | Manufacturer Name | System Type | HVI or AHAM Directory Listed Model Number | HVI or AHAM Directory Listed Rated Airflow | HVI or AHAM Directory Listed Sound Rating | Minimum Airflow (defaults to rated airflow) | Operation Schedule | Method of Compliance | Required Minimum Ventilation Rate | Maximum Sound Rating | Compliance Statement for Airflow | Compliance Statement for Sound |
|             |                   |             |                                           |                                            |                                           |                                             |                    |                      |                                   |                      |                                  |                                |
|             |                   |             |                                           |                                            |                                           |                                             |                    |                      |                                   |                      |                                  |                                |

**C. Continuous Kitchen Exhaust**

|    |                                                 |  |
|----|-------------------------------------------------|--|
| 01 | Total Continuous Ventilation Airflow            |  |
| 02 | Required Minimum Continuous Ventilation Airflow |  |
| 03 | Compliance Statement                            |  |

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****C2. Kitchen Range Hood Capture Efficiency Option**

|    |                                                              |  |
|----|--------------------------------------------------------------|--|
| 01 | Manufacturer Name                                            |  |
| 02 | CEC-Approved Directory Listed Model Number                   |  |
| 03 | CEC-Approved Directory Listed Rated Capture Efficiency       |  |
| 04 | Required Minimum Capture Efficiency ( <i>Table 150.0-G</i> ) |  |
| 05 | Compliance Statement                                         |  |

**D. 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

|    |  |
|----|--|
| 01 |  |
|----|--|

For information and data collection only. Not valid until registered with a HERS provider

**SAMPLE FORM – NOT VALID FOR SUBMISSION TO BUILDING DEPARTMENTS****DOCUMENTATION AUTHOR'S DECLARATION STATEMENT**

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

|                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. I certify that this Certificate of Verification documentation is accurate and complete. |                                                     |
| Documentation Author Name:                                                                 | Documentation Author Signature:                     |
| Company:                                                                                   | Date Signed:                                        |
| Address:                                                                                   | CEA/HERS Certification Information (if applicable): |
| City/State/Zip:                                                                            | Phone:                                              |

**RESPONSIBLE PERSON'S DECLARATION STATEMENT**

2. 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.
6. 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**

|                                                                                |               |
|--------------------------------------------------------------------------------|---------------|
| Company Name (Installing Subcontractor, General Contractor, or Builder/Owner): |               |
| Responsible Builder or Installer Name:                                         | CSLB License: |

**HERS PROVIDER DATA REGISTRY INFORMATION**

|                                      |                                                       |
|--------------------------------------|-------------------------------------------------------|
| Sample Group Number (if applicable): | Dwelling Test Status in Sample Group (if applicable): |
|--------------------------------------|-------------------------------------------------------|

**HERS RATER INFORMATION**

|                                                               |                              |
|---------------------------------------------------------------|------------------------------|
| HERS Rater Company Name:                                      |                              |
| Responsible Rater Name:                                       | Responsible Rater Signature: |
| Responsible Rater Certification Number w/ this HERS Provider: | Date Signed:                 |

For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300

|                                                                       |               |
|-----------------------------------------------------------------------|---------------|
| CERTIFICATE OF VERIFICATION – DATA FIELD DEFINITIONS AND CALCULATIONS | LMCV-MCH-32-H |
| Local Mechanical Exhaust – MCH-32                                     | (Page 1 of 2) |

## LMCV-MCH-32-H User Instructions

### Section A. Local Mechanical Exhaust - General Information

1. Dwelling Unit Name: This field is filled out automatically and referenced from the MCH-01
2. Building Type: This field is filled out automatically and referenced from the LMCC.
3. Total Kitchen Floor Area: Enter the total floor area for an enclosed kitchen or N/A for a non-enclosed kitchen.
4. Kitchen Average Ceiling Height: Enter the kitchen ceiling height for an enclosed kitchen or N/A for a non-enclosed kitchen.
5. Kitchen Total Conditioned Volume: This field is filled out automatically and calculated based on the kitchen area and ceiling height.
6. Kitchen Type: Enter the type of kitchen (enclosed or non-enclosed).
7. Dwelling Unit Total Floor Area: This field is filled out automatically and referenced from the MCH-01.
8. Kitchen Range Fuel Type: Select the fuel type of the kitchen range: natural gas or electric.

### Section B. Kitchen Exhaust System

1. System Name: Enter a unique name for the kitchen exhaust system
2. Manufacturer Name: Enter manufacturer name for the kitchen exhaust system.
3. System Type: Select the type of kitchen exhaust system. Options are vented range hood, downdraft, and other.
4. HVI or AHAM Directory Listed Model Number: Enter the kitchen exhaust system model number matching the installed equipment and HVI or AHAM directory.
5. HVI or AHAM Directory Listed Rated Airflow: Enter the rated airflow listed in the HVI or AHAM directory for the above model number.
6. HVI or AHAM Directory Listed Sound Rating: Enter the sound rating listed in the HVI or AHAM directory for the above model number.
7. Minimum Airflow (defaults to rated airflow): Defaults to rated airflow from HVI directory, but editable if exhaust system minimum airflow rate is less than HVI listed value.
8. Operation Schedule: Select the kitchen exhaust system operation schedule. Options are demand control and continuous.
- 9a. Method of Compliance: Select the method of compliance. Options are airflow and capture efficiency.
9. Required Minimum Ventilation Rate (if demand controlled): This field is filled out automatically and is calculated based on the system operation schedule and type, and kitchen type and volume, and Table 150.0-E and Table 150.0-G. This field is only used for demand control exhaust systems. Continuous exhaust required minimum ventilation rate is determined in Section D.
10. Maximum Sound Rating: This field is filled out automatically and is calculated based the system operation schedule and minimum airflow.
11. Compliance Statement for Airflow: This field is filled out automatically based on the installed system listed airflow rate and minimum required ventilation rate. This field only determines compliance using airflow ratings for demand-controlled kitchen exhaust systems. Continuous system ventilation rate compliance is determined in Section D. Vented range hoods utilizing the capture efficiency rating for compliance is determined in Section E.
12. Compliance Statement for Sound. This field is filled out automatically based on the installed system listed sound rating and maximum sound rating allowed.

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|-----------------------------------------------------------------------|---------------|
| CERTIFICATE OF VERIFICATION – DATA FIELD DEFINITIONS AND CALCULATIONS | LMCV-MCH-32-H |
| Local Mechanical Exhaust – MCH-32                                     | (Page 2 of 2) |

### Section C. Continuous Kitchen Exhaust

1. Total Continuous Ventilation Airflow: This field is filled out automatically and is equal to the sum of the HVI listed airflow for all continuously operated kitchen exhaust systems.
2. Required Minimum Continuous Ventilation Airflow: This field is filled out automatically and is equal to five times the enclosed kitchen volume.
3. Compliance Statement: This field is filled out automatically and is based on the total installed continuous ventilation airflow and the required minimum continuous ventilation airflow.

### Section C2. Kitchen Range Hood Capture Efficiency Option

**Note: This table is used only when complying with local exhaust requirements by utilizing the capture efficiency rating instead of the airflow rating.**

1. Manufacturer Name: Enter manufacturer name for the kitchen range hood.
2. CEC-Approved Directory Listed Model Number: Enter the kitchen range hood model number matching the installed equipment and a CEC-approved directory listing.
3. CEC-Approved Directory Listed Rated Capture Efficiency: Enter the rated capture efficiency in the CEC-approved directory for the above model number.
4. Required Minimum Capture Efficiency: This field is filled out automatically and is determined by the dwelling unit square footage, kitchen range fuel type, and Table 150.0-G.
5. Compliance Statement. This field is filled out automatically based on the installed system listed capture efficiency rating and required minimum capture efficiency.

### Section D. Determination of HERS Verification Compliance

1. This field is filled out automatically based on all verification protocol requirements in this document showing compliance.

### Documentation Declaration Statements

1. The person who prepared the LMCV will sign and complete the fields for their name, company (if applicable), address, phone number, certification information (if applicable), date and signature.
2. The person who is assuming responsibility for the project being built to comply with Title 24, Part 6, will complete the fields (if applicable) for their company, responsible builder or installer name, CSLB license number, sample group number, dwelling test status in sample group, HERS Rater company name, HERS Rater name, HERS Rater signature, HERS Rater certification number and date signed.