

ELEVATOR LIGHTING & VENTILATION CONTROLS

CEC-NRCA-PRC-12-F (Revised 01/20)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF ACCEPTANCE		NRCA-PRC-12-F
Elevator Lighting & Ventilation Controls		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

Compliance Results: COMPLIES DOES NOT COMPLY	Enforcement Agency Use: Checked by/Date
---	---

Intent:	<i>To ensure that the elevator cab lighting and ventilation fan shut off, and the elevator cab lighting efficacy.</i>
----------------	---

A. Construction Inspection (NA7.14.1)	
<input type="checkbox"/>	a. Occupancy sensor has been installed in a location that will minimize false signals.
<input type="checkbox"/>	b. The elevator cab does not have any obstructions that could adversely affect the sensor's performance.
<input type="checkbox"/>	c. For PIR sensors, the sensor pattern does not enter into the elevator lobby.
<input type="checkbox"/>	d. For ultrasonic sensors, the sensor does not emit audible sound.
Construction Inspection Compliance: <input type="radio"/> Complies <input type="radio"/> Does Not Comply	

B. Functional Testing (NA7.14.12)	
Step 1: Confirm that the lighting and ventilation controlled inside the elevator cab turns off after 15 minutes from the start of an unoccupied condition.	P / F
Step 2: Verify that the signal sensitivity is adequate to achieve desired control. The sensor should not detect motion in the elevator lobby	P / F
Step 3: Verify that lighting and ventilation immediately turn "on" when an unoccupied condition becomes occupied.	P / F
Step 3: Stand in the elevator with the door closed and wait 15 minutes to confirm that the lighting and ventilation remains on.	P / F
Functional Testing Compliance: <input type="radio"/> Complies <input type="radio"/> Does Not Comply	



CERTIFICATE OF ACCEPTANCE		NRCA-PRC-12-F
Elevator Lighting & Ventilation Controls		(Page 2 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

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:

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

- 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.
- 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).
- 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.
- 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.
- 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: