

**Energy Management Control System Acceptance**

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):

**Intent:**

*The purpose of this acceptance test is to help ensure the central control system, when installed, is properly installed and configured and capable of meeting the applicable requirements of Title 24 Part 6. The EMCS is a complex, highly customized control system with many opportunities for installation and programming problems. Obviously it is important to identify, diagnose, and resolve these problems. This acceptance test can help assist with this effort.*

**A. Construction Inspection**

Prior to functional testing and conducting other acceptance tests that rely on the EMCS:

- Factory start-up and check-out completed
- Point-to-point verification completed
- I/O point lists available
- Sequence of operations of each system are programmed
- Written sequences are available
- Input sensors are calibrated

**B. Functional Testing**

**Results**

Conduct the following verification checks to validate the functionality of the EMCS:

- |   |       |
|---|-------|
| 1. Verify the control graphics represent the system configuration   | Y / N |
| 2. Verify control points are properly mapped to the graphics screen   | Y / N |
| 3. Raise and lower a sampling of space temperature setpoints in the software and verify the system responds appropriately | Y / N |
| 4. Verify the time-of-day start-up and shut-down function initiates a proper system response                              | Y / N |
| 5. Verify trending capabilities by establishing trend logs for a sampling of control points                               | Y / N |
| 6. Verify alarm conditions are monitored  | Y / N |
| 7. Verify the EMCS panel is installed on an emergency power circuit or has adequate battery back-up                       | Y / N |

**C. Testing Results**

**PASS / FAIL**

Test passes if all **Construction Inspection** boxes are checked and all **Functional Testing** results are 'Y'

<input type="checkbox"/>	<input type="checkbox"/>
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