



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
-----------------------	--------------------	-------------------	--------------------

<input type="checkbox"/> Construction inspection and functional testing comply	Date Submitted to AHJ: Date
<input type="checkbox"/> Does not comply	

Intent:	Compressor System: 2 or fewer compressors and 100hp or greater. Per Section 120.6(e)3, this acceptance test applies to compressed air systems with two or fewer compressors and with a combined horsepower equal to or greater than 100 hp. Complete a separate form for each compressor system. For compressor systems with three or more compressors, review acceptance test NRCA-PRC-01a-F. Reference Section 120.6(e)2, 120.6(e)3, and NA7.13.2.
----------------	--

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	Verify that the monitoring system has the following measurement capabilities: header or compressor discharge pressure, amps or power of each compressor, airflow (cfm), maintained data storage, visual trending display of each recorded point, load, and specific efficiency.	NA7.13.2.1 (a)-(c), (e), and (f).
2.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the monitoring system is capable of data logging pressure, power, airflow, and calculated compressed air system specific efficiency (kW/100 cfm) at intervals of 5 minutes or less.	NA7.13.2.1(d)
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check pass if construction inspection complies with all requirements. Check fail if any inspection does not pass .	N/A

**Table B: Functional Testing**

Step	Entry	Functional Test	Code Reference
1.0	No entry	Put the compressor system into normal operation.	NA
2.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	During operation, observe that data is being recorded to a log file that can be opened and viewed to see the trends of airflow, power, and specific efficiency in at least 5 minute intervals.	NA7.13.2.2(a)
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	During operation, observe that airflow and compressor power data vary with loading and unloading of the compressor within typical performance expectations. Measurements should be observed across various loading, whether manually varied in response to actual operational loads.	NA7.13.2.2(d)
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Return system to initial operating conditions.	N/A
5.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check pass if all Functional Test Compliance Results comply. Check fail if any Functional Test Compliance Results does not comply.	N/A



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 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. 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