



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 <input type="checkbox"/> Does not comply	Date Submitted to AHJ: Date
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Intent:	<p>Ensure that the occupancy sensor is functional and in compliance with the design and with the Energy Code. Either an NRCC-MCH-E <u>or NRCC-PRF-E for the performance path</u> for nonresidential construction that is completed and approved by the authority having jurisdiction- <u>or LMCC-PRF-E or an</u> LMCC-MCH-E for multifamily construction that is registered with a CEC approved <u>HERSECC</u> data registry is required prior to beginning this acceptance test. Submit one Certificate of Acceptance for each system that must demonstrate compliance. References: §120.1(d)2, §120.1(c), §120.2(e)3, §120.5(a)18, §160.2(c), §160.2(c)4B5B, §160.3(a)2Diii, §160.3(d)1R, and NA7.5.17.</p>
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Table A: Construction Inspection

Prior to functional testing, verify and document all of the following for each system-:

Step	Entry	Item	Code Reference
1.0	No Entry	Required Documentation.	N/A
1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Designs, plans, schematics, and schedules as approved by the authority having jurisdiction.	N/A
1.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the NRCC-MCH-E as approved by the authority having jurisdiction or LMCC-MCH-E as registered by a CEC approved <u>HERSECC</u> data registry <u>or LMCC-PRF-E or NRCC-PRF-E</u> is available for reference.	§10-103(a)2A
2.0	No Entry	Prior to functional testing, verify and document the following (check ALL of the following):	N/A
2.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that NRCC-MCH-E or LMCC-MCH-E, Table I has identified that the spaces served by the zone are designated as eligible to be in occupied standby mode and calls for an <u>Occupancy S</u> ensor to be installed.	NA7.5.17.1(a) §120.2(e)3, §160.3(a)2Diii
2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the occupant sensor is placed so that it can detect occupants in the space without obstruction. Repeat for all spaces served by the zone.	NA7.5.17.1(b)



Step	Entry	Item	Code Reference
2.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Confirm that the mechanical system is controlled by an independent signal if the occupant sensor also controls the lighting.	NA7.5.17.1(c)
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check "Pass" if construction inspection complies with all requirements. Check "Fail" if construction inspection does not comply with all requirements.	N/A

Table B: Functional Testing

Step	Entry	Functional Test	Code Reference
1.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Put the zone in occupied mode (i.e., adjust the occupancy schedule).	NA7.5.17.2 Step 1
2.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Physically occupy the space and confirm that the occupant sensor detects the presence of an occupant in the zone.	NA7.5.17.2 Step 2
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Adjust the thermostat control so that the space temperature is within the deadband.	NA7.5.17.2 Step 3
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Confirm that the zone is supplied with minimum ventilation by comparing steps 4.1 and 4.2.	NA7.5.17.2 Step 4
4.1	Design CFM	NRCC-MCH-E or LMCC-MCH-01-E, Table J <u>or</u> <u>NRCC-PRF-E, Table H9, LMCC-PRF-E</u> , Minimum Ventilation Required (CFM).	NA7.5.17.2 Step 4
4.2	Measured CFM	Measured ventilation (CFM).	NA7.5.17.2 Step 4
5.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Adjust setpoint outside of occupied heating/cooling deadband but inside the occupied standby deadband. Confirm the zone is in heating or cooling mode.	NA7.5.17.2 Step 5
6.0	No Entry	Physically vacate all spaces served by the zone.	NA7.5.17.2 Step 6
7.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	For space conditioning systems that also provide ventilation to the zone, confirm that within five minutes of occupant sensing controls indicating that the zone is unoccupied the setpoint is setup or setback and the zone is within the occupied standby deadband. Occupant sensing controls may have a time delay of up to 20 minutes before indicating the space is unoccupied and occupant sensing zone controls may allow up to an additional 5 minute time delay after occupant sensing controls have indicated all rooms served by the zone are unoccupied before resetting zone temperature setpoints and shutting off zone ventilation air).	NA7.5.17.2 Step 7



Step	Entry	Functional Test	Code Reference
8.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Confirm that no ventilation is being supplied to the space with the occupant sensor.	NA7.5.17.2 Step 8
9.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Put the zone in pre-occupancy ventilation mode (i.e., adjust the occupancy schedule to one hour prior to normal scheduled occupancy).	NA7.5.17.2 Step 9
10.0	No Entry	Physically vacate all spaces served by the zone.	NA7.5.17.2 Step 10
11.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Confirm that within 5 minutes of occupant sensing controls indicating that all spaces served by the zone are unoccupied, the zone is supplied with pre-occupancy ventilation rate as specified in NRCC-MCH-E or LMCC-MCH-01-E, Table J or <u>or NRCC-PRF-E, Table H9, LMCC-PRF-E</u> three complete air changes is supplied to the zone during the one hour period immediately before the zone is scheduled to be occupied.	NA7.5.17.2 Step 11, §120.1(d)2, §120.1(c), §160.2(c)4B5B, §160.2(c)
12.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Occupy a space served by the zone during the one hour immediately prior to scheduled occupancy. Confirm that the zone is supplied with pre-occupancy ventilation rate as specified in NRCC-MCH-E or LMCC-MCH-01-E, Table J <u>or NRCC-PRF-E, Table H9, LMCC-PRF-E</u> .	NA7.5.17.2 Step 12, §120.1(d)2, §160.2(c)4B5B
13.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Restore the system to normal operation.	NA7.5.17.2 Step 13
14.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check pass if Functional Test passes on Steps 1 through 13.	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
Acceptance Test 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