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

☐ Construction inspection and functional testing comply ☐ Does not comply	Date Submitted 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. • 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-20c-H. NRCA-MCH-21-H must be completed prior to beginning NRCA-MCH-20c-H.

Table B-1: Functional Testing – IAQ Ventilation System

Step	Entry	Functional Test	Code Reference
1	☐ Pass ☐ Fail ☐ N/A	If multiple fans are specified to operate simultaneously to provide the total required ventilation airflow, the measurements within this functional test must be made with all applicable fans operating simultaneously. Verify that all fans are operational. (Pass, Fail, N/A)	NA2.2.4.1
2	☐ Pass ☐ Fail	Activate the ventilation system using the system control and record all values in Table B-2.	NA2.2.4.1, NA2.2.4.1.1(b)

Table B-2: Functional Testing - Record Fan Data (NA2.2.4.1.1(a)(b)(c))

STEP	Fan Location or ID	Exhaust Measurement (CFM)	Supply Measurement (CFM)
1	Enter Location or ID	Enter Value	Enter Value
2	Enter Location or ID	Enter Value	Enter Value
3	Enter Location or ID	Enter Value	Enter Value
4	Enter Location or ID	Enter Value	Enter Value
5	Enter Location or ID	Enter Value	Enter Value
6	Total of all Fans	6.1 Enter Value	6.2 Enter Value
7	Average of All Fans	7.1 Enter Value	7.2 Enter Value

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Table B-3: Functional Testing – Required Calculations

Step	Entry	Functional Test	Code Reference
1	Enter Value	Record the design ventilation air flow rate for the dwelling unit. (CFM)	NRCC-MCH-E Table J, or NRCC-PRF-E Table H9
2	Percent or N/A	**BALANCED SYSTEM Only**: Calculate the percent difference between the exhaust and supply airflow rates. Calculate 100 x (B-2,6.1 – B-2,6.2) ÷ B-2,6.1 (Enter value in units of percent or N/A)	NA2.2.4.1.2(e)

Table B-4: Functional Testing – Conditions for Passing
Conditions for passing ventilation systems that serve one dwelling unit.

Step	Entry	Functional Test	Code Reference
1	☐ Pass ☐ Fail ☐ N/A	**Supply Only** Ventilation System passes if ALL of the following are true: • B-2,6.2 ≥ B-3,1 (Pass, Fail, N/A)	NA2.2.4.1.1(c), §160.2(b)2Aivb1
2	☐ Pass ☐ Fail ☐ N/A	**Balanced Only Ventilation** System passes if ALL of the following are true: • B-3,2 < 20%, AND • Exhaust (B-2,7.1) ≥ B-3,1, AND • Supply (B-2,7.2) ≥ B-3,1 (Pass, Fail, N/A)	NA2.2.4.1.2(g), §160.2(b)2Aivb1

Table B-5: Functional Testing – Conditions for Passing
Conditions for passing ventilation systems that serve multiple dwelling units.

Step	Entry	Functional Test	Code Reference
1	P, F, N/A	**Supply Only** Ventilation System passes if both of the following are true: • B-4,1 passes, and • Supply: B-2,6.2 < (1.2 x B-3,1) (Pass, Fail, N/A)	§160.2(b)2Avc
2	P, F, N/A	**Balanced Ventilation System** passes if all of the following are true: • B-4,2 Passes, AND • B-2,7.1 < (1.2 x B-3,1), AND • B-2,7.2 < (1.2 x B-3,1) (Pass, Fail, N/A)	§160.2(b)2Avc

Table B-6: Functional Testing – Conditions for Passing
Check for passing conditions.

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Step	Entry	Functional Test	Code Reference
1	☐ Pass ☐ Fail	Return system to normal operating conditions.	N/A
2	☐ Pass ☐ Fail	System passes if Tables B-1 through B-5 are completed as required and one of the following conditions for passing are checked: Table B-4, 1 or 2, indicate PASS or Table B-5, 1 or 2 indicate PASS	N/A

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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

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