



| 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 Acceptance 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                                       |                             |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intent:</b> | Verify that the supply air temperature modulates to meet system temperature setpoint(s). Reference NRCC-MCH-E for nonresidential (including nonresidential spaces in high-rise multifamily) building permits or LMCC-MCH-E for nonresidential spaces in low-rise multifamily building permits or LMCC-PRF-E or NRCC-PRF-E for the performance path. Submit one Certificate of Acceptance for each system that must demonstrate compliance. References: §120.5(a)15, §140.4(f), §160.3(d)10, §170.2(c)4D, and NA7.5.15. |
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### Table A: Construction Inspection

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

| Step | Entry                                                          | Item                                                                                                                       | Code Reference                        |
|------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1    | No Entry                                                       | Check the following Required Documentation:                                                                                | N/A                                   |
| 1.1  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Designs, plans, schematics, and schedules as approved by the authority having jurisdiction.                                | N/A                                   |
| 1.2  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | NRCC-MCH-E or LMCC-MCH-E or LMCC-PRF-E or NRCC-PRF-E as approved by the authority having jurisdiction                      | §10-103(a)2A                          |
| 1.3  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Manufacturer specifications, calibration certificates, or tear sheets for the installed system as available.               | N/A                                   |
| 2    | No Entry                                                       | Prior to functional testing, verify and document the following:                                                            | NA7.5.15.1                            |
| 2.1  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Supply air temperature reset controls are installed as specified by the requirements.                                      | NA7.5.15.1(a), §140.4(f), §170.2(c)4D |
| 2.2  | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | All system air temperature sensors are factory or field calibrated within 2% of a calibrated reference temperature sensor. | NA7.5.15.1(b)                         |
| 2.3  | Enter Value                                                    | Document current supply air temperature (°F).                                                                              | NA7.5.15.1(c)                         |
| 3    | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Verify that the Construction Inspection complies with <b>ALL</b> requirements.                                             | N/A                                   |

**Table B: Functional Testing**

| Step    | Entry                                                                                          | Functional Test                                                                                                                                                                                                                                      | Code Reference       |
|---------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 0       | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail<br><input type="checkbox"/> N/A | Check to make sure that chilled/hot water coils, if used, are not already fully open and calling for maximum cooling/heating. If so, reverse Steps 2 and 3 and/or change the set point range as necessary to conduct this test.<br>(Pass, Fail, N/A) | NA7.5.15.2(a)        |
| 1       | No Entry                                                                                       | Identify the control parameter.                                                                                                                                                                                                                      | NA7.5.15.2(b)        |
| 1.1, or | <input type="checkbox"/> Check or<br><input type="checkbox"/> NA                               | Outside air temperature.                                                                                                                                                                                                                             | N/A                  |
| 1.2, or | <input type="checkbox"/> Check or<br><input type="checkbox"/> NA                               | Zone or return air temperature.                                                                                                                                                                                                                      | N/A                  |
| 1.3, or | <input type="checkbox"/> Check or<br><input type="checkbox"/> NA                               | Zone calling for heating or cooling.                                                                                                                                                                                                                 | N/A                  |
| 1.4     | <input type="checkbox"/> Check or<br><input type="checkbox"/> NA                               | Other.                                                                                                                                                                                                                                               | N/A                  |
| 2       | No Entry                                                                                       | During occupied mode, adjust the reset control parameter to decrease the supply air temperature (to the lower supply temperature limit). Verify and document the following:                                                                          | NA7.5.15.2 Step 1    |
| 2.1     | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | Supply air temperature controls modulate as intended.                                                                                                                                                                                                | NA7.5.15.2 Step 1(a) |
| 2.2     | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | Actual supply air decreases to meet the new setpoint within $\pm 2^{\circ}\text{F}$ .                                                                                                                                                                | NA7.5.15.2 Step 1(b) |
| 2.2.1   | Enter Value $^{\circ}\text{F}$                                                                 | Supply air temperature set point.                                                                                                                                                                                                                    | N/A                  |
| 2.2.2   | Enter Value $^{\circ}\text{F}$                                                                 | Actual supply air temperature.                                                                                                                                                                                                                       | N/A                  |
| 2.3     | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | Supply air temperature stabilizes within 15 minutes.                                                                                                                                                                                                 | NA7.5.15.2 Step 1(c) |
| 3       | No Entry                                                                                       | During occupied mode, adjust the reset control parameter to increase the supply of air temperature (to the upper supply temperature limit). Verify the following:                                                                                    | NA7.5.15.2 Step 2    |
| 3.1     | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | Supply air temperature controls modulate as intended.                                                                                                                                                                                                | NA7.5.15.2 Step 2(a) |
| 3.2     | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail                                 | Actual supply air temperature changes to meet the new setpoint within $\pm 2^{\circ}\text{F}$ .                                                                                                                                                      | NA7.5.15.2 Step 2(b) |



| Step  | Entry                                                          | Functional Test                                                                                 | Code Reference          |
|-------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------|
| 3.2.1 | Enter Value °F                                                 | Supply air temperature set point.                                                               | N/A                     |
| 3.2.2 | Enter Value °F                                                 | Actual supply air temperature.                                                                  | N/A                     |
| 3.3   | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Supply air temperature stabilizes within 15 minutes.                                            | NA7.5.15.2<br>Step 2(c) |
| 4     | No Entry                                                       | Restore reset control parameter to automatic control. Verify and document the following:        | NA7.5.15.2<br>Step 3    |
| 4.1   | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Supply air temperature controls modulate as intended.                                           | NA7.5.15.2<br>Step 3(a) |
| 4.2   | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Actual supply air temperature changes to meet the new setpoint within $\pm 2^{\circ}\text{F}$ . | NA7.5.15.2<br>Step 3(b) |
| 4.2.1 | Enter Value °F                                                 | Supply air temperature set point.                                                               | N/A                     |
| 4.2.2 | Enter Value °F                                                 | Actual supply air temperature.                                                                  | N/A                     |
| 4.3   | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Supply air temperature stabilizes within 15 minutes.                                            | NA7.5.15.2<br>Step 3(c) |
| 5     | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | Verify that the Functional Test complies with <b>ALL</b> requirements.                          | N/A                     |



| Declaration Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signatory                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Document Author</b><br>I assert that this Certificate of Acceptance documentation is accurate and complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name<br>Company Name<br>Author Signature<br>Date Signed                                      |
| <b>Acceptance Test 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name<br>Company Name<br>ATT No.: ATT Cert. No.<br>Title<br>Phone<br>Signature<br>Date Signed |
| <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. 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<br>Company Name<br>Lic. No.: License No.<br>Title<br>Phone<br>Signature<br>Date Signed  |