



20d-H

Project Name and Address	Authority Having Jurisdiction
Name: Project Name	Enforcement Agency: Agency
Address: Project Address	Permit Number: Permit Number
City, Zip: City, Zip Code	Permit Application Date: Date

Building: Enter Value	Floor: Enter Value	Room: Enter Value	Control/tag: Value
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<input type="checkbox"/> Construction inspection and functional testing comply	Date Submitted to AHJ: Date
<input type="checkbox"/> Does not comply	

Intent:	<ul style="list-style-type: none">• <u>This form is completed only when NA1.9 Acceptance Test Technicians Alternative Procedure is used in accordance with Section 160.2(b)2Biv, where a certified ATT is allowed to perform the test that is typically performed by an ECC-Rater for multifamily buildings with four or more stories.</u>• This acceptance test is intended for multifamily dwelling units where CONTINUOUS ventilation is used. This acceptance test is not permitted for Central Fan Integration (CFI) systems or other intermittent ventilation systems.• Submit one Certificate of Acceptance for each HRV or ERV system installed to verify conformance with the requirements of the Energy Standards §160.2(b)2, §170.2(c)3Biva, <u>Reference</u> Nonresidential <u>Reference</u> Appendices NA7.18.1.1 and NA2.2, and California Energy Commission adopted version of ANSI/ASHRAE Standards 62.2-2019<u>2022</u>.• NRCA-MCH-20a-H must be completed prior to beginning NRCA-MCH-20d-H. <u>If using Supply only or Exhaust only ventilation, Certificate of Acceptance</u> NRCA-MCH-21-H must be completed prior to beginning NRCA-MCH-20d-H. <p><u>NOTE: An uncertified technician may complete this acceptance test using this form if a HERS ECC Rater performs the required verification, or a certified ATT may perform this acceptance test with no HERS ECC Rater verification needed.</u></p>
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Table B-1: Functional Testing – Heat or Energy Recovery Ventilation

Step	Entry	Functional Test	Code Reference
1.0	Enter Name	Manufacturer Name.	NA7.18.1.1.2, NA2.2.4.1.5(1), §160.2(b)2Bii
2.0	Enter Model	Manufacturer Model Number.	NA7.18.1.1.2, NA2.2.4.1.5(1), §160.2(b)2Bii

Step	Entry	Functional Test	Code Reference
3.0	H, O, or F	Confirm the model number is listed in the HVI or other CEC approved directory by selecting one of the following: H - HVI certified . https://www.hvi.org/hvi-certified-products-directory/ O - The model is certified by another CEC approved directory. F - If the system is not listed in the HVI or other CEC-approved directory, then the system does not comply. FULL STOP Do not proceed with acceptance test.	NA7.18.1.1.2, NA2.2.4.1.5(2), NA2.2.4.1.5(5)d, §160.2(b)2Biii
4.0	Applies or N/A	If compliance with a fan efficacy performance rating is required, mark as "aApplies" and perform all of Step 4, <u>or</u> else mark as N/A and skip to Step 5.0	NA2.2.4.1.5(3)
4.1	Enter Value	Enter the required/design ventilation airflow for the installed HRV/ERV. (cfm)	NA2.2.4.1.5(3)a NRCC-MCH-E, <u>or</u> <u>LMCC-MCH-E, or</u> <u>NRCC-PRF-E</u>
4.2	Enter Value	Enter the power consumed at 32 degrees F, at the closest Net Airflow listed in the directory that is greater than or equal to the ventilation airflow from HVI or other CEC approved directory. OR Enter the power consumed using linear interpolation using <u>formulaEquation</u> NA2.2-1 (<u>Reference</u> Nonresidential <u>Reference</u> Appendices). (Watts)	NA2.2.4.1.5(3)b
4.3	D or L	Indicate which method was used in B-1,4.2 D – HVI (or other) directory L – linear interpolation	N/A
4.4	Enter Value	Enter the Net Airflow used in the directory lookup or the design ventilation airflow from B-1,4.1 if using linear interpolation in B-1,4.2. (CFM)	NA2.2.4.1.5(3)c
4.5	Enter Value	Divide the value for power consumed (B-1,4.2 or B-1,4.3) by the net airflow (B-1,4.1). (Watts/CFM)	NA2.2.4.1.5(<u>53</u>)b <u>c</u>
4.6	Enter Value	Enter the required/design fan efficacy for the installed HRV/ERV.	NRCC-MCH-E, <u>or</u> <u>LMCC-MCH-E,</u> <u>or NRCC-PRF-E</u>

Step	Entry	Functional Test	Code Reference
4.7	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Select "Pass" if the system complies with: B-1,4.5 $\geq \leq$ B-1,4.6	NA2.2.4.1.5(35)e b
5.0	Applies or N/A	If compliance with a sensible recovery efficiency (SRE) performance rating is required, mark as "aApplies" and perform all of Step 5, <u>or</u> else mark as N/A and skip to Step 6.0	NA2.2.4.1.5(4)
5.1	Enter Value	Enter the required ventilation airflow for the installed HRV/ERV. (cfm).	NA2.2.4.1.5(4)a, NRCC-MCH-E, <u>or</u> <u>LMCC-MCH-E, or</u> <u>NRCC-PRF-E</u>
5.2	Enter Value	Enter the SRE at 32 degrees F, at the closest Net Airflow listed in the directory that is greater than or equal to the ventilation airflow required on the certificate of compliance. OR Enter the SRE at 32 degrees F using linear interpolation using <u>formulaEquation</u> NA2.2-2 (<u>Reference</u> Nonresidential <u>Reference</u> Appendices). (%, Percent)	NA2.2.4.1.5(4)b
5.3	D or L	Indicate which method was used in B-1,45.2 D – HVI (or other) directory L – linear interpolation	N/A
5.4	Enter Value	Enter the Net Airflow used in the directory lookup or the design ventilation airflow from B-1,45.1 if using linear interpolation in B-1,45.2. (CFM)	NA2.2.4.1.5(%) (4)e b
5.5	Enter Value	Enter the required/design SRE for the installed HRV/ERV. (%, Percent)	NRCC-MCH-E, <u>or</u> <u>LMCC-MCH-E, or</u> <u>NRCC-PRF-E</u>
5.6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The system complies if B-1,5.2 $\geq \leq$ B-1,5.5	NA2.2.4.1.5(5)a
6.0	P, F, N/A	If both B-1,4.0 and B-1,5.0 apply, then B-1,4.4 and B-1-5.4 must be equal. (Pass, Fail, N/A)	NA2.2.4.1.5(5)c
7.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Select "Pass" if all of the following are true: B-1,3.0 is NOT Failed; If B-1,4.0 Applies then B-1,4.7 must Pass; If B-1,5.0 Applies then B-1,5.6 must Pass; If both B-1,4.0 and 5.0 Apply then B-1,6 must Pass	N/A



Declaration Statement	Signatory
Document Author I assert that this Certificate of Acceptance documentation is accurate and complete.	Name Company Name Author Signature Date Signed
Field Technician I certify the following under penalty of perjury, under the laws of the State of California: The information provided on this Certificate of Acceptance is true and correct. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician). The construction or installation identified on this Certificate of Acceptance complies with the applicable 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 Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and signed by the responsible builder/installer and has been posted or made available with the building permit(s) issued for the building.	Name Company Name ATT No.: ATT Cert. No. Title Phone Signature Date Signed
Responsible Person I assert the following under penalty of perjury, under the laws of the State of California: 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 Certificate of Acceptance. I am eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Acceptance and attest to the declarations in this statement (responsible acceptance person). The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance 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 Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and is posted or made available with the building permit(s) issued for the building. I understand 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, and I will take the necessary steps to ensure this requirement is accomplished. 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, and I will take the necessary steps to ensure this requirement is accomplished.	Name Company Name Lic. No.: License No. Title Phone Signature Date Signed