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

☐ Construction inspection and functional testing comply ☐ Does not comply	Date Submitted to AHJ: Date

Intent:	This document is used to demonstrate compliance with acceptance requirements in §130.4(a)6, §160.5(e)1F, and Reference Nonresidential Appendix NA7.8 for outdoor lighting controls. Attach additional sets of pages 1 through ~~3,~~4 as required, for all controls that must be tested.

Indicate all types of outdoor lighting controls tested for this project:

☐	Photo-controls (Tables A-1 and B-1 of this document should be completed).
☐	Automatic scheduling controls (including astronomical time switch controls) (Tables A-2 and B-2 of this document should be completed).
☐	Motion sensing controls (Tables A-3 and B-3 of this document should be completed).

Photo Controls

Table A-1: Photo-~~C~~control Construction Inspection

Step	Entry	Item	Code Reference
1	☐	The photo-controls are shown on plan documents and are installed.	NA7.8.2.1
N/A	☐ Pass ☐ Fail	Construction Inspection Compliance.	N/A

Table B-1: Photo Control Functional Testing

Building: Enter Value	Floor: Enter Value	Room: Enter Value	Control/tag: Value

Step	Entry	Functional Test	Code Reference
N/A	☐ Yes ☐ No	Control is representative of sample. If sampling method is used, attach a page listing untested controls in sample.	NA7.8.2.2
1	Yes or No	During daytime simulation, all controlled luminaires are turned off.	NA7.8.2.2(a) §130.2(c)1 §160.5(c)2A
2	Yes or No	During nighttime simulation, all controlled luminaires are turned on.	NA7.8.2.2(b)
N/A	☐ Pass ☐ Fail	Functional Testing Compliance.	N/A

Automatic Scheduling Controls

Table A-2: Automatic Scheduling Control Construction Inspection

Step	Entry	Item	Code Reference
1	☐	The automatic scheduling controls are shown on plan documents and are installed.	NA7.8.5.1(a)
2	☐	The automatic scheduling control is programmed with on and off schedules that match the schedules in the construction documents. **OR** If the schedule is unknown, the programmed schedule matches the default schedule where the off schedule is from 12:00 A.M. to 6:00 A.M. and the on schedule is all other nighttime hours, 7 days per week.	NA7.8.5.1(b)
3	☐	The lighting control programming includes on and off schedules for weekdays, weekends, and holidays (if applicable).	NA7.8.5.1(c)
4	☐	The correct time and date are properly set in the control.	NA7.8.5.1(d)
N/A	☐ Pass ☐ Fail	Construction Inspection Compliance.	N/A

Table B-2: Automatic Scheduling Control Functional Testing

Building: Enter Value	Floor: Enter Value	Room: Enter Value	Control/tag: Value

Step	Entry	Functional Test	Code Reference
1	☐ Yes ☐ No	During daytime simulation, all controlled luminaires are turned off.	NA7.8.5.2(a) §130.2(c)1 §160.5(c)2A
2	☐ Yes ☐ No	During nighttime simulation with the programmed occupied period, all controlled luminaires are turned on.	NA7.8.5.2(b) §130.2(c)2C §160.5(c)2Biii
3	☐ Yes ☐ No	During nighttime simulation with the programmed unoccupied period, the controlled luminaires are turned off or the lighting power of controlled luminaires is reduced by at least 50% and no more than 90%.	NA7.8.5.2(c) §130.2(c)2B §130.2(c)2C §160.5(c)2Bii §160.5(c)2Biii
N/A	☐ Pass ☐ Fail	Functional Testing Compliance.	N/A

Motion Sensing Controls

Table A-3: Motion Sensing Control Construction Inspection

Step	Entry	Item	Code Reference
1	☐	The motion sensing controls are shown on plan documents and are installed.	NA7.8.1.1(a)
2	☐	The motion sensor is located to minimize false signals.	NA7.8.1.1(b)
3	☐	The desired motion sensor coverage is not blocked by obstructions that could adversely affect performance.	NA7.8.1.1(c)
N/A	☐ Pass ☐ Fail	Construction Inspection Compliance.	N/A

Table B-3: Motion Sensing Control Functional Testing

Building: Enter Value	Floor: Enter Value	Room: Enter Value	Control/tag: Value

Step	Entry	Functional Test	Code Reference
N/A	☐ Yes ☐ No	Control is representative of sample. If sampling method is used, attach a page listing untested controls in sample.	NA7.8.1.2
1	No Entry	**Simulate motion in the area under luminaire controlled by the motion sensor.**	NA7.8.1.2, Step 1
1.1	☐ Yes ☐ No	Status indicator operates correctly.	NA7.8.1.2, Step 1(a)
1.2	☐ Yes ☐ No	Controlled luminaires turn on immediately upon entry into the controlled area.	NA7.8.1.2, Step 1(b) §130.2(c)3C §160.5(c)2Ciii
1.3	☐ Yes ☐ No	The signal sensitivity is adequate to achieve desired control.	NA7.8.1.2, Step 1(c)
2	No Entry	**Simulate no motion in the controlled area.**	NA7.8.1.2, Step 2
2.1	☐ Yes ☐ No	The controlled luminaires are turned off or the lighting power of each controlled luminaire is reduced by at least 50% and no more than 90% within 15 minutes from the start of an unoccupied condition. Fraction of light output reduction is an acceptable proxy for reduction in lighting power.	NA7.8.1.2, Step 2(a) §130.2(c)3B §130.2(c)3C §160.5(c)2Cii §160.5(c)2Ciii
2.2	☐ Yes ☐ No	The sensor does not trigger a false "on" from movement outside of the controlled area.	NA7.8.1.2, Step 2(b)
2.3	☐ Yes ☐ No	The signal sensitivity is adequate to achieve the desired control.	NA7.8.1.2, Step 2(c)

Step	Entry	Functional Test	Code Reference
N/A	☐ Pass ☐ Fail	Functional Testing Compliance.	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