Project Name/Address:

System Name or Identification/Tag:	System Location or Area Served:

Enforcement Agency:	Permit Number:
Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.	Enforcement Agency Use: Checked by/Date

Documentation Author's Declaration Statement

- **I certify that this Certificate of Acceptance documentation is accurate and complete.**

Name:	Signature:
Company :	Date:
Address:	If Applicable ☐ CEA or ☐ CEPE (Certification #):
City/State/Zip:	Phone:

FIELD TECHNICIAN'S DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am the person who performed the acceptance requirements verification reported on this Certificate of Acceptance (Field Technician).
- I certify that the construction/installation identified on this form 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 Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.

Company Name:		
Field Technician's Name:		Field Technician's Signature:
	Date Signed:	Position With Company (Title):

RESPONSIBLE PERSON'S DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, that 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 form.
- I am a licensed contractor, architect, or engineer, who is eligible under Division 3 of the Business and Professions Code, in the applicable classification, to take responsibility for the scope of work specified on this document and attest to the declarations in this statement (responsible person).
- I certify that the information provided on this form substantiates that the construction/installation identified on this form 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 Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.
- I will ensure 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 made available to the enforcement agency for all applicable inspections. 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.

Company Name:		Phone:
Responsible Person's Name:		Responsible Person's Signature:
License:	Date Signed:	Position With Company (Title):

Project Name/Address:

System Name or Identification/Tag:	System Location or Area Served:

Intent:	*Ensure that control valves serving variable flow systems are designed to withstand the pump pressure over the full range of operation.*

Construction Inspection

1   Instrumentation to perform test includes, but not limited to:

    a.   Calibrated differential pressure gauge

    b.   Pump curve submittals showing the shut-off head

2   Installation

    ☐   Valve and piping arrangements were installed per the design drawings

A. Functional Testing	**Pump Tag (Id)**		**Results**
Step 1: Determine pump dead head pressure			
a. Close pump discharge isolation valve			Y / N
b. Measure and record the differential pump pressure		Ft. W.C. =	
c. Record the shut-off head from the submittal		Ft. W.C. =	
d. The measurement across the pump in step 1b is within 5% of the pump submittal in step 1c			Y / N
e. Open pump discharge isolation valve			Y / N
Step 2: Automatically close all valves on the systems being tested. If 3-way valves are present, close off the bypass line(s).			
a. The 2 way valves automatically close			Y / N
b. Measure and record the differential pump pressure in feet of water column		Ft. W.C. =	
c. The measurement across the pump in step 2b is within 5% of the measurement in step 1b			Y / N
Step 3: System returned to initial operating conditions		Y / N	
B. Testing Results		**PASS / FAIL**	
Step 1: Pressure measurement is within 5% of submittal data for all pumps		☐	☐
Step 2: Pressure measurements are within 5%		☐	☐
C. Evaluation:			
☐ PASS: All **Construction Inspection** responses are complete and all **Testing Results** responses are "Pass"			