

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
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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:	Ensure that both the chilled water and hot water supply temperatures are automatically reset based on either building loads or outdoor air temperature, as indicated in the control sequences. Exception: Hydronic systems that use variable flow to reduce pumping energy. Submit one Certificate of Acceptance for each system that must demonstrate compliance. References: §120.5(a)9 , §140.4(k)1 , §140.4(k)4 , §160.3(d)1I , §170.2(c)4Ii , and §170.2(c)4Iii 4Iiv , and NA7.5.8 .
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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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify access to all factory calibration sheets.	N/A
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the supply water temperature sensors have been either factory or field calibrated.	NA7.5.8.1(a)
3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check "Pass" if construction inspection complies with all requirements. Check "Fail" if construction inspection does not comply with all requirements.	N/A

Table B: Functional Testing

Step	Entry	Functional Test	Code Reference
1.0	No Entry	Change reset control variable to its maximum value for all of Step 1.	NA7.5.8.2 Step 1
1.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the chilled or hot water temperature setpoint is reset to appropriate value.	NA7.5.8.2 Step 1(a)
1.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the actual supply temperature changes to within 2 percent of the new setpoint.	NA7.5.8.2 Step 1(b)
2.0	No Entry	Change reset control variable to its minimum value for all of Step 2.	NA7.5.8.2 Step 2

Step	Entry	Functional Test	Code Reference
2.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the chilled or hot water temperature setpoint is reset to appropriate value.	NA7.5.8.2 Step 2(c)
2.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the actual supply temperature changes to within 2 percent of the new setpoint.	NA7.5.8.2 Step 2(d)
3.0	No Entry	Restore reset control variable to automatic control for all of Step 3.	NA7.5.8.2 Step 3
3.1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the chilled or hot water temperature setpoint is reset to appropriate value.	NA7.5.8.2 Step 3(e)
3.2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that actual supply temperature changes to within 2 percent of the new setpoint.	NA7.5.8.2 Step 3(f)
4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check pass if Functional Test passes on Steps 1 through 3.	N/A



Declaration Statement	Signatory
Document Author I assert that this Certificate of Acceptance documentation is accurate and complete.	Name Company Name Author Signature Date Signed
Acceptance Test 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