



|                                 |                                      |
|---------------------------------|--------------------------------------|
| <b>Project Name and Address</b> | <b>Authority Having Jurisdiction</b> |
| Name:                           | Enforcement Agency:                  |
| Address:                        | Permit Number:                       |
| City, Zip:                      | Permit Application Date:             |

|           |        |       |              |
|-----------|--------|-------|--------------|
| Building: | Floor: | Room: | Control/tag: |
|-----------|--------|-------|--------------|

|  |                        |
|--|------------------------|
| <input type="checkbox"/> Construction inspection and functional testing comply<br><input type="checkbox"/> Does not comply | Date Submitted to AHJ: |
|--|------------------------|

|                |  |
|----------------|--|
| <b>Intent:</b> | Construction inspection and functional testing for a compressed air system to verify that controls are installed and operating correctly. Per §120.6(e)2, this test applies to large, compressed air systems with three or more compressors with a combined horsepower greater than 100. Complete separate form for each compressor. |
|----------------|--|

### Table A: Construction Inspection

Prior to functional testing, verify and document all of the following

| Step | Entry   | Item  | Code Reference |
|------|---|---|----------------|
| 1    | No entry  | Verify and Document compressor data   | NA7.13.1.1(a)  |
| 1.1  | hp  | Size  | NA7.13.1.1(a)  |
| 1.2  | acfm  | Rated Capacity  | NA7.13.1.1(a)  |
| 1.3  |   | Control Type  | NA7.13.1.1(a)  |
| 2    | hp  | Total system capacity (the sum of the individual capacities).   | NA7.13.1.1(b)  |
| 3    | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail  | System operating pressure.  | NA7.13.1.1(c)  |
| 4    | <input type="checkbox"/> True<br><input type="checkbox"/> False | Compressor(s) designated as trim compressors.   | NA7.13.1.1(d)  |
| 5    | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail  | Verify a means for observing and recording the states of each compressor in the system, which shall include at least the following states: Off, Unloaded, Partially Loaded, Fully loaded, Short cycling, Blow off | NA7.13.1.1(e)  |
| 6    | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail  | Check if construction inspection complies with all requirements.  | N/A            |

### Table B: Functional Testing

| Step | Entry  | Functional Test  | Code Reference    |
|------|--|--|-------------------|
| 1    | No entry   | Verify that the methods from the Construction Inspection have been employed by confirming the following: | NA7.13.1.2 Step 1 |
| 1.1  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Compressor states can be observed and recorded for every compressor.                                     | NA7.13.1.2 Step 1 |



| Step | Entry  | Functional Test   | Code Reference        |
|------|--|---|-----------------------|
| 1.2  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | The current air demand can be measured or inferred.   | NA7.13.1.2<br>Step 1  |
| 2    | No entry   | Run the compressed air supply system steadily at a load within (or close to) the expected operational load range as can be practically implemented for a duration of at least 10 minutes. Verify the following: | NA7.13.1.2<br>Step 2  |
| 2.1  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | System is running steadily for at least 10 minutes.   | NA7.13.1.2<br>Step 2  |
| 2.2  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | System is running within (or close to) the expected operational load range.   | NA7.13.1.2<br>Step 2  |
| 3    | No entry   | Observe and record the following during the test:   | NA7.13.1.2<br>Step 3  |
| 3.1  | No entry   | Enter individual compressor states in Table C below.  | NA7.13.1.2<br>Step 3  |
| 3.2  | acfm   | Total compressor air demand from Table C below.   | NA7.13.1.2<br>Step 3  |
| 4    | No entry   | Confirm that the system exhibits the following behavior following the test:   | NA7.13.1.2<br>Step 4  |
| 4.1  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | No compressor exhibits short-cycling (loading and unloading more often than once per minute).   | NA7.13.1.2<br>Step 4a |
| 4.2  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | No compressor exhibits blowoff (venting compressed air at the compressor itself).   | NA7.13.1.2<br>Step 4b |
| 4.3  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail<br><input type="checkbox"/> N/A | The trim compressors shall be the only compressors partially loaded, while the base compressors will either be fully loaded or off by the end of the test. (only applicable for new systems)                    | NA7.13.1.2<br>Step 4c |
| 5    | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | Return system to initial operating conditions.  | N/A                   |
| 6    | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | Check Pass if Functional Test Compliance Results complies   | N/A                   |

**Table C: Compressor Status (NA7.13.1.2)**

| Unit Number | Compressor State (Passing)  |   | Compressor State (Failing)   | Notes: |
|-------------|---|---|--|--------|
| 1           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 2           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 3           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 4           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 5           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 6           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 7           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 8           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 9           | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |
| 10          | <input type="checkbox"/> Off<br><input type="checkbox"/> Unloaded | <input type="checkbox"/> Part Loaded<br><input type="checkbox"/> Fully Loaded | <input type="checkbox"/> Blowoff<br><input type="checkbox"/> Short Cycling |        |



| Declaration Statement  | Signatory |
|--|-----------|
| <b>Document Author</b><br>I assert that this Certificate of Acceptance documentation is accurate and complete  |           |
| <b>Field Technician</b><br>I certify the following under penalty of perjury, under the laws of the State of California:<br>The information provided on this Certificate of Acceptance is true and correct. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician). 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. 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.   |           |
| <b>Responsible Person</b><br>I assert the following under penalty of perjury, under the laws of the State of California:<br>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. 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). 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. 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. I understand 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, and I will take the necessary steps to ensure this requirement is accomplished. 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, and I will take the necessary steps to ensure this requirement is accomplished. |           |