

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 Acceptance 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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<b>Intent:</b>	<p>This acceptance test applies to direct expansion (DX) systems with distributed energy storage (DES/DXAC). These acceptance requirements are in addition to those for other systems or equipment such as economizers or packaged equipment. This acceptance test was developed by AEC for Distributed Energy Storage for Direct-Expansion Air Conditioners, January 27, 2005, and is directly referenced by the 2022-2025 Building Energy Efficiency Standards. Submit one Certificate of Acceptance for each system that must demonstrate compliance. References: §120.5(a)13, §160.3(d)1M, and NA7.5.13.</p>
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### Table A: Construction Inspection

Prior to functional testing, verify and document all of the following:

Step	Entry	Item	Code Reference
1.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check all of the following: designs, plans, schematics, and schedules as approved by the authority having jurisdiction.	N/A
2.0	No Entry	Prior to Performance Testing, verify and document the following:	NA7.5.13.1
2.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The water tank is filled to the proper level.	NA7.5.13.1(a)
2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The water tank foundation structural strength is identified in the design, plans, schematics, or schedule and approved by the authority having jurisdiction.	NA7.5.13.1(b)
2.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The water tank is insulated, and the top cover is in place.	NA7.5.13.1(c)
2.4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The DES/DXAC is installed correctly (refrigerant piping, etc.).	NA7.5.13.1(d)
2.5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the correct model number is installed and configured.	NA7.5.13.1(e)
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the proper time and date as specified by manufacturer's installation manual for approved installers has been set.	NA7.5.13.3
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Indicate that the Construction Inspection complies with <b>ALL</b> requirements.	N/A

**Table B: Functional Testing**

Step	Entry	Functional Test	Code Reference
1.0	No Entry	Simulate cooling load during daytime period (e.g. by setting time schedule to include actual time and placing thermostat cooling set-point below actual temperature). Verify and document the following:	NA7.5.13.2 Step 1
1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Supply fan operates continuously.	NA7.5.13.2 Step 1(a)
1.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	The DES/DXAC runs to meet the cooling demand (in ice melt mode).	NA7.5.13.2 Step 1(b)
1.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The DES/DXAC has no ice and there is a call for cooling while the DES/DXAC runs in direct cooling mode.	NA7.5.13.2 Step 1(c)
2.0	No Entry	Simulate no cooling load during daytime condition. Verify and document the following:	NA7.5.13.2 Step 2
2.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Supply fan operates as specified by the facility thermostat or control system.	NA7.5.13.2 Step 2(d)
2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The DES/DXAC and the condensing unit do not run.	NA7.5.13.2 Step 2(e)
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Simulate no cooling load during morning shoulder time period. Verify and document that the DES/DXAC is idle.	NA7.5.13.2 Step 3(f)
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Simulate a cooling load during morning shoulder time period. Verify and document that the DES/DXAC runs in direct cooling mode.	NA7.5.13.2 Step 4(g)
5.0	No Entry	Return the system to normal operations.	N/A
6.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Indicate that the Functional Test complies with <b>ALL</b> requirements.	N/A



Declaration Statement	Signatory
<b>Document Author</b> I assert this Certificate of Acceptance documentation is accurate and complete.	Name Company Name Author Signature Date Signed
<b>Acceptance Test Technician</b> 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
<b>Responsible Person</b> 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 ( <del>responsible acceptance person</del> ). 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