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| **A. Ducted Cooling System Information** | | |
| 01 | Space Conditioning System Identification or Name |  |
| 02 | Space Conditioning System Description of Area Served |  |
| 03 | Indoor Unit Name |  |
| 04 | System Installation Type |  |
| 05 | Nominal Cooling Capacity (tons) of Condenser |  |
| 06 | Condenser Speed Type |  |
| 07 | Cooling System Zonal Control Type |  |
| 08 | Central Fan Integrated (CFI) Ventilation System Status |  |
| 09 | System Bypass Duct Status |  |
| 10 | Date of System Airflow Rate Measurement |  |
| 11 | Airflow Rate Protocol Utilized |  |
| 12 | Central Fan Ventilation Cooling System Status |  |

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| **B. Hole for the Placement of a Static Pressure Probe (HSPP), and Permanently Installed Static Pressure Probe (PSPP) in the Supply Plenum**  Procedures for installing HSPP or PSPP are specified in RA3.3.1.1. | | |
| 01 | Method Used to Demonstrate Compliance with the HSPP/PSPP Requirement |  |

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| **C. Airflow Rate Measurement Apparatus and Procedure Information**  Instrument Specifications are given in RA3.3.1.1, and system airflow rate measurement apparatus information is given in RA3.3.2. | | |
| 01 | Airflow Rate Measurement Type Used for this Airflow Rate Verification |  |
| 02 | Manufacturer of Airflow Measurement Apparatus |  |
| 03 | Model Number of Airflow Measurement Apparatus |  |
| 04 | Certification Status of the Airflow Measurement Apparatus Accuracy |  |

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| **MCH-23d Forced Air System Airflow Rate Measurement – Heating Only Newly Installed Non-Zoned Systems or Zoned Multi-Speed Compressor Measurement Only – No Minimum Target Requirement** |

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| **D. Forced Air System Airflow Rate Measurement**  The procedures for System Airflow Rate Verification are specified in Reference Residential Appendix RA3.3. | | |
| 01 | Actual System Airflow Rate Measurement (cfm) |  |

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| **E. Central Fan Ventilation Cooling System Airflow Rate Measurement**  The procedures for central fan ventilation cooling system airflow rate verification are specified in Reference Residential Appendix RA3.3.4 | | |
| 01 | Required Ventilation System Airflow Rate (cfm) |  |
| 02 | Actual System Ventilation Airflow Rate Measurement (cfm) |  |
| 03 | Compliance Statement: |  |

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| **F. Additional Requirements** | | |
| 01 | Air filters that meet the applicable requirements of Standards Section 150.0(m)12 or 150.0(m)13 were properly installed in the system during system airflow rate measurement identified on this Certificate of Installation. | |
| 02 | The airflow rate measurement apparatus used to perform the airflow rate measurement identified on this Certificate of Installation was calibrated in accordance with the apparatus manufacturer's specifications and conforms to the instrumentation specifications given in RA3.3.1. | |
| 03 | All registers were fully open during the diagnostic test. | |
| 04 | System fan was set at maximum speed during the diagnostic test. | |
| 05 | If fresh air duct is part of the HVAC system it was not closed during the diagnostic test. | |
| 06 | Airflow rate and fan watt draw shall be simultaneous measurements when used to calculate the Fan Efficacy tested value. | |
| 07 | 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 |
| 08 | 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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| **G. 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: |

**CF2R-MCH-23d-H User Instructions**

**Section A. Ducted Cooling System Information**

1. System Identification or Name: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
2. System Location or Area Served: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
3. Indoor Unit Name: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
4. System Installation Type: Select the appropriate System Installation Type from the following choices:
   1. New: Use this choice for newly constructed buildings, additions with all-new systems dedicated to the addition, or new systems installed in existing homes where the equipment and ducts are all newly installed (aka, "Cut-in").
   2. Replacement: Use this choice if the system is a complete replacement space-conditioning system installed as part of an alteration, and includes all the system heating or cooling equipment plus a replacement duct system (150.2(b)1Diia) where the ducts are at least 75% or more newly installed duct material (up to 25% of the finished system may consist of reused parts from the dwelling unit’s previously existing duct system, such as registers, grilles, boots, air handler, coil, plenums, duct material); plus a replacement air handler.
   3. Alteration: Use this choice for existing buildings where any of the following are newly installed or replaced as part of the project and the system does not meet one of the other compliance categories above:
      1. 40 feet or more of space-conditioning system ducts are installed in unconditioned space or indirectly conditioned space.
      2. Air conditioning or heat pump condenser
      3. Heating or cooling coil
      4. Air handler (e.g., furnace, fan coil, package unit)
      5. Air handler (e.g., furnace, fan coil, package unit)
5. Nominal Cooling Capacity (tons) of Condenser: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
6. Condenser Speed Type: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
7. Cooling System Zonal Control Type: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
8. Central Fan Integrated (CFI) Ventilation System Status: If the system has Central Fan Integrated System, then select “CFI System”, otherwise select “Not a CFI system”.
9. System Bypass Duct Status: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
10. Date of System Airflow Rate Measurement: Enter the date that the airflow test was performed.
11. Airflow Rate Protocol Utilized: If the system installation type is “New” or “Replacement” then only the RA3.3 airflow methods may be used. If the system installation type is “Alteration”, the RA3.3 airflow methods may be used, but the Alternative to Compliance with Minimum System Airflow Requirements (“Best I Can Do” Airflow) is an option for existing systems that may require substantial modification to improve the airflow.
12. Central Fan Ventilation Cooling System (CFVCS) Status: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.

**Section B. Hole for the Placement of a Static Pressure Probe (HSPP), and Permanently Installed Static Pressure Probe (PSPP) in the Supply Plenum**

1. A hole for a static pressure probe (HSPP) or a permanent static pressure probe (PSPP) is required when system airflow verification is required, whether the airflow test method used requires one or not. Select the appropriate choice from the following options using a dropdown box, the Static Pressure Measurement Method:
2. If an Hole Static Pressure Probe is installed then select “HSPP Installed”
3. If a Permanent Static Pressure Probe is installed then select “PSPP Installed”
4. If the system is configured such that an HSPP nor PSPP can be installed, an alternate location that provides access for making supply plenum pressure measurement may be used. Select “An alternative location has been provided and clearly labeled.”
5. If the system is such that an HSPP or PSPP is not applicable, select “HSPP/PSPP are not applicable to this system”.

**Section C. Airflow Rate Measurement Apparatus and Procedure Information**

1. Airflow Rate Measurement Type Used for this Airflow Rate Verification: Select the appropriate airflow test procedure from the following options for the method used to determine actual fan air flow:
   1. Diagnostic Fan Flow Using Fan Flow Meter (aka Plenum Pressure Matching) according to the procedures in RA3.3.3.1.1
   2. Diagnostic Fan Flow Using Flow Grid Measurement according to the procedures in RA3.3.3.1.2
   3. Diagnostic Fan Flow Using Powered Flow Capture Hood according to the procedures in RA3.3.3.1.3
   4. Diagnostic Fan Flow Using Traditional Flow Capture Hood according to the procedures in RA3.3.3.1.4
2. Manufacturer of Airflow Measurement Apparatus: Enter the name of the manufacturer of the airflow measurement tool used to measure the airflow for this test.
3. Model number of Airflow Measurement Apparatus: Enter the model number of the airflow measurement tool used to measure the airflow for this test.
4. Certification Status of the Airflow Measurement Apparatus Accuracy: The measurement apparatus used to perform airflow verification measurements must appear on the CEC list of approved devices found at <http://www.energy.ca.gov/title24/equipment_cert/ama_fas/index.html>, if this is true, select “Certified”, otherwise select “Not Certified”. The latter choice will not allow the system to pass until a certified device is used.

**Section D. Forced Air System Airflow Rate Measurement**

1. Actual System Airflow Rate Measurement (cfm): Enter the actual tested value of the airflow measured using the apparatus specified above.

**Section E. Central Fan Ventilation Cooling System Airflow Rate Measurement**

1. Required Ventilation System Airflow Rate (cfm): This field is filled automatically. The target is based on the airflow rate specified on the CF2R-MCH-01.
2. Actual System Ventilation Airflow Rate Measurement (cfm): Enter the actual tested value of the airflow measured using the apparatus specified above.
3. Compliance Statement: This field is filled automatically. Compliance requires that the measured airflow meets the airflow target.

**Section F. Additional Requirements**

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. *Verification Status:* If this Section does not apply, then select “All N/A”. If the system meets the airflow criteria then select “Pass”, otherwise select “Fail”. The latter selection means that the system does not meet the requirements and the CF1R will have to be revised, or the system will need to be modified to meet the requirements.
8. *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.

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| **A. Ducted Cooling System Information** | | |
| 01 | Space Conditioning System Identification or Name | <<auto filled text: referenced from MCH01>> |
| 02 | Space Conditioning System Description of Area Served | <<auto filled text: referenced from MCH01>> |
| 03 | Indoor Unit Name | <<auto filled text: referenced from MCH01>> |
| 04 | System Installation Type | <<if the parent is a MCH-01b and a “yes” answer is given in B08 or B09, then A04 ≠ “alteration”; else User pick from complete list: \*New; or \*Replacement; or \*Alteration>> |
| 05 | Nominal Cooling Capacity (tons) of Condenser | <<calculated field:  if cooling system typeon MCH-01=NoCooling then display text result= n/a - Heating-only system;  else enter the nominal ton value: numeric x.x>> |
| 06 | Condenser Speed Type | <<calculated field: If cooling system type=NoCooling then display text result= n/a - Heating-only system;  elsif the condenser speed type is not given on the MCH-01,  then display text n/a –Condenser Speed requirements do not apply;  elsif the condenser speed type is given on the MCH-01,  then display value for Condenser Speed Type  (note on applicable MCH-01 docs the options are: MultiSpeed; or SingleSpeed)>> |
| 07 | Cooling System Zonal Control Type | <<calculated field:If cooling system type=NoCooling then display text result= n/a - Heating-only system;  elseif the Cooling System Zonal Control Type is not given on the MCH-01,  then display text: n/a –Cooling System Zonal Control requirements do not apply;  elsif the Cooling System Zonal Control Type is given on the MCH-01,  then else display value for Cooling System Zonal Control Type  (note on applicable MCH-01 docs the options are: ZonallyControlled and NotZonal)>> |
| 08 | Central Fan Integrated (CFI) Ventilation System Status | <<calculated field:  reference value from MCH-01;  note: allowable values =  \*CFI System  \*Not CFI>> |
| 09 | System Bypass Duct Status | <<calculated field:  If parent is MCH-01b, MCH-01c, or MCH-01d then value=N/A;  elseif parent isMCH-01a, reference value from MCH-01a section J 10 (note: on the MCH01a the options are: Has Bypass Duct; or No bypass duct)>> |
| 10 | Date of System Airflow Rate Measurement | <<user input: date: use validated date format>> |
| 11 | Airflow Rate Protocol Utilized | <<Calculated field:  If A04=(New or Replacement), then display result = RA3.3 procedures for airflow rate measurement;  elseif A04=Alteration then allow user to pick from list:  \*\*RA3.3.3.1.5 Alternative to Compliance with Minimum System Airflow Requirements, or  \*\* RA3.3 procedures for airflow rate measurement>> |
| 12 | Central Fan Ventilation Cooling System Status | <<Calculated Field:  Referenced from MCH-01, If B05 Central Fan Ventilation Cooling System Type = Variable, then display ‘Variable CFVCS’,  ElseIf Type = Fixed, then display ‘Fixed CFVCS’,  otherwise display ‘Not a CFVCS’.>> |

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| **B. Hole for the Placement of a Static Pressure Probe (HSPP), and Permanently Installed Static Pressure Probe (PSPP) in the Supply Plenum**  Procedures for installing HSPP or PSPP are specified in RA3.3.1.1. | | |
| 01 | Method Used to Demonstrate Compliance with the HSPP/PSPP Requirement | <<user select one of the options from list:  \*\*HSPP installed and labeled consistent with Figure RA3.3-1;  or  \*\*PSPP installed and labeled consistent with Figure RA3.3-1,  or  \*\*HSPP/PSPP cannot be installed consistent with Figure RA3.3-1. An alternative location has been provided and clearly labeled,  or  \*\* HSPP/PSPP are not applicable to this system >> |

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| **C. Airflow Rate Measurement Apparatus and Procedure Information**  Instrument Specifications are given in RA3.3.1.1, and system airflow rate measurement apparatus information is given in RA3.3.2. | | |
| 01 | Airflow Rate Measurement Type Used for this Airflow Rate Verification | << user select one from list:   * Fan Flowmeter according to procedure in RA3.3.3.1.1 * Flow Grid according to procedure in RA3.3.3.1.2 * Powered Flow Capture Hood according to procedure in RA3.3.3.1.3 * Traditional Flow Capture Hood according to procedure in RA3.3.3.1.4>> |
| 02 | Manufacturer of Airflow Measurement Apparatus | <<user entry : text (or consider referencing from a data registry user profile)>> |
| 03 | Model Number of Airflow Measurement Apparatus | <<user entry: text (or consider referencing from a data registry user profile)>> |
| 04 | Certification Status of the Airflow Measurement Apparatus Accuracy | <<user select from list:   * Certified by Manufacturer and listed on CEC Website at   <http://www.energy.ca.gov/title24/equipment_cert/ama_fas/index.html>, or   * Not Certified (do not continue)>> |
| 05 | Determination of MCH23 type (this field not visible to user) | <<calculated field:  If A11 = RA3.3.3.1.5 Then  If A04 = alteration Then Use variant MCH-23c;  ElseIf A11 = RA3.3 procedures Then  If A04=alteration then  If A12 = Variable CFVCS or Fixed CFVCS, then use variant MCH-23e,  Else use MCH-23a  End  If A07 = ZonallyControlled Then  If A06 = SingleSpeed then  if A12 = Variable CFVCS or Fixed CFVCS, Then use variant MCH-23f,  Else use variant MCH-23b;  ElseIf A06 = MultiSpeed then  if A12 = Variable CFVCS or Fixed CFVCS, Then use variant MCH-23e,  Else use variant MCH-23a;  ElseIf A07 = NotZonal Then  If cooling system type on MCH-01 = No Cooling And A08 = CFI System or A12 = Variable CFVCS or Fixed CFVCS, Then use variant MCH-23d,  Elseif A04 = New or Replacement then  if A12 = Variable CFVCS or Fixed CFVCS, Then use variant MCH-23e,  Else use variant MCH-23a;  ElseIf A07 = N/A Then  if A04 = New or Replacement, Then  If cooling system type on MCH-01 = No Cooling And A08 = CFI System or A12 = Variable CFVCS or Fixed CFVCS, Then use variant MCH-23d;  if A12 = Variable CFVCS or Fixed CFVCS use variant MCH-23e,  Else use variant MCH-23-a  End  End>> |

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| **MCH-23d Forced Air System Airflow Rate Measurement – Heating Only Newly Installed Non-Zoned Systems or Zoned Multi-Speed Compressor Measurement Only – No Minimum Target Requirement** |

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| **D. Forced Air System Airflow Rate Measurement**  The procedures for System Airflow Rate Verification are specified in Reference Residential Appendix RA3.3. | | |
| 01 | Actual System Airflow Rate Measurement (cfm) | <<user input numeric value: xxxx>> |

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| **E. Central Fan Ventilation Cooling System Airflow Rate Measurement**  The procedures for central fan ventilation cooling system airflow rate verification are specified in Reference Residential Appendix RA3.3.4 | | |
| 01 | Required Ventilation System Airflow Rate (cfm) | <<calculated field:  Reference MCH-01 ventilation rate C11>> |
| 02 | Actual System Ventilation Airflow Rate Measurement (cfm) | <<user input numeric value: xxxx>> |
| 03 | Compliance Statement: | <<If A12 = ‘Fixed CFVCS’, then if D02≥D01, result = "System ventilation airflow rate complies"  ElseIf A12 = ‘Variable CFVCS’, then if D02≤D01, result = "System ventilation airflow rate complies"  Else display text "System does not comply with ventilation airflow rate requirement" >> |

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| **F. Additional Requirements** | | |
| 01 | Air filters that meet the applicable requirements of Standards Section 150.0(m)12 or 150.0(m)13 were properly installed in the system during system airflow rate measurement identified on this Certificate of Installation. | |
| 02 | The airflow rate measurement apparatus used to perform the airflow rate measurement identified on this Certificate of Installation was calibrated in accordance with the apparatus manufacturer's specifications and conforms to the instrumentation specifications given in RA3.3.1. | |
| 03 | All registers were fully open during the diagnostic test. | |
| 04 | System fan was set at maximum speed during the diagnostic test. | |
| 05 | If fresh air duct is part of the HVAC system it was not closed during the diagnostic test. | |
| 06 | Airflow rate and fan watt draw shall be simultaneous measurements when used to calculate the Fan Efficacy tested value. | |
| 07 | 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>> |
| 08 | 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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| **F. 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 B01≠ System does not comply; and C04 ≠ Not Certified; and E03≠Fail; and F07≠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 > |