

# Fan Watt Draw Ver

When the Certificate is performed as specified below. This measure The fan watt draw CF-1R for the dwell

Which option was chosen?

- 1 (n/a)
- 1 (Portable)
- 2 (Utility)

att Draw verification is required, the procedures for measuring the Fan Watt Draw must be ndix RA3.3. Results of the Fan Watt Draw diagnostic test must be entered in the table rater. Note: Fan watt draw must be measured simultaneously with cooling coil airflow. low measurement must simultaneously meet or exceed their target criteria specified by the

XML - C192

Select one method from the three choices below for compliance with the Cooling Coil Airflow test requirement for this dwelling

☐ Portable Watt Meter Measurement according to the procedures in RA3.3.3.1

☐ Utility Revenue Meter Measurement according to the procedure RA3.3.3.2

System Name or Identification/Tag	1	XML - C193		
System Location or Area Served	whole house	XML - C194		
Enter the air handler Target (CFM) from the cooling coil airflow test table above.		XML - C195		
Enter the fan watt draw requirement from the CF-1R (Watt/CFM).		XML - C196		
Calculate the target maximum Watt draw for the test by multiplying the Watt/CFM criteria specified on the CF-1R by the air handler Target (CFM).		XML - C197		
Target (Watt)				
Enter the diagnostically tested Watt draw (Watt).		XML - C198		
Tested (Watt)				
The system complies if Tested (Watt) is less than or equal to Target (Watt)	<input type="radio"/> Pass <input type="radio"/> Fail	XML - C199		
Enter pass or Fail				

## DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I understand that a HERS rater will check the installation to verify compliance, and that that if such checking identifies defects, I am required to take corrective action at my expense. I understand that Energy Commission and HERS provider representatives will also perform quality assurance checking of installations, including those approved as part of a sample group but not checked by a HERS rater, and if those installations fail to meet the requirements of such quality assurance checking, the required corrective action and additional checking/testing of other installations in that HERS sample group will be performed at my expense.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- I will ensure that a completed, signed copy of this Installation Certificate 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. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy. I will ensure that all Installation Certificates will come from a HERS provider data registry for multiple orientation alternatives, and beginning October 1, 2010, for all low-rise residential buildings.

XML - C179

Final Result: Pass Fail

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	Responsible Person's Signature:	
	Rater Company	
CSLB License:	Date Signed:	Position With Company (Title):
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