



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

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

<b>Intent:</b>	The following acceptance tests apply to newly constructed and additions or alterations to existing commercial kitchen exhaust systems with Type I and Type II kitchen hoods with a total exhaust rate greater than 5,000 cfm. Reference NRCC-MCH-E for nonresidential <u>building permits</u> (including nonresidential spaces in high-rise multifamily) <del>building permits</del> or LMCC-MCH-E for nonresidential spaces in low-rise multifamily) <u>building permits</u> . Submit one Certificate of Acceptance for each system that must demonstrate compliance. Reference Section 140.9(b)3 and NA7.11.
----------------	--

**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	Exhaust and replacement air systems, and power, are installed.	NA7.11.1.1 Step 1
2.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Control systems (such as demand control ventilation) are calibrated.	NA7.11.1.1 Step 1
3.0	Enter Value	For kitchen/dining facilities having total Type 1 and Type II kitchen hood exhaust airflow rates greater than 5,000 cfm, calculate the maximum allowable exhaust rate for each Type I hood as specified by Table 140.9-C (CFM).	NA7.11.1.1 Step 2
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check "Pass" if construction inspection <b>complies</b> with all requirements. Check "Fail" if construction inspection <b>does not comply</b> with all requirements.	N/A

**Table B-1: Functional Testing at Full Load**

The following acceptance test applies to systems with and without demand control ventilation exhaust systems. These tests shall be conducted at full load conditions for each hood.

Step	Entry	Functional Test	Code Reference
1.0	No Entry	<del>Operate all sources of outdoor air providing replacement air for the hoods. Verify that all sources of outdoor air providing replacement air for the hoods are operational.</del>	NA7.11.1.2 Step 1
2.0	No Entry	<del>Operate all sources of recirculated air providing conditioning for the space in which the hoods are located. Verify that all sources of recirculated air providing conditioning for the space in which the hoods are located are operational.</del>	NA7.11.1.2 Step 2
3.0	No Entry	Operate all appliances under the hoods at operating temperatures.	NA7.11.1.2 Step 3
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the thermal plume and smoke is completely captured and contained within each hood at full load conditions by observing smoke or steam produced by actual cooking operation and/or by visually seeding the thermal plume using devices such as smoke candles or smoke puffers. Smoke bombs shall not be used (note: smoke bombs typically create a large volume of effluent from a point source and do not necessarily confirm whether the cooking effluent is being captured). For some appliances (e.g., broilers, griddles, fryers), actual cooking at the normal production rate is a reliable method of generating smoke). Other appliances that typically generate hot moist air without smoke (e.g., ovens, steamers) need seeding of the thermal plume with artificial smoke to verify capture and containment.	NA7.11.1.2 Step 4
5.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that space pressurization is appropriate (e.g. kitchen is slightly negative relative to adjacent spaces and all doors open/close properly).	NA7.11.1.2 Step 5
6.0	P, F, N/A	Verify that each Type I hood has an exhaust rate that is at or below the maximum allowed. (Pass, Fail, or N/A if only Type II hoods are present)	NA7.11.1.2 Step 6
7.0	No Entry	Adjust as necessary until full capture and containment and adequate space pressurization are achieved and maximum allowable exhaust rates are not exceeded. Adjustments may include: adjust exhaust hood airflow rates; Add hood side panels; Add rear seal (back plate); Increase hood overhang by pushing hood back; and Relocate supply outlets to improve the capture and containment performance.	NA7.11.1.2 Step 7



Step	Entry	Functional Test	Code Reference
8.0	P, F, N/A	Measure and record the final airflow for each Type I hood. (Pass, Fail, or N/A if only Type II hoods are present)	NA7.11.1.2 Step 8
9.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check if Functional Test complies with all requirements.	N/A

**Table B-2: Functional Testing for Exhaust Systems with Demand Control**

The following acceptance test shall be performed on all exhaust hoods with demand control ventilation exhaust systems.

Step	Entry	Functional Test	Code Reference
1.0	No Entry	Turn off all kitchen hoods, makeup air and transfer systems.	NA7.11.1.3 Step 1
2.0	No Entry	Turn on one of the appliances on the line and bring to operating temperature. Verify that steps 2.1, 2.2, 2.3, and 2.4 all pass:	NA7.11.1.3 Step 2
2.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	DCV system automatically switches from off to the minimum flow setpoint.	NA7.11.1.3 Step 2(a)
2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The minimum flow setpoint does not exceed the larger of: 50% of the design flow, or the ventilation rate required per Section 120.1.	NA7.11.1.3 Step 2(b)
2.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	The makeup air and transfer air system flow rates modulate as appropriate to match the exhaust rate.	NA7.11.1.3 Step 2(c)
2.4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Appropriate space pressurization is maintained.	NA7.11.1.3 Step 2(d)
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Press the timed override button. Confirm that system ramps to full speed and back to minimum speed after override times out.	NA7.11.1.3 Step 3
4.0	No Entry	Operate all appliances at typical conditions. Apply sample cooking products and/or utilize smoke puffers as appropriate to simulate full load conditions. Confirm that:	NA7.11.1.3 Step 4
4.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	DCV system automatically ramps to full speed.	NA7.11.1.3 Step 4(e)
4.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Hood maintains full capture and containment during ramping to and at full speed.	NA7.11.1.3 Step 4(f)
4.3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Appropriate space pressurization is maintained.	NA7.11.1.3 Step 4(g)
5.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check if Functional Test complies with all requirements.	N/A



Declaration Statement	Signatory
<b>Document Author</b> I assert that this Certificate of Acceptance documentation is accurate and complete.	Name Company Name Author Signature Date Signed
<b>Field Technician</b> I assert 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 <del>ATT No.:</del> 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