



20a-H

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:	<ul style="list-style-type: none"> This form is completed only when NA1.9 Acceptance Test Technicians Alternative Procedure is used in accordance with Section 160.2(b)2Biv, where a certified ATT is allowed to perform the test that is typically performed by an ECC-Rater for multifamily buildings with four or more stories. This acceptance test is intended for multifamily dwelling units where CONTINUOUS ventilation is used. This acceptance test is not permitted for Central Fan Integration (CFI) systems or other intermittent ventilation systems. Submit one Certificate of Acceptance for each ventilation system installed to verify conformance with the requirements of the Energy Standards §160.2(b)2, Reference Nonresidential Reference Appendices NA7.18.1.1 and NA2.2, and California Energy Commission adopted version of ANSI/ASHRAE Standards 62.2-20192022. If using Supply only or Exhaust only ventilation, Certificate of Acceptance NRCA-MCH-21-H must be completed prior to beginning NRCA-MCH-20a-H. <p>NOTE: An uncertified technician may complete this acceptance test using this form if a HERS-ECC Rater performs the required verification, or a certified ATT may perform this acceptance test with no HERS-ECC Rater Verification needed.</p>
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Table A-1: Construction Documents and 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	Design, drawings, and cut-sheets as approved by the authority having jurisdiction.	N/A
2.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	NRCC-MCH-E, or LMCC-MCH-E, or NRCC-PRF-E, as approved by the authority having jurisdiction.	§10-103(a)2A
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	NRCA-MCH-21-H is completed, if using Supply only or Exhaust only ventilation.	N/A
4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the system is connected and able to deliver outside air to the dwelling unit when the system is operating.	NA7.18.1.1.1(a)



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Step	Entry	Item	Code Reference
5.0	B, S, E	Specify the ventilation system type as one of the following: B – Balanced S – Supply Only E – Exhaust Only	NA7.18.1.1.1(b)
6.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that the installed ventilation system is a continuous ventilation system.	NA7.18.1.1.1(c), ASHRAE 62.2 §4.1
7.0	C,O,V,X, N/A	If using multifamily building central ventilation systems to serve multiple dwelling units, specify the balancing system as one of the following: C – Constant Air Regulator O – Orifice Plate V – Variable Speed Central Plate or Fan X - Other N/A	NA7.18.1.1.1(c), §160.2(b)2Av
8.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Confirm the kitchen range hood is ventilated to the outside.	NA7.18.1.1.1(d)
9.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that a manual ON/OFF switch associated with dwelling unit ventilation system is operational and labeled with the following or equivalent text: "This switch controls the indoor air quality ventilation for the home. Leave it on unless the outdoor air quality is very poor."	§160.2(b)2Aix
10.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that <u>all the steps in</u> Table A-1 <u>has passed.</u> is completed as required	N/A

Table A-2: Instrumentation Specific Requirements

Step	Entry	Item	Code Reference
1.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that pressure measurement instrumentation is accurate to plus or minus 0.2 Pa or plus or minus 1% of the pressure reading.	NA-2.2.2.1
2.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that pressure measurement instrumentation includes a sensor plus data acquisition system.	NA-2.2.2.1
3.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that pressure measurement instrumentation makes use of a static pressure probe.	NA 2.2.2.1



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4.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that ventilation system airflow rate measurement apparatus is listed on the Energy Commission website: Airflow Measurement Apparatus (ca.gov) , https://www.energy.ca.gov/rules-and-regulations/building-energy-efficiency/manufacture-certification-building-equipment-9	NA-2.2.2.2. NA2.2.43
5.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that ventilation system airflow rate measurement apparatus is calibrated according to the manufacturer procedures.	NA-2.2.2.2. NA2.2.2.3
6.0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Verify that <u>all the steps in</u> Table A-2 is <u>completed as required</u> has passed.	N/A

Table A-3: Acceptance Test Compliance Documents ~~s~~ to be Completed

Consulting compliance document NRCC-MCH-E-~~or LMCC-MCH-E~~, or NRCC-PRF-E identify which of the following acceptance test compliance documents are to be completed:

Step	Entry	Item	Code Reference
1.0	<input type="checkbox"/>	NRCA-MCH-20b-H – Kitchen Range Hood	N/A
2.0	<input type="checkbox"/>	NRCA-MCH-20c-H – IAQ Ventilation System	N/A
3.0	<input type="checkbox"/>	NRCA-MCH-20d-H – HRV or ERV System	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
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