



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

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. - 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. NRCA-MCH-20a-H must be completed prior to beginning NRCA-MCH-20b-H. NRCA-MCH-21-H must be completed prior to beginning NRCA-MCH-20b-H.
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Table B-1: Functional Testing – Kitchen Range Hood

Step	Entry	Functional Test	Code Reference
1.0	Enter Name	Kitchen range hood manufacturer name.	NA7.18.1.1.1(e), NA2.2.4.1.4(a)
2.0	Enter Model	Equipment model number.	NA7.18.1.1.1(e), NA2.2.4.1.4(a)
3.0	No Entry	Confirm the kitchen range hood is listed in the HVI, AHAM or other CEC approved directory by selecting one of the following.	N/A
3.1, or	☐ Pass ☐ Fail ☐ N/A	The kitchen range hood is <u>HVI certified</u> . https://www.hvi.org/hvi-certified-products-directory/ (Pass, Fail, N/A)	NA7.18.1.1.1(f), NA2.2.4.1.4(b), §160.2(b)2Bii
3.2, or	☐ Pass ☐ Fail ☐ N/A	The kitchen range hood is <u>AHAM certified</u> . https://www.aham.org/AHAM/What_We_Do/Kitchen_Range_Hood_Certification (Pass, Fail, N/A)	NA7.18.1.1.1(f), NA2.2.4.1.4(b), §160.2(b)2Bii
3.3	Name or N/A	If the kitchen range hood is certified by another CEC approved directory (enter name or N/A).	NA7.18.1.1.1(f), NA2.2.4.1.4(b), §160.2(b)2Bii
4.0	Enter Value	Record the rated airflow or capture efficiency value listed in the directory. (CFM)	NA2.2.4.1.4(c)
5.0	Enter Value	Record the sound rating value listed in the directory. (Sone)	NA2.2.4.1.4(d)



Step	Entry	Functional Test	Code Reference
6.0	Enter Value	Record the design airflow or capture efficiency value (CFM or eff.)	NRCC-MCH-E Table J, or NRCC-PRF-E Table H9
7.0	Enter Value	Record the design value (Sone)	NRCC-MCH-E Table Q
8.0	☐ Pass ☐ Fail	Passes if the rated airflow value is greater than or equal to the design value. Check if B-1,4 $\geq$ B-1,6.	NA2.2.4.1.4(e), §160.2(b)2Avi, §160.2(b)2Bii
9.0	☐ Pass ☐ Fail	Passes if the sound rating value is less than or equal to the design value. Check if B-1,5 $\leq$ B-1,7.	NA2.2.4.1.4(e), §160.2(b)2Avi, §160.2(b)2Bii
10.0	☐ Pass ☐ Fail	Passes if Steps 1 through 9 are all completed and checked.	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
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.	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