



Project Name and Address		Authority Having Jurisdiction	
Name: Project Name		Enforcement Agency: Agency	
Address: Project Address		Permit Number: Permit Number	
City, Zip: City, Zip Code		Permit Application Date: Date	

Building: Enter Value	Floor: Enter Value	Room: Enter Value	Control/tag: Value
-----------------------	--------------------	-------------------	--------------------

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

Intent:	<ul style="list-style-type: none"> • This acceptance test is intended for multifamily dwelling units where CONTINUOUS ventilation is used. This acceptance test is not permitted for Central Fan Integration (CFI) systems or other intermittent ventilation systems. • Submit one Certificate of Acceptance for each ventilation system installed to verify conformance with the requirements of the Energy Standards §160.2(b)2, Nonresidential Reference Appendices NA7.18.1.1 and NA2.2, and California Energy Commission adopted version of ANSI/ASHRAE Standards 62.2-2019. • NRCA-MCH-20a-H must be completed prior to beginning NRCA-MCH-20c-H. • If using Supply-only or Exhaust-only ventilation, Certificate of Acceptance NRCA-MCH-21-H must be completed prior to beginning NRCA-MCH-20c-H. <p>NOTE: HERS verification or ATT acceptance testing required</p>
----------------	--

Table B-1: Functional Testing – IAQ Ventilation System

Step	Entry	Functional Test	Code Reference
1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	If multiple fans are specified to operate simultaneously to provide the total required ventilation airflow, the measurements within this functional test must be made with all applicable fans operating simultaneously. Verify that all fans are operational. (Pass, Fail, N/A)	NA2.2.4.1
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Activate the ventilation system using the system control and record all values in Table B-2.	NA2.2.4.1 NA2.2.4.1.1(b)

Table B-2: Functional Testing - Record Fan Data (NA2.2.4.1.1(a)(b)(c))

STEP	Fan Location or ID	Exhaust Measurement (CFM)	Supply Measurement (CFM)
1	Enter Location or ID	Enter Value	Enter Value
2	Enter Location or ID	Enter Value	Enter Value
3	Enter Location or ID	Enter Value	Enter Value
4	Enter Location or ID	Enter Value	Enter Value
5	Enter Location or ID	Enter Value	Enter Value
6	Total of all Fans	6.1 Enter Value	6.2 Enter Value
7	Average of All Fans	7.1 Enter Value	7.2 Enter Value

**Table B-3: Functional Testing – Required Calculations**

Step	Entry	Functional Test	Code Reference
1	Enter Value	Record the design ventilation air flow rate for the dwelling unit. (CFM)	NRCC-MCH-E Table J
2	Percent or N/A	BALANCED SYSTEM Only: Calculate the percent difference between the exhaust and supply airflow rates. Calculate $100 \times (B-2,6.1 - B-2,6.2) \div B-2,6.1$ (Enter value in units of percent or N/A)	NA2.2.4.1.1.2(e)

Table B-4: Functional Testing – Conditions for Passing

Conditions for passing ventilation systems that serve one dwelling unit

Step	Entry	Functional Test	Code Reference
1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Supply Only or Exhaust Only Ventilation System passes if ALL of the following are true: <ul style="list-style-type: none"> B-2,6.2 \geq B-3,1, AND NRCA-MCH-21-H is completed and complies. (Pass, Fail, N/A)	NA2.2.4.1.1(c) §160.2(b)2Aivb2
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Balanced Only Ventilation System passes if ALL of the following are true: <ul style="list-style-type: none"> B-3,2 < 20%, AND Exhaust(B-2,7.1) \geq B-3,1, AND Supply(B-2,7.2) \geq B-3,1 (Pass, Fail, N/A)	NA2.2.4.1.1(g) §160.2(b)2Aivb1

Table B-5: Functional Testing – Conditions for Passing

Conditions for passing ventilation systems that serve multiple dwelling-units

Step	Entry	Functional Test	Code Reference
1	P, F, N/A	Supply Only or Exhaust Only Ventilation System passes if both of the following are true: <ul style="list-style-type: none"> B-4,1 passes, and Exhaust: B-2,6.1 < (1.2 x B-3,1) or Supply: B-2,6.2 < (1.2 x B-3,1) (Pass, Fail, N/A)	§160.2(b)2Avc
2	P, F, N/A	Balanced Ventilation System passes if all of the following are true: <ul style="list-style-type: none"> B-4,2 Passes, AND B-2,7.1 < (1.2 x B-3,1), AND B-2,7.2 < (1.2 x B-3,1) (Pass, Fail, N/A)	§160.2(b)2Avc



Table B-6: Functional Testing – Conditions for Passing

Check for passing conditions

Step	Entry	Functional Test	Code Reference
1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Return system to normal operating conditions.	N/A
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	System passes if Tables B-1 through B-5 are completed as required and one of the following conditions for passing are checked: Table B-4, 1 or 2, indicate PASS or Table B-5, 1 or 2 indicate PASS	N/A

NOT TO BE USED FOR COMPLIANCE. CONTACT ATTCP FOR VALID COMPLIANCE DOCUMENTS.



Declaration Statement	Signatory
<p>Document Author I assert that this Certificate of Acceptance documentation is accurate and complete.</p>	<p>Name Company Name Author Signature Date Signed</p>
<p>Field Technician I certify the following under penalty of perjury, under the laws of the State of California: 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.</p>	<p>Name Company Name ATT No.: ATT Cert. No. Title Phone Signature Date Signed</p>
<p>Responsible Person I assert the following under penalty of perjury, under the laws of the State of California: 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.</p>	<p>Name Company Name Lic. No.: License No. Title Phone Signature Date Signed</p>