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 Request Date: Date

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

☐ Construction inspection and functional testing comply ☐ Does not comply	Date Submitted to AHJ: Date

Intent:	Ensure that control valves serving variable flow systems can withstand the pump pressure over the full range of operation. Submit one Certificate for the system that must demonstrate compliance, attach additional function tests only (NOT additional construction inspections) for each additional Pump Tag ID. Reference: §120.5(a)7, §160.3(d)1G, and NA7.5.7.

Table A: Construction Inspection

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

Step	Entry	Item	Code Reference
1.0	☐ Pass ☐ Fail	Verify access to valve and piping design drawing as approved by the authority having jurisdiction.	N/A
2.0	☐ Pass ☐ Fail	Verify access to documentation showing the shut-off head pressure of each pump in the system.	N/A
3.0	☐ Pass ☐ Fail	Verify that the valve and piping arrangements are installed as specified by the design drawings.	NA7.5.7.1(a)
4.0	☐ Pass ☐ Fail	Check "Pass" if construction inspection **complies** with all requirements. Check "Fail" if construction inspection **does not comply** with all requirements.	N/A

Table B: Functional Testing

Step	Entry	Functional Test	Code Reference
1.0	No Entry	For each of the pumps serving the distribution system, dead head the pumps using the discharge isolation valves at the pumps. Complete **all** of Steps 1.1 – 1.4	NA7.5.7.2 Step 1
1.1	Enter Value	Record the differential pressure across the pumps. (Ft. w.c.)	NA7.5.7.2 Step 1(a)
1.2	Enter Value	From the required documentation (Construction Inspection Step 1); record the shut-off head pressure for the Pump Tag ID. (Ft. w.c.)	NA7.5.7.2 Step 1(b)

Step	Entry	Functional Test	Code Reference
1.3	Enter Value	Calculate: 100 x (Step 1.1 – Step 1.2)/Step 1.2 Note: may result in a positive or negative percentage. (percent)	NA7.5.7.2 Step 1(b)
1.4	☐ Pass ☐ Fail	Verify that Step 1.3 is between -5% and +5%.	NA7.5.7.2 Step 1(b)
2.0	No Entry	Reopen the pump discharge isolation valves. Automatically close all valves on the systems being tested. If 3-way valves are present, close off the bypass line. Complete **all** of Steps 2.1 - 2.4.	NA7.5.7.2 Step 2
2.1	☐ Pass ☐ Fail	Verify that the 2-way valve automatically closes.	NA7.5.7.2 Step 2(c)
2.2	Enter Value	Record the pressure differential across the pump. (Ft w.c.)	NA7.5.7.2 Step 2(d)
2.3	Enter Value	Calculate: 100 x (Step 2.2 – Step 1.1)/Step 1.1 Note: may result in a positive or negative percentage. (percent)	NA7.5.7.2 Step 2(e)
2.4	☐ Pass ☐ Fail	Verify that Step 2.3 is between -5% and +5%	NA7.5.7.2 Step 2(e)
3	No Entry	Restore system to normal operating conditions	NA7.5.7.2 Step 3
4	☐ Pass ☐ Fail	Check pass if Functional Test passes on Steps 1 through 3.	N/A

Declaration Statement	Signatory
Document Author I assert that this Certificate of Acceptance documentation is accurate and complete.	Name Company Name Author Signature Date Signed
Acceptance Test 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.	Name Company Name ATT No.: ATT Cert. No. Title Phone Signature Date Signed
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. 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 shall be made available to the enforcement agency for all applicable inspections. I will take the necessary steps to fulfill this requirement. 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. I will take the necessary steps to fulfill this requirement.	Name Company Name Lic. No.: License No. Title Phone Signature Date Signed