ENCLOSED PARKING GARAGE EXHAUST SYSTEM ACCEPTANCE

CERTIFICATE OF ACCEPTANCE		NRCA-PRC-03-F
Enclosed Parking Garage Exhaust System Acceptance		(Page 1 of 3)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:

Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.	Enforcement Agency Use: Checked by/Date

Intent:	*Verify that airside economizers function properly*

A. Construction Inspection

1. Supporting documentation needed to perform test includes:
   - a. 2016 Building Energy Efficiency Standards Nonresidential Compliance Manual *(NA7.5.4 Air Economizer Controls Acceptance At-A-Glance).*
   - b. 2016 Building Energy Efficiency Standards.
2. Instrumentation to perform test includes:
   - a. Space differential pressure sensor
     Calibration Date: _____(must be within last year)
3. Installation: (**all** of the following boxes should be checked)
   - ☐ Each CO sensor has a valid factory calibration certificate (+/-5%).
   - ☐ CO sensors are located in areas of high CO concentration per 120.6(c).
   - ☐ CO control setpoint is at or below 25ppm for all sensors per 120.6(c).

B. Functional Testing	Results
Step 1: During a time of low activity (e.g. after hours or mid-morning or mid-afternoon) verify the following:	
a. All sensors active and reading a setpoint of <25ppm	
b. Exhaust fans are running at minimum speed.	
c. Exhaust fans are drawing <30 rated power.	
Step 2: Apply CO span gas with a concentration of 30 ppm, and a concentration accuracy of +/- 2%, one by one to 50% of the sensors but no more than 10 sensors per garage and to at least one sensor per proximity zone. For each sensor tested observe:	
a. All sensors active and reading a setpoint of between 25 and 35ppm	
b. Exhaust fans are running at maximum speed.	
c. Exhaust fans go back to minimum speed when span gas is removed.	
Step 3: Temporarily override the programmed sensor calibration/replacement period to 5 minutes.	
a. Wait 5 minutes and observe that fans ramp to full speed and an EMCS alarm is set.	
Step 4: Temporarily place the system in unoccupied mode and override the programmed unoccupied sensor alarm differential from 30% for 4 hours to 1% for 5 minutes.	
a. Wait 5 minutes and observe that fans ramp to full speed and an alarm is received by the facility operators. Restore programming.	
Step 5: Temporarily override the programmed occupied sensor proximity zone alarm differential from 30% for 4 hours to 1% for 5 minutes.	
a. Wait 5 minutes and observe that fans ramp to full speed and an alarm is received by the facility operators. Restore programming.	

C. Testing Results	PASS	/ FAIL
Steps 1-5: All responses were yes.	0	0

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D. Evaluation

☐ PASS: All **Construction Inspection** responses are complete and all **Testing Results** responses are "Pass".

Notes:

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Project Address:	City:	Zip Code:

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
1. I certify that this Certificate of Acceptance documentation is accurate and complete.	
Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/HERS/ATT Certification Identification (If applicable):
City/State/Zip:	Phone:

FIELD TECHNICIAN'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Acceptance is true and correct.
2. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).
3. 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.
4. 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.

Field Technician Name:	Field Technician Signature:	
Field Technician Company Name:	Position with Company (Title):	
Address:	CEA/HERS/ATT Certification Identification (If applicable):	
City/State/Zip:	Phone:	Date Signed:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. 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.
2. 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).
3. 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.
4. 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.
5. I will ensure 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. 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.

Responsible Acceptance Person Name:	Responsible Acceptance Person Signature:	
Responsible Acceptance Person Company Name:	Position with Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed: