

Compliance Method

This dwelling was: (select one of the following two choices):

☒ Tested at Final

☐ Tested at Rough-in (as described below)

Which method was used?

Final
Rough-in

visual inspection at final construction stage

Visual Inspection at Final Construction

After installing the interior finishing performed:

rough-in tests was completed, the following procedure must be

- ☒ For all supply and return registers, verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- ☒ If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed. ☒ Outside air (OA) ducts for Central Fan Integrated (CFI) ventilation systems, shall not be sealed/taped off during duct leakage testing. CFI OA ducts that utilize controlled motorized dampers, that open only when OA ventilation is required to meet ASHRAE Standard 62.2, and close when OA ventilation is not required, may be configured to the closed position during duct leakage testing.
- ☒ Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used.

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☒ All supply and return register boots must be sealed to the drywall

☒ New duct installations cannot utilize building cavities as plenums or platform returns in lieu of ducts.

☒ Mastic and draw bands must be used in combination with Cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

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.

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):
	7/29/2011 1:26:53 PM	
Is this installation monitored by a Third Party Quality Control Program (TPQCP)?		Name of TPQCP (if applicable):
<input checked="" type="radio"/> Yes <input type="radio"/> No		

HERS Provider:	Registration Number:	Registration Date:
2008 Residential Compliance Forms		August 2009
Save Form		Certify Form