

CERTIFICATE OF ACCEPTANCE		MECH-4A
Air Distribution Systems Acceptance		(Page 1 of 3)
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

1. I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
2. I am the person who performed the acceptance requirements verification reported on this Certificate of Acceptance (Field Technician).
3. 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.
4. 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

5. 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.
6. 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).
7. 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.
8. 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.
9. 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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System Name or Identification/Tag:	System Location or Area Served:	

Intent: *New single zone supply ductwork must be less than 6% leakage rate per §144(k) or §149(b)Di, existing single zone ductwork must be less than 15% leakage or other compliance path per §149(b)Dii or §149(b)E.*

Construction Inspection

- 1 Scope of test – New Buildings – this test required on New Buildings only if all checkboxes 1(a) through 1(c) are checked

Existing Buildings – this test required if 1(a) through 1(d) are checked

Ductwork conforms to the following (note if any of these are not checked, then this test is not required):

☐ 1a) Connected to a constant volume, single zone air conditioners, heat pumps, or furnaces
☐ 1b) Serves less than 5000 square feet of floor area
☐ 1c) Has more than 25% duct surface area located in one or more of the following spaces

 - Outdoors
 - A space directly under a roof where the U-factor of the roof is greater than U-factor of the ceiling
 - A space directly under a roof with fixed vents or openings to the outside or unconditioned spaces
 - An unconditioned crawlspace
 - Other unconditioned spaces

☐ 1d) A duct is extended or any of the following replaced: air handler, outdoor condensing unit of a split system, cooling or heating coil, or the furnace heat exchanger.
- 2 Instrumentation to perform test includes:

a. Duct Pressure Test
- 3 Material and Installation. Complying new duct systems shall have a checked box for all of the following categories a through f.

a. Choice of drawbands (check one of the following)

☐	Stainless steel worm-drive hose clamps
☐	UV-resistant nylon duct ties

☐ b. Flexible ducts are not constricted in any way
☐ c. Duct leakage tests performed before access to ductwork and connections are blocked
☐ d. Joints and seams are not sealed with cloth back rubber adhesive tape unless used in combination with Mastic and drawbands. Cloth backed tape may be used if tape has been approved by the CEC.
☐ e. Duct R-values are verified R-8 per 124(a) in non-conditioned spaces.
☐ f. Ductwork located outdoors has insulation that is protected from damage and suitable for outdoor service
☐ g. A sticker has been affixed to the exterior surface of the air handler access door Per NA 2.3.8.5 (example located in Chapter 10 of the Nonresidential Compliance Manual).

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System Name or Identification/Tag: _____	System Location or Area Served: _____	

Nominal Rated Fan Flow Calculations	Enter Values
1 Determine Nominal Rated Fan Flow using one of the following two calculation methods:	
a) Cooling system method: Nominal Cooling Capacity _____ (tons) x 400 (cfm/ton) = _____ (cfm)	
b) Heating system method (for heating only units): Output Capacity _____ (kBtuh) x 21.7 (cfm/kBtuh) = _____ (cfm)	
2 Enter the rated fan flow value from calculations 1(a) or 1(b) (cfm)	

Completely New or Replacement Duct System:		
3	Duct Pressurization Test Results (CFM @ 25 Pa). Enter Tested Leakage Flow in CFM:	
4	Pass if Leakage Percentage <6%: [_____ (Line # 3) / _____ (Line # 2)] x 100%	% ☐ Pass ☐ Fail

Pre-existing Duct System with Duct Alteration and/or HVAC Equipment Change-Out:		
5	Enter Tested Leakage Flow in CFM: Pre-Test of Existing or Altered Duct System prior to Duct System Alteration and/or Equipment Change-Out.	
6	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.	
Use one of the following three tests or verification standards for compliance:		
7	Pass if Leakage Percentage <15% [_____ (Line # 6) / _____ (Line # 2)] x 100%	% ☐ Pass ☐ Fail
8	Pass if Leakage Reduction is >60% and all Accessible Leaks are sealed as confirmed by Visual Inspection and Verification*. Leakage reduction = {1 - [_____ (Line#6) / _____ (Line#5)]} x 100%	% ☐ Pass ☐ Fail
9	Pass if all Accessible Leaks are sealed as confirmed by Visual Inspection and Verification* by HERS rater (sampling rate 100% by HERS rater)	☐ Pass ☐ Fail
	Pass if One of Lines # 7 through # 9 pass	☐ Pass ☐ Fail

* Visual Inspection and Verification requirements

1. Visually inspect to verify that the following locations have been sealed:

- ☐ Connections to plenums and other connections to the forced air unit
- ☐ Refrigerant line and other penetrations into the forced air unit
- ☐ Air handler door panel (do not use permanent sealing material, metal tape is acceptable)
- ☐ Register boots sealed to surrounding material
- ☐ Connections between lengths of duct, as well as connections to takeoffs, wyes, tees, and splitter boxes.

2. Visually inspect to verify that portions of the duct system that are excessively damaged have been replaced.

Ducts that are considered to be excessively damaged are:

- ☐ Flex ducts with the vapor barrier split or cracked with a total linear split or crack length greater than 12 inches
- ☐ Crushed ducts where cross-sectional area is reduced by 30 percent or more
- ☐ Metal ducts with rust or corrosion resulting in leaks greater than 2 inches in any dimension
- ☐ Ducts that have been subject to animal infestation resulting in leaks greater than 2 inches in any dimension