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

☐ Construction inspection and functional testing comply ☐ Does not comply	Date Submitted to AHJ: Date

Intent:	Construction inspection and functional testing for a compressed air system to verify that controls are installed and operating correctly. Per Section 120.6(e)2, this test applies to large, compressed air systems with three or more compressors with a combined horsepower greater than 100. Complete a separate form for each compressor. Reference Section 120.6(e)2 and NA7.13.

Table A: Construction Inspection

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

Step	**Entry**	**Item**	**Code Reference**
1.0	No entry	Verify and document compressor data	NA7.13.1.1(a)
1.1	Enter Value hp	Size	NA7.13.1.1(a)
1.2	Enter Value acfm	Rated ~~C~~capacity	NA7.13.1.1(a)
1.3	Enter Value	Control ~~T~~type	NA7.13.1.1(a)
2.0	Enter Value hp	Total system capacity (the sum of the individual capacities).	NA7.13.1.1(b)
3.0	Enter Value psi	System operating pressure.	NA7.13.1.1(c)
4.0	☐ True ☐ False	Compressor(s) designated as trim compressors.	NA7.13.1.1(d)
5.0	☐ Pass ☐ Fail	Verify a means for observing and recording the states of each compressor in the system, which shall include at least the following states: Off, Unloaded, Partially ~~L~~loaded, Fully loaded, Short cycling, Blow off	NA7.13.1.1(e)
6.0	☐ Pass ☐ 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	Verify that the methods from the Construction Inspection have been employed by confirming the following:	NA7.13.1.2 Step 1
1.1	☐ Pass ☐ Fail	Compressor states can be observed and recorded for every compressor.	NA7.13.1.2 Step 1
1.2	☐ Pass ☐ Fail	The current air demand can be measured or inferred.	NA7.13.1.2 Step 1
2.0	No entry	Run the compressed air supply system steadily at a load within (or close to) the expected operational load range as can be practically implemented for a duration of at least 10 minutes. Verify the following:	NA7.13.1.2 Step 2
2.1	☐ Pass ☐ Fail	System is running steadily for at least 10 minutes.	NA7.13.1.2 Step 2
2.2	☐ Pass ☐ Fail	System is running within (or close to) the expected operational load range.	NA7.13.1.2 Step 2
3.0	No entry	Observe and record the following during the test:	NA7.13.1.2 Step 3
3.1	No entry	Enter individual compressor states in Table C below.	NA7.13.1.2 Step 3
3.2	Enter Value acfm	Total compressor air demand from Table C below.	NA7.13.1.2 Step 3
4.0	No entry	Confirm that the system exhibits the following behavior following the test:	NA7.13.1.2 Step 4
4.1	☐ Pass ☐ Fail	No compressor exhibits short-cycling (loading and unloading more often than once per minute).	NA7.13.1.2 Step 4a
4.2	☐ Pass ☐ Fail	No compressor exhibits blowoff (venting compressed air at the compressor itself).	NA7.13.1.2 Step 4b
4.3	☐ Pass ☐ Fail ☐ N/A	The trim compressors shall be the only compressors partially loaded, while the base compressors will either be fully loaded or off by the end of the test~~.~~ (only applicable for new systems).	NA7.13.1.2 Step 4c
5.0	☐ Pass ☐ Fail	Return system to initial operating conditions.	N/A
6.0	☐ Pass ☐ Fail	Check p~~P~~ass if all Functional Test Compliance Results comply~~ies~~. Check fail if any Functional Test Compliance Results **does not** comply.	N/A

Table C: Compressor Status (NA7.13.1.2)

Unit Number	Compressor State (Passing)		Compressor State (Failing)	Notes:
1	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
2	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
3	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
4	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
5	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
6	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
7	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
8	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
9	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	
10	☐ Off ☐ Unloaded	☐ Part Loaded ☐ Fully Loaded	☐ Blowoff ☐ Short Cycling	

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 ~~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