COMPRESSED AIR SYSTEMS

2025-CEC-NRCA-PRC-01b-F

Project Name and Address			Authority	Authority Having Jurisdiction		
Name:			Enforcemen	Enforcement Agency:		
Address:			Permit Num	Permit Number:		
City, Zip Code:			Permit Appl	Permit Application Date:		
,, ,						
Building:		Floor:	Room:		Control/tag:	
☐ Construction inspection and functional testing comp☐ Does not comply		onal testing comply	Date Submitted to AHJ:			
Intent:	Compressor System: 2 or fewer compressors and 100hp or greater. Per Section 120.6(e)3, this acceptance test applies to compressed air systems with two or fewer compressors and with a combined horsepower equal to or greater than 100 hp. Complete a separate form for each compressor system. For compressor systems with three or more compressors, review acceptance test NRCA-PRC-01a-F. Reference Section 120.6(e)2, 120.6(e)3, and NA7.13.2.					

Table A: Construction Inspection

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

Step	Entry	Item	Code Reference
1.0	☐ 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).
2.0	☐ 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)
3.0	Pass Fail	Check pass if construction inspection complies with all requirements. Check fail if any inspection does not pass.	N/A

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Table B: Functional Testing

Step	Entry	Functional Test	Code Reference
1.0	No entry	Put the compressor system into normal operation.	NA
2.0	Pass Fail	During operation, 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)
3.0	☐ Pass ☐ Fail	During operation, 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)
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

Document Author I assert that this Certificate of Acceptance documentation is accurate and complete	Author Name
	Company Name
	Author Cignoture
	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 Certificate of Acceptance complies with the applicable acceptance requirements	Title
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	Field Tech. Signature
has been posted or made available with the building permit(s) issued for the	
building.	Date Signed
Responsible Person	
I assert the following under penalty of perjury, under the laws of the State of California:	Responsible Name
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	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	License No.
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	Title
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	Responsible Signature
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 available with the building permit(s) issued for the building. I understand that a	Date Signed
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.	