CALIFORNIA ENERGY COMMISSION ESCALATOR & MOVING WALKWAYS

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: Ente	er Value	Control/tag: Value
☐ Construction inspection and functional testing comply☐ Does not comply		Date Submitted to AHJ: Date		
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Intent: To ensure that the intermittent speed control for escalators and moving walkways are functioning in accordance with Section 120.6(g), NA7.15, and ASME A17.1/CSA B44.

Table A: Construction Inspection

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

Step	Check	Item	Code Reference
1 <u>.0</u>	☐ Pass ☐ Fail	Verify that a variable speed drive is installed on the escalator/moving walkway.	NA7.15.1(a)
2 <u>.0</u>	☐ Pass ☐ Fail	Verify that an occupancy sensor has been installed in a location that will minimize false signals.	NA7.15.1(b)
3 <u>.0</u>	☐ Pass ☐ Fail	Verify that the occupancy sensors do not trigger from pedestrians on adjacent escalators/moving walkway.	NA7.15.1(c)
4 <u>.0</u>	☐ Pass ☐ Fail	Verify that the occupancy sensors are unobstructed.	NA7.15.1(d)
5 <u>.0</u>	☐ Pass ☐ Fail	Verify that the ultrasonic occupancy sensors do not emit audible sound.	NA7.15.1(e)
6 <u>.0</u>	Pass Fail	Check if construction inspection complies with all requirements. Check fail if any Construction Inspection Step does not comply with all requirements.	N/A

Table B: Functional Testing

Step	Check	Functional Test	Code Reference
1 <u>.0</u>	Enter Value sec	Document the amount of time necessary to ride the entire length of the escalator/moving walkway while standing still (in seconds).	NA7.15.2(a)
2 <u>.0</u>	Pass Fail	Stand away from the escalator/moving walkway and wait more than 3 times the escalator/moving walkway travel time and verify that the escalator/moving walkway has slowed to a minimum speed	NA7.15.2(b)
3 <u>.0</u>	Pass FailNo entry	Approach the escalator/moving walkway while in an unoccupied mode from multiple angles to verify that passenger detection cannot be bypassed.and:	NA7.15.2(c) N

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Step	Check	Functional Test	Code Reference
3.1	Pass Fail	Verify that passenger detection cannot be bypassed.	NA7.15.2(c)
3.2	Pass Fail	Verify the escalator ramps up to full speed before getting on.	NA7.15.2(g)
4	No entry	Verify speed setting using controller and:	N/A
4.1	Pass Fail	Verify the full speed is less than 100 ft/min.	NA7.15.2(e)
4 <u>.0</u> .	☐ Pass ☐ Fail	Verify the slow speed setting is 10 ft/min.	NA7.15.2(d)
<u>5.0</u>	Pass Fail	Verify the full speed is less than 100 ft/min.	NA7.15.2(e)
6.04 -3	Pass Fail	Verify the acceleration and deceleration does not exceed 1 ft/sec sq.	NA7.15.2(f)
<u>7.0</u>	Pass Fail	Verify the escalator/moving walkway ramps up to full speed before getting on.	NA7.15.2(g)
<u>8.0</u> 5	☐ Pass ☐ Fail	Approach the escalator/moving walkway at an average walking pace while in an unoccupied condition from the opposite direction (the exit) and verify a warning alarm sounds to alert the passenger that they are entering from the wrong direction.	NA7.15.2(h)
9.0 6	Pass Fail	Check Pass if Functional Test Compliance Results complies. Check fail if any Functional Tests do not comply with all requirements.	N/A

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