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| Title 24, Part 6, Section 150.0(o) **Ventilation for Indoor Air Quality.** All dwelling units shall meet the requirements of ANSI/ASHRAE Standard 62.2-2016 Ventilation and Acceptable Indoor Air Quality in Low-Rise Residential Buildings subject to the amendments specified by Title 24, Part 6, Section 150.0(o)1 |

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| **A. Dwelling Mechanical Ventilation - General Information** | | |
| 01 | Dwelling Unit Name |  |
| 02 | Building Type |  |
| 03 | Project Scope |  |
| 04 | Total Conditioned Floor Area of Dwelling Unit  (For addition projects the conditioned floor area equals existing area plus addition area) |  |
| 05 | Number of Bedrooms in Dwelling Unit  (For addition projects the number of bedrooms equals the existing bedrooms plus addition bedrooms) |  |
| 06 | Ventilation System Type |  |
| 07 | Ventilation Operation Schedule |  |
| Note:  Non-dwelling units do not meet the definition for a dwelling unit as defined in Section 100.1(b). Non-dwelling units are not designed to provide independent living facilities and do not provide permanent provisions for living, sleeping, eating, cooking and sanitation. | | |

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| **MCH-27c – Single Family and Multifamily – Scheduled and Real-Time Control** |

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| Intermittent ventilation systems, devices, or controls for use for compliance with field verification and diagnostic testing requirements for mechanical ventilation airflow are subject to a manufacturer providing sufficient evidence to the Executive Director that the installed mechanical ventilation systems, devices, or controls will provide at least the minimum ventilation airflow required by the Standards, and subject to consideration of the manufacturer’s proposed field verification and diagnostic test protocol for ventilation system(s).  Approved systems, devices, or controls, and field verification and diagnostic test protocols for intermittent mechanical ventilation systems shall be listed in directories published by the Energy Commission. |







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| **Documentation Author's Declaration Statement** | | | |
| 1. I certify that this Certificate of Verification documentation is accurate and complete. | | | |
| Documentation Author Name: | Documentation Author Signature: | | |
| Company: | Date Signed: | | |
| Address: | CEA/HERS Certification Information (if applicable): | | |
| City/State/Zip: | Phone: | | |
| **Responsible Person's Declaration statement** | | | |
| I certify the following under penalty of perjury, under the laws of the State of California:   1. The information provided on this Certificate of Verification is true and correct. 2. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater). 3. The installed features, materials, components, manufactured devices, or system performance diagnostic results that require HERS verification identified on this Certificate of Verification comply with the applicable requirements in Reference Appendices RA2, RA3, and the requirements specified on the Certificate of Compliance for the building approved by the enforcement agency. 4. The information reported on applicable sections of the Certificate(s) of Installation (CF2R) signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (CF1R) approved by the enforcement agency. 5. I will ensure that a registered copy of this Certificate of Verification 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 registered copy of this Certificate of Verification is required to be included with the documentation the builder provides to the building owner at occupancy. | | | |
| **BUILDER OR INSTALLER INFORMATION AS SHOWN ON THE CERTIFICATE OF INSTALLATION** | | | |
| Company Name (Installing Subcontractor, General Contractor, or Builder/Owner): | | | |
| Responsible Builder or Installer Name: | | CSLB License: | |
| **HERS PROVIDER DATA REGISTRY INFORMATION** | | | |
| Sample Group Number (if applicable): | | | Dwelling Test Status in Sample Group (if applicable): |
| **HERS RATER INFORMATION** | | | |
| HERS Rater Company Name: | | | |
| Responsible Rater Name: | | | Responsible Rater Signature: |
| Responsible Rater Certification Number w/ this HERS Provider: | | | Date Signed: |

**CF3R-MCH-27c-H User Instructions**

**Section A. General Information**

1. Building Unit Name: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document. This is the unique identifier for this dwelling unit. Needed mostly for multifamily dwelling units. Ventilation is calculated and provided for each dwelling unit individually.
2. Building Type: This field is filled out automatically. It is referenced from the CF1R. Values are “Single Family Attached”, “Single Family Detached” and “Multifamily”. User is allowed to overwrite imported value with “Non-dwelling unit” selection.
3. Project Scope: This field is filled out automatically. It is referenced from the CF1R.

* If parent document is the CF1R-PRF-01, values are “Newly Constructed”, “Newly Constructed (Addition Alone)” and “Addition and /or Alteration”
* If parent document is CF1R-NCB-01, values are “Newly Constructed” and “Newly Constructed (Addition Alone)”
* If parent document is CF1R-ADD-01, values are “ADU Addition < 300 ft2”,” ADU Addition > 300 to < 400 ft2”,” ADU Addition > 400 to < 700 ft2” and “ADU Addition > 700 to < 1000 ft2”.

1. Total Conditioned Floor Area of Dwelling Unit: This field is filled out automatically. It is referenced from the CF2R-MCH-01.
2. Number of Bedrooms in Dwelling Unit: This field is filled out automatically. It is referenced from the CF2R-MCH-01.
3. Ventilation system Type: This may be filled out automatically or be user input.

* If parent document is the CF1R-PRF-01, the value will be filled out automatically.
* If building type is equal to Non-dwelling unit, an N/A value will be filled out automatically.
* If parent document is the CF1R-NCB or CF1R-ADD, user selects from list of Supply, Exhaust, Balanced, Balanced – ERV, Balanced – HRV, Central Fan Integrated (CFI), Central Ventilation System – Supply and Central Ventilation System – Exhaust and Central Ventilation System Balanced.

1. Ventilation operation schedule: This may be filled out automatically or be user input.

* Building type is equal to Non-dwelling unit; an N/A value will be filled out automatically.
* User selects from list of Continuous, Short-Term Average, Scheduled and Real-time Control.
* Note if “Ventilation System Type” (A06) = Central Fan Integrated & “Ventilation Operation Schedule” (A07) = Continuous; then user will not be allowed to proceed.

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| **A. Dwelling Mechanical Ventilation - General Information** | | |
| 01 | Dwelling Unit Name | <<calculated field, referenced data from MCH-01, “Dwelling Unit Name” (A01).>> |
| 02 | Building Type | << calculated field, referenced data from CF1R, allowed values = multifamily, single family detached, single family attached, or allow user to pick>> |
| 03 | Project Scope | << calculated field, referenced data from CF1R;  If parent document is CF1R-PRF-01, allowed values = Newly Constructed, Newly Constructed (Addition Alone), and Addition and /or Alteration;  Else if parent document is CF1R-NCB-01, allowed values = Newly Constructed and Newly Constructed (Addition Alone);  Else if parent document is CF1R-ADD-01, allowed values = ADU Addition < 300 ft2, ADU Addition > 300 to < 400 ft2, ADU Addition > 400 to < 700 ft2, and ADU Addition > 700 to < 1000 ft2>> |
| 04 | Total Conditioned Floor Area of Dwelling Unit  (For addition projects the conditioned floor area equals existing area plus addition area) | <<calculated field: referenced from MCH-01, “Dwelling Unit Total Conditioned Floor Area (ft2)” (A03) >> |
| 05 | Number of Bedrooms in Dwelling Unit  (For addition projects the number of bedrooms equals the existing bedrooms plus addition bedrooms) | <<calculated field: referenced from MCH-01, “Dwelling Unit Number of Bedrooms” (A09); if value from MCH-01 = 0 replace with 1>> |
| 06 | Ventilation System Type | << calculated value if registered CF1R form equals CF1R-PRF-01, reference data from CF1R; Else if registered CF1R form equals CF1R-NCB-01 or CF1R-ADD-01, user pick one from list:  \*\*Supply  \*\*Exhaust; or  \*\*Balanced; or  \*\*Balanced – ERV; or  \*\*Balanced – HRV; or  \*\*Central Fan Integrated (CFI); or  \*\*Central Ventilation System – Supply; or  \*\*Central Ventilation System – Exhaust; or  \*\*Central Ventilation System – Balanced; or  Else if “Building Type” (A02) = “Non-dwelling unit” then value = N/A>> |
| 07 | Ventilation Operation Schedule | << calculated value if registered CF1R form equals CF1R-PRF-01, reference data from CF1R;  Else if “Building Type” (A02) = “Non-dwelling unit”, then value = N/A; Else if registered CF1R form equals CF1R-NCB-01 or CF1R-ADD-01, user pick one from list:  \*\*Continuous; or  \*\*Short-Term Average;  Else if “Ventilation System Type” (A06) = Central Fan Integrated & “Ventilation Operation Schedule” (A07)= Continuous; then display:  “Central Fan Integrated Ventilation System Not Allowed to Operate Continuously **- Do Not Proceed”>>** |
| 08 | determine compliance method for this document; display applicable tables below;  (this row not visible to user) | <<calculated field:  if “Building Type” (A02) = Single Family Detached or Single Family Attached and “Ventilation System Type” (A06) = Supply, Exhaust, Balanced, Balanced – ERV, Balanced – HRV, or Central Fan Integrated and “Ventilation Operation Schedule (A07) = Continuous, or Short-Term Average then display method:  **\*\*27a – Single Family Attached/Detached Ventilation;**  Else if “Building Type” (A02) = Single Family Detached, Single Family Attached, or Multifamily and “Ventilation System Type” (A06) = Supply, Exhaust, Balanced, Balanced – ERV, Balanced – HRV and “Ventilation Operation Schedule (A07) = Scheduled or Real-Time Control, then display method:  **\*\*27c – Scheduled or Real-Time Control Ventilation System;**  Else if “Building Type” (A02) = Multifamily and “Ventilation System Type” (A06) = Central Ventilation System – Supply, Central Ventilation System – Exhaust, or Central Ventilation System – Balanced, then display method:  **\*\*27b – Multifamily Ventilation>> >>** |
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| Responsible Builder or Installer Name: | | CSLB License: | |
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| Sample Group Number (if applicable): | | | Dwelling Test Status in Sample Group (if applicable): |
| **HERS RATER INFORMATION** | | | |
| HERS Rater Company Name: | | | |
| Responsible Rater Name: | | | Responsible Rater Signature: |
| Responsible Rater Certification Number w/ this HERS Provider: | | | Date Signed: |