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| **A. System Information** | | |
| 01 | Space Conditioning System Identification or Name |  |
| 02 | Space Conditioning System Location or Area Served |  |
| 03 | Indoor Unit Name |  |
| 04 | Building Type from CF1R |  |
| 05 | Verified Low Leakage Ducts in Conditioned Space (VLLDCS) Credit from CF1R? |  |
| 06 | Verified Low Leakage Air-handling Unit Credit from CF1R? |  |
| 07 | Duct System Compliance Category |  |
| 08 | Any portions of Duct Located in Garage? |  |

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| **MCH-20d - Complete Replacement or Altered Duct System** |

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| **B. Duct Leakage Diagnostic Test** | | | |
| 01 | Air-Handling Unit Airflow (AHU Airflow) Determination Method | |  |
| 02 | Condenser Nominal Cooling Capacity (ton) | |  |
| 03 | Indoor Unit Nominal Cooling Capacity | |  |
| 04 | Heating Capacity (kBtu/h) | |  |
| 05 | Conditioned Floor Area Served by this HVAC System (ft2) | |  |
| 06 | Measured AHU Airflow (cfm) | |  |
| 07 | Duct Leakage Test Conditions | |  |
| 08 | Duct Leakage Test Method | |  |
| 09 | Leakage Factor | |  |
| 10 | Calculated Target Allowable Duct Leakage Rate (cfm) | |  |
| 11 | Actual Duct Leakage Rate from Leakage Test Measurement (cfm) | |  |
| 12 | Compliance Statement: |  | |
| 13 | Notes: | | |

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| **C. Ducts Located in Garage Spaces** | | |
| 01 | Duct Leakage Test Method |  |
| 02 | Leakage Factor |  |
| 03 | Air-Handling Unit Airflow (AHU Airflow) Determination Method |  |
| 04 | Measured AHU Airflow (cfm) |  |
| 05 | Calculated Target Allowable Duct Leakage Rate (cfm) |  |
| 06 | Actual Duct Leakage Rate from Leakage Test Measurement (cfm) |  |
| 07 | Compliance Statement: |  |

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| **D. Additional Requirements for Compliance** | | |
| 01 | System was tested in its normal operation condition. No temporary taping allowed. | |
| 02 | Outside air (OA) duct connections to the central forced air duct system shall not be sealed/taped off during duct leakage testing. OA ducts used for Central Fan Integrated (CFI) Indoor Air Quality ventilation systems, or Central Fan Ventilation Cooling Systems, that utilize dampers that open only when OA is required and automatically close when OA is not required, may configure the OA damper to the closed position during duct leakage testing. | |
| 03 | If a complete replacement, all supply and return register boots were sealed to the drywall. | |
| 04 | Building cavities were not used as plenums or platform returns in lieu of ducts. | |
| 05 | If cloth backed tape was used it was covered with Mastic and draw bands. | |
| 06 | All connection points between the air handler and the supply and return plenums are completely sealed. | |
| 07 | If the system complies using the Smoke Test method, the smoke test was conducted in accordance with the requirements of Reference Residential Appendix RA3.1.4.3.6. Systems that comply using the smoke test shall not be included in sample groups for HERS verification. | |
| 08 | Verification Status: | * Pass - all applicable requirements are met; or * Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below; or * All N/A - This entire table is not applicable |
| 09 | Correction Notes: | |
| **The responsible person’s signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes in this table.** | | |

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| **E. 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-20d-H User Instructions**

**Section A. System Information**

1. *HVAC System Identification or Name*: This field is filled out automatically. It is referenced from the CF2R-MCH-20.
2. *HVAC System Location or Area Served*: This field is filled out automatically. It is referenced from the CF2R-MCH-20.
3. *Indoor Unit Name:* This field is filled out automatically. It is referenced from the CF2R-MCH-20, which must be completed prior to this document.
4. *Building Type*: This field is filled out automatically. It is referenced from the CF2R-MCH-20.
5. *Verified Low Leakage Ducts in Conditioned Space (VLLDCS)*: This field is filled out automatically. It is referenced from the CF2R-MCH-20.
6. *Verified Low Leakage Air-handling Unit (VLLAHU) Credit:* This field is filled out automatically. It is referenced from the CF2R-MCH-20.
7. *Duct System Compliance Category*: This field is filled out automatically. It is referenced from the CF2R-MCH-20.
8. *Any portions of Duct Located in Garage*: User select from Yes or No.

**Section B. Duct Leakage Diagnostic Test - MCH-20d - Complete Replacement or Altered Duct System**

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  3. 9
  4. Indoor Unit Method:

1. *Condenser Nominal Cooling Capacity (ton)*: Same data given on MCH-01. Should be consistent with CF2R-MCH-20 for this system.
2. Indoor Unit Nominal Cooling Capacity: Same data given on MCH-01.
3. *Heating Capacity (kBtu/h)*: Same data given on MCH-01. Should be consistent with CF2R-MCH-20 for this system.
4. *Conditioned Floor Area Served by this HVAC System(ft2)*: User must input CFA for the space. Should be consistent CF2R-MCH-20 for this system.
5. *Measured AHU Airflow (CFM):* If “Measured Airflow Method” is selected, user must input measured airflow.
6. *Duct Leakage Test Conditions*: Select from the following options:
   1. Test Rough-in AHU: Installers may determine duct leakage in new construction by using diagnostic measurements at rough-in building construction stage prior to installation of interior finishing (See Section RA3.1.4.3.2 of the 2019 Reference Appendices). In this case the air handling unit (AHU) is installed at the time of test.
   2. Test Rough-in No AHU: Same as “Test Rough-in” except air handling unit is not yet installed (See Section RA3.1.4.3.2 of the 2019 Reference Appendices).
   3. Test Final: Test conducted at “final”, i.e. all equipment, ducts, and registers are installed and the system is essentially in its final operating condition. (rough-in no longer an option. See Section RA3.1.4.3.1 of the 2019 Reference Appendices).
7. *Duct Leakage Test Method*: Select from the following options: Leakage to the Outside (house is pressurized simultaneously with the ducts such that only leakage going outside of the pressurized conditioned shell is measured, see RA3.2.4.3.4), or Total Leakage.
8. *Leakage Factor*: This field is automatically filled out based on choices in previous fields.
9. *Calculated Target Allowable Duct Leakage Rate (cfm)*: This value will be automatically calculated based on values entered in previous fields.
10. *Actual Duct Leakage Rate from Leakage Test Measurement (cfm)*: Input the duct leakage rate taken from actual test measurements.
11. *Compliance Statement*: If Actual Duct Leakage Rate from leakage test (B10) is less than or equal to Calculated Target Allowable Duct Leakage Rate, “System passes leakage test” will automatically populate. If not, “System fails leakage test” will automatically populate.
12. *Notes*: This field is automatically filled out. The values in B02, B03 and B04, B05 are checked against the values in the same rows of the CF2R-MCH-20 for this system. If they do not match an error message will appear here.

**Section C Additional Requirements for Compliance**

1. This field must be a true statement (or not applicable) for the system to comply.
2. This field must be a true statement (or not applicable) for the system to comply.
3. This field must be a true statement (or not applicable) for the system to comply.
4. This field must be a true statement (or not applicable) for the system to comply.
5. This field must be a true statement (or not applicable) for the system to comply
6. This field must be a true statement (or not applicable) for the system to comply
7. This field must be a true statement (or not applicable) for the system to comply
8. *Verification Status:* If this Section does not apply, then select “All N/A”. If the system meets all of the additional requirements for compliance then select “Pass”, otherwise select “Fail”. The latter selection means that the system does not meet the requirements and the system will need to be modified to meet the requirements or airflow and fan efficacy will have to be verified by diagnostic testing.
9. *Correction Notes:* If one or more applicable requirements are not met “Fail” will appear in the row above. When this occurs the rater is required to enter detailed notes here that describe what failed and why.

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

1. This field is filled out automatically. Compliance requires that all individual criteria pass.

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| **A. System Information** | | |
| 01 | Space Conditioning System Identification or Name | <<text (data from CF2R-MCH-20)>> |
| 02 | Space Conditioning System Location or Area Served | <<text (data from CF2R-MCH-20)>> |
| 03 | Indoor Unit Name | <<text (data from MCH-01)>> |
| 04 | Building Type from CF1R | <<text (data from CF2R-MCH-20)>> |
| 05 | Verified Low Leakage Ducts in Conditioned Space (VLLDCS) Credit from CF1R? | <<text (data from CF2R-MCH-20)>> |
| 06 | Verified Low Leakage Air-handling Unit Credit from CF1R? | <<text (data from CF2R-MCH-20)>> |
| 07 | Duct System Compliance Category | <<text (data from CF2R-MCH-20)>> |
| 08 | Portions of Duct Located in Garage? | <<text (data from CF2R-MCH-20)>> |
| 09. Determine compliance method for this document; display applicable tables below;  (this row not visible to user) | | <<Calculated Result:  if A07= Replacement using Smoke Test or Alteration using Smoke Test; then display method:  **20e. Altered or Replacement Duct System using Smoke Test**  if 07= Replacement or Alteration; then display method:  **20d. Altered or Replacement Duct System**  elseif 07=New and 05=VLLDCS (true); then display method:  **20b. Low Leakage Ducts in Conditioned Space**  elseif 07=New and 06=VLLAHU (true); then display method:  **20c. Low Leakage Air-Handling Unit**  elseif 07=New then display method:  **20a. Completely New Duct System**  >> |

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| **MCH-20d - Complete Replacement or Altered Duct System** |

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| **B. Duct Leakage Diagnostic Test** | | |
| 01 | Air-Handler Unit Airflow (AHU Airflow) Determination Method | <<pick one from list: DeafultAirflowMethod; CoolingSystemMethod; HeatingSystemMethod; MeasuredAirflowMethod; IndoorUnitMethod>> |
| 02 | Condenser Nominal Cooling Capacity (ton) | <<<< if B01 = CoolingSystemMethod, then user input is numeric x.xx; else =N/A >> |
| 03 | Indoor Unit Nominal Cooling Capacity (ton) | << if B01 = IndoorUnitMethod, then user input is either numeric x.xx, else =N/A>> |
| 04 | Heating Capacity (kBtu/h) | << if B01 = HeatingSystemMethod, then user input is numeric xxx.x; else =N/A >> |
| 05 | Conditioned Floor Area Served by this HVAC System (ft2) | << if B01 = DefaultAirflowMethod, user input is numeric xx,xxx; else = N/A (should be consistent with CF2R-MCH-20)>> |
| 06 | Measured AHU Airflow (cfm) | <<if B01 = MeasuredAirflowMethod, then user enter numeric x,xxx, else =N/A>> |
| 07 | Duct Leakage Test Conditions | << Auto filled field: TestFinal (this is the only allowable test condition for Replacement/Alteration) |
| 08 | Duct Leakage Test Method | << user pick one from list: LeakageToOutside; TotalLeakage>> |
| 09 | Leakage Factor | <<calculated field:  if TotalLeakage and SingleFamily and TestFinal and Replacement then LeakageFactor=0.05;  elseif TotalLeakage and MultiFamily and TestFinal and Replacement then LeakageFactor=0.12;  elseif LeakageToOutside and MultiFamily and TestFinal and Replacement then LeakageFactor=0.06;  elseif TotalLeakage and TestFinal and Alteration then  LeakageFactor=0.15 (applicable to both single and multifamily);    elseif LeakageToOutside and TestFinal and Alteration then LeakageFactor=0.10 (applicable to both single and multifamily);    else error message if invalid entries for arguments>> |
| 10 | Calculated Target Allowable Duct Leakage Rate (cfm) | <<calculated field: numeric xxx:  if AHUAirflowMethod= CoolingSystemMethod then  AHUAirflow=CondenserNomCoolCapacityTon\*400\* LeakageFactor;  elseif AHUAirflowMethod= HeatingSystemMethod  then AHUAirflow=HeatingCapacityKbtuh\*21.7\* LeakageFactor;  elseif AHUAirflowMethod= MeasuredAirflowMethod then  AHUAirflow= Measured AHUAirflow \* LeakageFactor  elseif AHUAirflowMethod= IndoorUnitMethod then  AHUAirflow=IndoorAirUnitCoolingCapacityton\*400\*LeakageFactor >> |
| 11 | Actual Duct Leakage Rate from Leakage Test Measurement (cfm) | <<user input: numeric xxx.x>> |
| 12 | Compliance Statement:  <<if measured leakage is ≤to target allowed: "system passes leakage test"; else if measured leakage is > target allowed: "system fails leakage test">>. | |
| 13 | Notes:  <<if CF2R-MCH-20 row B02, B03, B04 and B05 ≠ CF3R-MCH-20 row B02, B03, B04 and B05, then display “The installed cooling capacity, heating capacity or CFA served does not match the Installation Certificate”, elseif CF2R-MCH-20 row B02, B03 and B04, B05 = CF3R-MCH-20 row B02, B03, B04 and B05, then display “ “>> | |

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| **C. Ducts Located in Garage Spaces**  <<if A08 = yes, then show table, else display the Section Does Not Apply message>> | | |
| 01 | Duct Leakage Test Method | <<default value = TotalLeakage (this is the only method allowed>> |
| 02 | Leakage Factor | <<default value = 0.06>> |
| 03 | Air-Handling Unit Airflow (AHU Airflow) Determination Method | <<auto filled from B01>> |
| 04 | Measured AHU Airflow (cfm) | <<auto filled from B06>> |
| 05 | Calculated Target Allowable Duct Leakage Rate (cfm) | <<calculated field: numeric xxx:  elseif AHUAirflowMethod= CoolingSystemMethod then  AHUAirflow=CondenserNomCoolCapacityTon\*400\* 0.06;  elseif AHUAirflowMethod= HeatingSystemMethod  then AHUAirflow=HeatingCapacityKbtuh\*21.7\* 0.06;  elseif AHUAirflowMethod= MeasuredAirflowMethod then  AHUAirflow= Measured AHUAirflow \* 0.06;  elseif AHUAirflowMethod= IndoorUnitMethod then  AHUAirflow=IndoorAirUnitCoolingCapacityton\*400\*0.06 >>; |
| 06 | Actual Duct Leakage Rate from Leakage Test Measurement (cfm) | << auto filled from B11>> |
| 07 | Compliance Statement: | <<if measured leakage rate is ≤ to target allowable leakage rate, then display message:  "Ducts in garage passes – overall system leakage complies";  else if measured leakage rate is > target allowable leakage rate then display message:  "Ducts in garage passes using smoke test of an altered HVAC system in an existing building   * No visible smoke exits the accessible portions of the ducts in the garage”>> |

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| **D. Additional Requirements for Compliance** | | |
| 01 | System was tested in its normal operation condition. No temporary taping allowed. | |
| 02 | Outside air (OA) duct connections to the central forced air duct system shall not be sealed/taped off during duct leakage testing. OA ducts used for Central Fan Integrated (CFI) Indoor Air Quality ventilation systems, or Central Fan Ventilation Cooling Systems, that utilize dampers that open only when OA is required and automatically close when OA is not required, may configure the OA damper to the closed position during duct leakage testing. | |
| 03 | If a complete replacement, all supply and return register boots were sealed to the drywall. | |
| 04 | Building cavities were not used as plenums or platform returns in lieu of ducts. | |
| 05 | If cloth backed tape was used it was covered with Mastic and draw bands. | |
| 06 | All connection points between the air handler and the supply and return plenums are completely sealed. | |
| 07 | If the system complies using the Smoke Test method, the smoke test was conducted in accordance with the requirements of Reference Residential Appendix RA3.1.4.3.6. Systems that comply using smoke test shall not be included in sample groups for HERS verification compliance. | | |
| 08 | Verification Status: | <<user pick from list:  \*\*\* Pass - all applicable requirements are met; or  \*\*\* Fail - one or more applicable requirements are not met. Enter reason for failure in corrections notes field below; or  \*\*\* All n/a - This entire table is not applicable | |
| 09 | Correction Notes: | <<if Verification Status= Fail, then text entry in this Corrections Notes field is required;  user input text>> | |
| **The responsible person’s signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes in this table.** | | | |

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| **E. 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 B12=system passes leakage test, and D08≠Fail, then display: “Complies: All specified verification protocol requirements on this document are met”; else display: “Does not comply: One or more specified verification protocol requirements on this document are not met”>> |