2025-CEC-NRCA-PRC-01a-F

Project N	lame and Address		Authority	Having Juris	diction
Name:			Enforcemen	nt Agency:	
Address:			Permit Number:		
City, Zip C	Code:		Permit Appl	ication Date:	
,, ,					
Building:	Floor:		Room:	C	ontrol/tag:
	1,1,5,5,1			1 -	<u></u>
				T	
	uction inspection and f	functional testing	comply	Date Submit	ted to AH1:
Does n	ot comply			Date Submit	
Intent:	Compressor Syste				
	Per Section 120.6(e				
	three or more comp	pressors and with	a combined h	norsepower gre	eater than 100,
	excluding medical g	jas compressed ai	r systems ser	ving healthcar	e facilities. Complete
	a separate form for	each compressor	system. For	compressor sy	stems with two or
	fewer compressors,	review acceptant	ce test NRCA-	PRC-01b-F.	
	Reference Section 1	120.6(e)2, 120.6(e	e)3, NA7.13.1	, and NA7.13.	2.
For compres Control type Start/Stop, I	Compressor Systems sor systems with two stypically include Load Dual/Auto Dual, or Otherstrand documents	or fewer compres d/Unload, Modula ner. See the Quick	sors, review a ting, Variable Reference G	acceptance tes Displacement	t NRCA-PRC-01b-F. , Variable Speed,
iunctional te	esting, verify and docu	meni ali oi me io	HC)VVII ICI.		
	,				Designated as
llmit.		Rated Capac	ity	atual Tura	Designated as
Unit	Rated Size (hp)	Rated Capac (acfm)	ity Coı	ntrol Type	Trim
Unit Number		Rated Capac	ity Coı	ntrol Type 7.13.1.1(a)	Trim NA7.13.1.1(d)
	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) ☐ True
Number	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) ☐ True ☐ False
Number	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False True
Number 1 2	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) ☐ True ☐ False ☐ True ☐ False ☐ False
Number 1	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False True False True True True
Number 1 2 3	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False True False True False True False False
Number 1 2	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim
1 2 3 4	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False True False True False True False True False True False
Number 1 2 3	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False True False True False True False True False True True True True True True True Tru
1 2 3 4 5	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False False
1 2 3 4	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False True True True True True True True Tru
1 2 3 4 5 6	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim
1 2 3 4 5	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False True True True False True True True True True True True Tru
1 2 3 4 5 6 7	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim
1 2 3 4 5 6	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) True False
1 2 3 4 5 6 7 8	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim NA7.13.1.1(d) ☐ True ☐ False
1 2 3 4 5 6 7	Rated Size (hp)	Rated Capac (acfm)	ity Coı		Trim
1 2 3 4 5 6 7 8 9	Rated Size (hp) NA7.13.1.1(a)	Rated Capac (acfm) NA7.13.1.1(a	ity Coi	7.13.1.1(a)	Trim NA7.13.1.1(d) ☐ True ☐ False
1 2 3 4 5 6 7 8 9 Total Syst	Rated Size (hp)	Rated Capac (acfm)	(NA7.:		Trim

Table A-2: Construction Inspection - Compressor system control capabilitiesPrior to functional testing, verify and document all of the following:

Step	Entry	Item	Code Reference
1.0	Pass Fail	Verify that there is a means for observing and recording the state of each compressor in the system, including Off, Unloaded, Partially loaded, Fully loaded, Short cycling, Blow off	NA7.13.1.1(e)
2.0	☐ Pass ☐ Fail	Verify that the monitoring system has the following measurement capabilities: header or compressor discharge pressure, amps or power of each compressor, airflow (cfm), maintained data storage, visual trending display of each recorded point, load, and specific efficiency.	NA7.13.2.1 (a)-(c), (e), and (f).
3.0	Pass Fail	Verify that the monitoring system is capable of data logging pressure, power, airflow, and calculated compressed air system specific efficiency (kW/100 cfm) at intervals of 5 minutes or less.	NA7.13.2.1(d)

Table A-3: Construction Inspection Compliance

Step	Entry	Item	Code Reference
1.0	Pass Fail	Table A-1 must include all compressors in the system and must be no fewer than three (3) and the Total System Capacity and System Operating Pressure must be entered.	N/A
2.0	Pass Fail	All steps in Table A-3 must show as passed.	N/A
3.0	☐ Pass ☐ Fail	PASS: If all steps in Table A-3 show as passed, then the compressor system passes the Construction Inspection requirements and must complete the functional testing requirements in Table B. FAIL: If any steps in Table A-3 show as failed, remediate the system until it passes. If it cannot be made to pass, then the compressor system fails and may not proceed to functional testing. Mark page 1 as 'Does not comply.'	N/A

Table B: Functional Testing

Step	Entry	Functional Test	Code Reference
1.0	Pass Fail	Verify that the methods from the Construction Inspection table A-2 and have been employed to verify that the compressor states can be observed and recorded for every compressor and that the current air demand can be measured or inferred.	NA7.13.1.2 Step 1
2.0	☐ Pass ☐ Fail	Run the compressed air supply system steadily at a load within (or close to) the expected operational load range as can be practically implemented for a duration of at least 10 minutes. Select 'pass' if it perform this test run, 'fail' if unable.	NA7.13.1.2 Step 2
2.1	Pass Fail	During the test (Step 2.0), observe that data is being recorded to a log file that can be opened and viewed to see the trends of airflow, power, and specific efficiency in at least 5 minute intervals.	NA7.13.2.2(a)
2.2	Pass Fail	During the test (Step 2.0), observe that airflow and compressor power data vary with loading and unloading of the compressor within typical performance expectations. Measurements should be observed across various loading, whether manually varied in response to actual operational loads.	NA7.13.2.2(d)
3.0	No entry	Confirm that the combinations of compressors states meet the following criteria.	NA7.13.1.2 Step 4
3.1	Pass Fail	No compressor exhibits short-cycling (loading and unloading more often than once per minute).	NA7.13.1.2 Step 4a
3.2	Pass Fail	No compressor exhibits blowoff (venting compressed air at the compressor itself).	NA7.13.1.2 Step 4b
3.3	☐ Pass ☐ Fail ☐ N/A	For new systems only : The trim compressors are the only compressors partially loaded, while the base compressors will either be fully loaded or off by the end of the test.	NA7.13.1.2 Step 4c
4.0	Pass Fail	Return system to initial operating conditions.	N/A
5.0	Pass Fail	Check pass if all Functional Test Compliance Results comply. Check fail if any Functional Test Compliance Results does not comply.	N/A

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Table C: Compressor Status (NA7.13.1.2, Step 3)

Unloaded

Fully Loaded

During the test (Table B, Step 2.0), observe and record the state and air demand for each compressor.

Compressor State Current Air Demand Unit Number **Compressor State (Passing)** (Failing) (acfm) Off Part Loaded **Blowoff** 1 Unloaded Fully Loaded **Short Cycling** Part Loaded **Blowoff** Off 2 Fully Loaded **Short Cycling** Unloaded Part Loaded Off **Blowoff** 3 **Short Cycling** Unloaded Fully Loaded Part Loaded **Blowoff** Off 4 Fully Loaded **Short Cycling** Unloaded Blowoff Off Part Loaded 5 **Short Cycling** Fully Loaded Unloaded Off Part Loaded **Blowoff** 6 Fully Loaded **Short Cycling** Unloaded Off Part Loaded **Blowoff** 7 **Short Cycling** Unloaded Fully Loaded Part Loaded **Blowoff** Off 8 Unloaded **Fully Loaded Short Cycling** Part Loaded Blowoff Off 9 Unloaded Fully Loaded **Short Cycling Blowoff** Off Part Loaded 10

Short Cycling

Document Author	
I assert that this Certificate of Acceptance documentation is accurate and complete	Author 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:	Field Tech. Name
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	Company Name
of Acceptance (Field Technician). The construction or installation identified on this	Title
Certificate of Acceptance complies with the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency and	Phone
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	Field Tech. Signature
building.	Date Signed
Responsible Person	
I assert the following under penalty of perjury, under the laws of the State of	Daniel Maria
California: I am the Field Technician, or the Field Technician is acting on my behalf as my	Responsible Name
employee or my agent and I have reviewed the information provided on this	Company Name
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	License No.
manufactured devices for the scope of work identified on this Certificate of	Title
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	Phone
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	Responsible Signature
on this Certificate of Acceptance has been completed and is posted or made	Date Signed
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, and 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 ensure this requirement.	
steps to ensure this requirement.	