



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

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:	To ensure that the elevator cab lighting and ventilation fan shut off, and <u>verify</u> the elevator cab lighting efficacy. (Reference Sections 120.6(f), 160.7(a), <u>and</u> NA7.14).
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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	Access to required document NRCC- PRCMCH -E as approved by the authority having jurisdiction.	10-103(a)2A
2.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The occupancy sensor has been located to minimize false signals, and the elevator cab does not have any obstructions that could adversely affect the sensor's performance.	NA7.14.1(a)
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	For PIR sensors, verify that the sensor pattern does not enter into the elevator lobby.	NA7.14.1(b)
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	For ultrasonic sensors, verify that the sensor does not emit audible sound.	NA7.14.1(c)
5.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	Note that some elevators are able to use weight sensors to provide occupancy sensing. In this case, verify that the elevator weight sensing used to provide occupant sensing is functional.	NA7.14.1 (note)
6.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the Compliance Inspection is completed and complies 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	Confirm that the lighting and ventilation controlled inside the elevator cab turns off after 15 minutes from the start of an unoccupied condition.	NA7.14.2(a)
2.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the signal sensitivity is adequate to achieve desired control. The sensor should not detect motion in the elevator lobby.	NA7.14.2(b)
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that lighting and ventilation immediately turn "on" when an unoccupied condition becomes occupied.	NA7.14.2(c)
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the lighting and ventilation will not shut off when occupied. Stand in the elevator with the door closed and wait 15 minutes to confirm that the lighting and ventilation remains on.	NA7.14.2(d)
5.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the Compliance Inspection is completed and complies with all requirements. <u>Check fail if any Functional Tests do not comply with all requirements.</u>	N/A



Declaration Statement	Signatory
Document Author I certify 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