Building: Enter Value | Floor: Enter Value

## **DWELLING VENTILATION**

Control/tag: Value

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

Panang Enter value			corner ory carginal arace
Construction inspection and functional testin	g comply	Date Subm	nitted to AHJ: Date

## Intent:

 This form is completed only when NA1.9 Acceptance Test Technicians Alternative Procedure is used in accordance with Section 160.2(b)2Biv, where a certified ATT is allowed to perform the test that is typically performed by an ECC-Rater for multifamily buildings with four or more stories.

Room: Enter Value

- Submit one Certificate of Acceptance for each ventilation system installed to verify conformance with the requirements of the Energy Standards §160.2(b)2, Reference Nonresidential Appendices NA7.18.1.1 and NA2.2, and California Energy Commission adopted version of ANSI/ASHRAE Standard 62.2-2022.
- Certificate of Acceptance NRCA-MCH-21-H must be completed prior to beginning NRCA-MCH-20a-H.

## **Table A-1: Construction Documents and Inspection**

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

Step	Entry	Item	Code Reference
1.0	Pass Fail	Design, drawings, and cut-sheets as approved by the authority having jurisdiction.	N/A
2.0	Pass Fail	NRCC-MCH-E, or NRCC-PRF-E, as approved by the authority having jurisdiction.	§10-103(a)2A
3.0	☐ Pass ☐ Fail	NRCA-MCH-21-H is completed.	N/A
4.0	Pass Fail	Verify that the system is connected and able to deliver outside air to the dwelling unit when the system is operating.	NA7.18.1.1.1(a)
5.0	B, S, E	Specify the ventilation system type as one of the following:  B – Balanced  S – Supply Only  E – Exhaust Only	NA7.18.1.1.1(b)
6.0	Pass Fail	Verify that the installed ventilation system is a continuous ventilation system.	NA7.18.1.1.1(c), ASHRAE 62.2 §4.1

Step	Entry	Item	Code Reference
7.0	C,O,V,X, N/A	If using multifamily building central ventilation systems to serve multiple dwelling units, specify the balancing system as one of the following:  C – Constant Air Regulator  O – Orifice Plate  V – Variable Speed Central Fan  X - Other  N/A	NA7.18.1.1.1(c), §160.2(b)2Av
8.0	Pass Fail	Confirm the kitchen range hood is ventilated to the outside.	NA7.18.1.1.1(d)
9.0	☐ Pass ☐ Fail	Verify that a manual ON/OFF switch associated with dwelling unit ventilation system is operational and labeled with the following or equivalent text: "This switch controls the indoor air quality ventilation for the home. Leave it on unless the outdoor air quality is very poor."	§160.2(b)2Aix
10.0	Pass Fail	Verify that all the steps in Table A-1 has passed.	N/A

**Table A-2: Instrumentation Specific Requirements** 

Step	Entry	Item	Code Reference
1.0	☐ Pass ☐ Fail	Verify that pressure measurement instrumentation is accurate to plus or minus 0.2 Pa or plus or minus 1% of the pressure reading.	NA2.2.2.1
2.0	☐ Pass ☐ Fail	Verify that pressure measurement instrumentation includes a sensor plus data acquisition system.	NA2.2.2.1
3.0	Pass Fail	Verify that pressure measurement instrumentation makes use of a static pressure probe.	NA 2.2.2.1
4.0	Pass Fail	Verify that ventilation system airflow rate measurement apparatus is listed on the Energy Commission website: Airflow Measurement Apparatus (ca.gov), https://www.energy.ca.gov/rules-and-regulations/building-energy-efficiency/manufacturer-certification-building-equipment-9	NA2.2.2.2, NA2.2.4
5.0	☐ Pass ☐ Fail	Verify that ventilation system airflow rate measurement apparatus is calibrated according to the manufacturer procedures.	NA2.2.2.2, NA2.2.2.3
6.0	Pass Fail	Verify that all the steps in Table A-2 has passed.	N/A



## **Table A-3: Acceptance Test Compliance Documents to be Completed**

Consulting compliance document NRCC-MCH-E or NRCC-PRF-E identify which of the following

acceptance test com	pliance documents a	are to be completed:
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Step	Entry	Item	Code Reference
1.0		NRCA-MCH-20b-H – Kitchen Range Hood	N/A
2.0		NRCA-MCH-20c-H – IAQ Ventilation System	N/A
3.0		NRCA-MCH-20d-H – HRV or ERV System	N/A
		SER KOR COMPLIANCE OF	



Declaration Statement	Signatory
Document Author	Name
I assert that this Certificate of Acceptance documentation is accurate and complete.	Company Name
	Author Signature
	Date Signed
Field Technician	
I certify the following under penalty of perjury, under the laws of the State of California:	Name
The information provided on this Certificate of Acceptance is true and correct. I am the person who	Company Name
performed the acceptance verification reported on this Certificate of Acceptance (Field Technician). The	ATT No.: ATT Cert. No.
construction or installation identified on this Certificate of Acceptance complies with the applicable	Title
acceptance requirements indicated in the plans and specifications approved by the enforcement agency	Phone
and conforms to the applicable acceptance requirements and procedures specified in Reference	Signature
Nonresidential Appendix NA7. I have confirmed that the Certificate(s) of Installation for the construction or	Date Signed
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.	
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	Name
scope of work identified on this Certificate of Acceptance and attest to the declarations in this statement.	Company Name
The information provided on this Certificate of Acceptance substantiates that the construction or	Lic. No.: License No.
installation identified on this Certificate of Acceptance complies with the acceptance requirements	Title
indicated in the plans and specifications approved by the enforcement agency and conforms to the	Phone
applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7. I	Signature
have confirmed that the Certificate(s) of Installation for the construction or installation identified on this	Date Signed
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.	