

## CALIFORNIA ENERGY COMMISSION **ELEVATOR LIGHT & VENT CTRL** 2025-CEC-NRCA-PRC-12-F

Project Name and Address		Authority	Authority Having Jurisdiction			
Name:		Enforceme	Enforcement Agency:			
Address:		Permit Nu	Permit Number:			
City, Zip Code:		Permit App	Permit Application Date:			
Building:	Floor:	Room:	Control/tag:			
<ul><li>Construction inspection and functional testing comply</li><li>Does not comply</li></ul>		nal testing comply	Date Submitted to AHJ:			
	To ensure that the elevator cab lighting and ventilation fan shut off, and verify the elevator cab lighting efficacy. Reference Sections 120.6(f), 160.7(a), and NA7.14.					

**Table A: Construction Inspection**Prior to functional testing, verify and document all of the following:

Step	Entry	Item	Code Reference
1.0	☐ Pass ☐ Fail	Access to required document NRCC-PRC-E as approved by the authority having jurisdiction.	10-103(a)2A
2.0	Pass Fail	The occupancy sensor has been located to minimize false signals, and the elevator cab does not have any obstructions that could adversely affect the sensor's performance.	NA7.14.1(a)
3.0	☐ Pass ☐ Fail ☐ N/A	For PIR sensors, verify that the sensor pattern does not enter into the elevator lobby.	NA7.14.1(b)
4.0	Pass Fail N/A	For ultrasonic sensors, verify that the sensor does not emit audible sound.	NA7.14.1(c)
5.0	Pass Fail N/A	Note that some elevators are able to use weight sensors to provide occupancy sensing. In this case, verify that the elevator weight sensing used to provide occupant sensing is functional.	NA7.14.1 (note)
6.0	Pass Fail	Verify that the Compliance Inspection is completed and complies with all requirements.	N/A

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Table B: Functional Testing

Step	Entry	Functional Test	Code Reference
1.0	Pass Fail	Confirm that the lighting and ventilation controlled inside the elevator cab turns off after 15 minutes from the start of an unoccupied condition.	NA7.14.2(a)
2.0	Pass Fail	Verify that the signal sensitivity is adequate to achieve desired control. The sensor should not detect motion in the elevator lobby.	NA7.14.2(b)
3.0	Pass Fail	Verify that lighting and ventilation immediately turn "on" when an unoccupied condition becomes occupied.	NA7.14.2(c)
4.0	Pass Fail	Verify that the lighting and ventilation will not shut off when occupied. Stand in the elevator with the door closed and wait 15 minutes to confirm that the lighting and ventilation remains on.	NA7.14.2(d)
5.0	Pass Fail	Verify that the Compliance Inspection is completed and complies with all requirements. Check fail if any Functional Tests <b>do not comply</b> with all requirements.	N/A

Document Author	
I assert that this Certificate of Acceptance documentation is accurate and complete	Author Name
	Company Name
	Author Signature
	Date Signed
Field Technician	<b>J</b>
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	Field Tech Cignoture
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 California:	Responsible Name
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	Lianna Na
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	Title
provided on this Certificate of Acceptance substantiates that the construction or	Phone
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	Dannanailela Ciamatuma
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.	
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