

|  |                            |                           |
|--|----------------------------|---------------------------|
| <b>INSTALLATION CERTIFICATE</b>  |                            | <b>CF-6R-MECH-26-HERS</b> |
| <b>Refrigerant Charge Verification - Alternate Measurement Procedure</b> |                            | <b>(Page 2 of 2)</b>      |
| <b>Site Address:</b>   | <b>Enforcement Agency:</b> | <b>Permit Number:</b>     |

**Alternate Charge Measurement Procedure (for use if outdoor air dry-bulb is below 55 °F)**

*Procedures for Determining Refrigerant Charge using the Alternate Method are available in Reference Residential Appendix RA3.2. As many as 4 systems in the dwelling can be documented for compliance using this form. Attach an additional form(s) for any additional systems in the dwelling as applicable.*

- *The alternative charge measurement procedure requires that the system shall be installed and charged in accordance with the manufacturer's specifications for refrigerant charge using the weigh-in charging method.*
- *Installer verification of line lengths and charge adjustment calculation must be documented on CF-6R before starting this procedure.*
- *If outdoor air dry-bulb is 55 °F or above, installer must use the Standard Charge Measure Procedure.*

| <b>Weigh-In Charging Method for Refrigerant Charge Verification</b>   |            |  |  |
|---|------------|--|--|
| System Name or Identification/Tag   | XML - C320 |  |  |
| System Location or Area Served  | XML - C321 |  |  |
| Actual liquid line length (ft)  | XML - C322 |  |  |
| Manufacturer's Standard liquid line length (ft)   | XML - C323 |  |  |
| Calculate: difference in length (ft)<br>= Actual length – Standard length   | XML - C324 |  |  |
| Manufacturer's correction factor<br>(ounces per foot)   | XML - C325 |  |  |
| Calculate: charge adjustment<br>= correction factor X difference in length  | XML - C326 |  |  |
| <b>Alternate Charge Measurement Summary:</b><br>System refrigerant charge has been adjusted to meet the manufacturer's specifications based on actual line length <b>Enter Pass or Fail</b> | XML - C327 |  |  |

**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.

XML - C302 at 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 multiple data registry for**

**Final Results: Pass Fail**

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