



<b>CERTIFICATE OF ACCEPTANCE</b>		<b>MECH-3A</b>
<b>NA7.5.2 Constant Volume Single Zone Unitary Air Conditioner and Heat Pump Systems</b>		<b>(Page 1 of 4)</b>
Project Name/Address:		
System Name or Identification/Tag:	System Location or Area Served:	
Enforcement Agency:	Permit Number:	
<i>Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.</i>	Enforcement Agency Use: Checked by/Date	

**FIELD TECHNICIAN'S 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 the person who performed the acceptance requirements verification reported on this Certificate of Acceptance (Field Technician).
- I certify that the construction/installation identified on this form 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 Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.

Company Name:		
Field Technician's Name:		Field Technician's Signature:
	Date Signed:	Position With Company (Title):

**RESPONSIBLE PERSON'S DECLARATION STATEMENT**

- I certify under penalty of perjury, under the laws of the State of California, that 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 form.
- I am a licensed contractor, architect, or engineer, who is eligible under Division 3 of the Business and Professions Code, in the applicable classification, to take responsibility for the scope of work specified on this document and attest to the declarations in this statement (responsible person).
- I certify that the information provided on this form substantiates that the construction/installation identified on this form 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 Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.
- 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.

Company Name:		Phone:
Responsible Person's Name:		Responsible Person's Signature:
License:	Date Signed:	Position With Company (Title):



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<b>Intent:</b>	<i>Verify the individual components of a constant volume, single-zone, unitary air conditioner and heat pump system function correctly, including: thermostat installation and programming, supply fan, heating, cooling, and damper operation per NA7.5.2</i>
<b>Construction Inspection</b>	
<ol style="list-style-type: none"> <li>1. Instrumentation to perform test includes, but not limited to:             <ol style="list-style-type: none"> <li>a. None required</li> </ol> </li> <li>2. Installation             <ul style="list-style-type: none"> <li><input type="checkbox"/> Thermostat is located within the space-conditioning zone that is served by the HVAC system.</li> </ul> </li> <li>3. Programming (check all of the following):             <ul style="list-style-type: none"> <li><input type="checkbox"/> Thermostat meets the temperature adjustment and dead band requirements of 122(b)</li> <li><input type="checkbox"/> Occupied, unoccupied, and holiday schedules have been programmed per the facility's schedule.</li> <li><input type="checkbox"/> Pre-occupancy purge has been programmed to meet the requirements of Standards Section 121(c)2.</li> </ul> </li> </ol>	

A. Functional Testing Requirements	Operating Modes						
	Cooling load during unoccupied condition						
	Cooling load during occupied condition						
	Manual override						
	No-load during unoccupied condition						
	Heating load during unoccupied condition						
	No-load during occupied condition						
	Heating load during occupied condition						
Step 1: Check and verify the following for each simulation mode required	A	B	C	D	E	F	G
a. Supply fan operates continually	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
b. Supply fan turns off				<input type="checkbox"/>			
c. Supply fan cycles on and off			<input type="checkbox"/>				<input type="checkbox"/>
d. System reverts to "occupied" mode to satisfy any condition					<input type="checkbox"/>		
e. System turns off when manual override time period expires					<input type="checkbox"/>		
f. Gas-fired furnace, heat pump, or electric heater stages on	<input type="checkbox"/>		<input type="checkbox"/>				
g. Neither heating or cooling is provided by the unit		<input type="checkbox"/>		<input type="checkbox"/>			
h. No heating is provided by the unit		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
i. No cooling is provided by the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
j. Compressor stages on						<input type="checkbox"/>	<input type="checkbox"/>
k. Outside air damper is open to minimum position	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
l. Outside air damper closes completely				<input type="checkbox"/>			
m. System returned to initial operating conditions after all tests have been completed:	Y / N						
B. Testing Results	A	B	C	D	E	F	G
Indicate if Passed (P), Failed (F), or N/A (X), fill in appropriate letter							

**CONSTANT VOLUME SINGLE ZONE UNITARY AIR CONDITIONER AND HEAT PUMP SYSTEMS**



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<b>C. PASS / FAIL Evaluation (check one):</b>	
<input type="checkbox"/>	PASS: All <b>Construction Inspection</b> responses are complete and all applicable <b>Testing Results</b> responses are "Pass" (P)
<input type="checkbox"/>	FAIL: Any <b>Construction Inspection</b> responses are incomplete <i>OR</i> there is one or more "Fail" (F) responses in <b>Testing Results</b> section. Provide explanation below. Use and attach additional pages if necessary.