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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. Ventilation and Acceptable Indoor Air Quality in Low-Rise Residential Buildings. **Equation and table numbering on this form corresponds to the numbering for that information in the published ANSI/ASHRAE Standard 62.2-2010.** |

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| **A. Local Mechanical Exhaust - General Information** | | |
| 01 | Dwelling Unit Name |  |
| 02 | Building Type |  |
| 03 | Total Kitchen Floor Area |  |
| 04 | Kitchen Average Ceiling Height |  |
| 05 | Kitchen Total Conditioned Volume |  |
| 06 | Kitchen Type |  |

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| **B. Kitchen Exhaust Systems** | | | | | | | | | | |
| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 |
| System Name | Manufacturer Name | System Type | HVI Directory Listed Model Number | HVI Directory Listed Rated Airflow | HVI Directory Listed Sound Rating | Minimum Airflow (defaults to rated airflow) | Operation Schedule | Required Minimum Ventilation Rate (if demand controlled) | Maximum Sound Rating | Compliance Statement |
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| **C. Continuous Kitchen Exhaust** | | |
| 01 | Total Continuous Ventilation Airflow |  |
| 02 | Required Minimum Continuous Ventilation Airflow |  |
| 03 | Compliance Statement |  |

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| **D. Determination of HERS Verification Compliance**  All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance. | |
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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-32-H User Instructions**

**Section A. Local Mechanical Exhaust - General Information**

1. Dwelling Unit Name: This field is filled out automatically and referenced from the MCH-01
2. Building Type: This field is filled out automatically and referenced from the CF1R.
3. Total Kitchen Floor Area: Enter the total floor area for an enclosed kitchen or N/A for a non-enclosed kitchen.
4. Kitchen Average Ceiling Height: Enter the kitchen ceiling height for an enclosed kitchen or N/A for a non-enclosed kitchen.
5. Kitchen Total Conditioned Volume: This field is filled out automatically and calculated based on the kitchen area and ceiling height.
6. Kitchen Type: Enter the type of kitchen (enclosed or non-enclosed).

**Section B. Kitchen Exhaust System**

1. System Name: Enter a unique name for the kitchen exhaust system
2. Manufacturer Name: Enter manufacturer name for the kitchen exhaust system.
3. System Type: Select the type of kitchen exhaust system. Options are vented range hood, downdraft, and other.
4. HVI Directory Listed Model Number: Enter the kitchen exhaust system model number matching the installed equipment and HVI directory.
5. HVI Directory Listed Rated Airflow: Enter the rated airflow listed in the HVI directory for the above model number.
6. HVI Directory Listed Sound Rating: Enter the sound rating listed in the HVI directory for the above model number.
7. Minimum Airflow (defaults to rated airflow): Defaults to rated airflow from HVI directory, but editable if exhaust system minimum airflow rate is less than HVI listed value.
8. Operation Schedule: Select the kitchen exhaust system operation schedule. Options are demand control and continuous.
9. Required Minimum Ventilation Rate (if demand controlled): This field is filled out automatically and is calculated based on the system operation schedule and type, and kitchen type and volume. This field is only used for demand control exhaust systems. Continuous exhaust required minimum ventilation rate is determined in Section D.
10. Maximum Sound Rating: This field is filled out automatically and is calculated based the system operation schedule and minimum airflow.
11. Compliance Statement: This field is filled out automatically based on the installed system HVI listed airflow rate and sound rating, minimum required ventilation rate, and maximum sound rating. For continuous systems, this field only determines compliance with maximum sound ratings. Continuous system ventilation rate compliance is determined in Section D.

**Section C. Continuous Kitchen Exhaust**

1. Total Continuous Ventilation Airflow: This field is filled out automatically and is equal to the sum of the HVI listed airflow for all continuously operated kitchen exhaust systems.
2. Required Minimum Continuous Ventilation Airflow: This field is filled out automatically and is equal to five times the enclosed kitchen volume.
3. Compliance Statement: This field is filled out automatically and is based on the total installed continuous ventilation airflow and the required minimum continuous ventilation airflow.

**Section D. Determination of HERS Verification Compliance**

1. This field is filled out automatically based on all verification protocol requirements in this document showing compliance.

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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. 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. Local Mechanical Exhaust - General Information** | | |
| 01 | Dwelling Unit Name | <<Calculated field, referenced data from MCH-01, “Dwelling Unit Name” (A01)CF1R.>> |
| 02 | Building Type | << calculated field, referenced data from CF1R, allowed values = multifamily, single family detached, or single family attached>> |
| 03 | Total Kitchen Floor Area | <<User Entered Value; (XX.XX) or N/A>> |
| 04 | Kitchen Average Ceiling Height | <<User Entered Value; (XX.XX) or N/A>> |
| 05 | Kitchen Total Conditioned Volume | <<calculated value, “Kitchen Floor Area (A03)” \* “Kitchen Average Ceiling Height” (A04); (XX.XX);  Allow N/A only if A03 and A04 = N/A>> |
| 06 | Kitchen Type | User Entry, selections (Enclosed or Non-Enclosed) |

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| **B. Kitchen Exhaust Systems** | | | | | | | | | | |
| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 |
| System Name | Manufacturer Name | System Type | HVI Directory Listed Model Number | HVI Directory Listed Rated Airflow | HVI Directory Listed Sound Rating | Minimum Airflow (defaults to rated airflow) | Operation Schedule | Required Minimum Ventilation Rate (if demand controlled) | Maximum Sound Rating | Compliance Statement |
| <<User Entered Value up to 50 characters>> | <<User Entered Value up to 50 characters>> | <<User Entered Value; Selections = (Vented Range Hood, Downdraft, Other)>> | <<User Entered Value up to 50 characters>> | <<User Entered Value; (XXXX.XX)>> | <<User Entered Value; (XX.XX)>> | <<Defaults to B05  otherwise, User Entered Value; (XXXX.XX); Not to exceed B05 (rated airflow)>> | <<User Entry; Selections = (Demand Control, Continuous)>> | <<If B08 = Demand Control and B03 = Vented Range Hood, then Result = “100 cfm”;  Else If B08 = Demand Control, A06 = Enclosed, and B03 = Other or Downdraft, then Result = lesser of 300 cfm and 5\*A05/60;  Else If B08 = Demand Control, A06 = Non-Enclosed, and B03 = Other or Downdraft, then Result = 300;  Else If B08 = Continuous, then Result = “N/A – See Table C” | <<If Continuous, then value = “1 sone”;  ElseIf Demand Control and B07 ≤ 400 cfm, then value = “3 sone”;  Else value = “N/A”>> | <<If B08 = ‘Demand Control’,  and B05 (HVI Directory Listed Rated Airflow) ≥ B09 (Required Minimum Ventilation Rate),  and B06 ≤ B10 or B10 = N/A,  then display text: "Complies”;  If B08 = Continuous,  and B06 ≤ B10 or B10 = N/A,  then display text: "Complies”;  else display text: "Does Not Comply"  >> |
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| **C. Continuous Kitchen Exhaust** | | |
| 01 | Total Continuous Ventilation Airflow | <<Result = Sum(B05 for all B08 = Continuous) {sum ‘listed rated airflow’ for all continuously operated fans};  Else result = “N/A”>> {want this entry to be N/A if there are no continuously operated fans} |
| 02 | Required Minimum Continuous Ventilation Airflow | <<If C01 = N/A, then result = “N/A”,  Else result = 5\*A05/60>> |
| 03 | Compliance Statement | <<If C01 = N/A, then result = “N/A”;  Else if C01 ≥ C02 then result = “Complies”, else result = “Does Not Comply” |

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| **D. Determination of HERS Verification Compliance**  All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance. | |
| 01 | <<if B11 = complies for all rows (exhaust systems), and C03 = complies or N/A, then Result = “Complies: All specified verification protocol requirements on this document are met”; else Result = “Does not comply: One or more specified verification protocol requirements on this document are not met”>> |

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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: |