



# DUCT LEAKAGE DIAGNOSTIC TEST

## CERTIFICATE OF INSTALLATION

*This Certificate of Installation documents the installation of electrical power distribution system features, materials, components, and manufactured devices required to demonstrate compliance with Title 24, Part 6 per §10-103(a)3 for nonresidential, hotel/motel and high-rise residential occupancies.*

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

### A. System Information

Field	Field Name	Data Entry
01	Space Conditioning System Identification or Name	
02	Space Conditioning System Location or Area Served	
03	Indoor Unit Name or Description of Area Served	
04	Building Type from NRCC	
05	Verified Low Leakage Ducts in Conditioned Space (VLLDCS) Credit from NRCC?	
06	Verified Low Leakage Air-handling Unit Credit from NRCC?	
07	Duct System Compliance Category	
08	Any portions of Duct Located in Garage?	
09	Is the system type Small Duct High Velocity (SDHV)?	

### MCH-20b - Low Leakage Ducts in Conditioned Space



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## B. Duct Leakage Diagnostic Test

Field	Field Name	Data Entry
01	System compliance with visual inspection per RA3.1.4.1.3?	
02	Duct Leakage Test Conditions	
03	Duct Leakage Test Method	
04	Target Allowable Duct Leakage Rate (cfm)	
05	Actual Duct Leakage Rate from Leakage Test Measurement (cfm)	
06	Compliance Statement:	

## C. Additional Requirements for Compliance

The responsible person’s signature on this compliance document affirms that all applicable requirements in this table have been met.

Field	Field Name
01	System was tested in its normal operation condition. No temporary taping allowed.
02	Outside air (OA) duct connections to the central forced air duct system shall not be sealed/taped off during duct leakage testing. OA ducts used for Central Fan Integrated (CFI) Indoor Air Quality ventilation systems, or Central Fan Ventilation Cooling Systems, that utilize dampers that open only when OA is required and automatically close when OA is not required, may configure the OA damper to the closed position during duct leakage testing.
03	All supply and return register boots were sealed to the drywall.
04	Building cavities were not used as plenums, or platform returns, in lieu of ducts.
05	If cloth backed tape was used it was covered with Mastic and draw bands.
06	All connection points between the air handler and the supply and return plenums are completely sealed.



**DOCUMENTATION AUTHOR'S DECLARATION STATEMENT**

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

Field Name	Entry
Documentation Author Name:	
Documentation Author Signature:	
Documentation Author Company Name:	
Date Signed:	
Address:	
CEA/HERS Certification Identification (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 Installation is true and correct.
  2. 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 Installation and attest to the declarations in this statement (responsible builder/installer), otherwise I am an authorized representative of the responsible builder/installer.
  3. The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations, and the installation conforms to the requirements given on the plans and specifications approved by the enforcement agency.
  4. I reviewed a copy of the Certificate of Compliance approved by the enforcement agency that identifies the specific requirements for the scope of construction or installation identified on this Certificate of Installation, and I have ensured that the requirements that apply to the construction or installation have been met.
  5. I understand that a completed signed copy of this Certificate of Installation 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 accomplish this requirement.
  6. I understand that a completed signed copy of this Certificate of Installation 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 accomplish this requirement.



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Field Name	Entry
Responsible Builder/Installer Name:	
Responsible Builder/Installer Signature:	
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)	
Position With Company (Title):	
Address:	
CSLB License:	
City/State/Zip:	
Phone:	
Date Signed:	

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