

**SUPPLY AIR TEMPERATURE RESET CONTROLS ACCEPTANCE**

CEC-NRCA-MCH-16-A (Revised 01/20)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF ACCEPTANCE		NRCA-MCH-16-A
Supply Air Temperature Reset Controls Acceptance		(Page 1 of 3)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

<b>Compliance Results:</b> <input type="checkbox"/> Complies <input type="checkbox"/> Does NOT Comply	Enforcement Agency Use: Checked by/Date
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<b>Intent:</b>	Verify that the supply air temperature modulates to meet system temperature setpoint(s). Submit one Certificate of Acceptance for each system that must demonstrate compliance. ( <a href="#">NA7.5.15</a> , <a href="#">§140.4(f)</a> )
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A. Construction Inspection			
Building:	Floor:	Room/Area/Zone:	Control/System:
1	Required Documentation (check <b>all</b> of the following): ( <a href="#">NA7.5.15.1</a> )		
<input type="checkbox"/>	a.	Designs, plans, schematics, and schedules as approved by the authority having jurisdiction.	
<input type="checkbox"/>	b.	<a href="#">NRCC-MCH-E</a> as approved by the authority having jurisdiction. ( <a href="#">10-103(a)2A</a> )	
<input type="checkbox"/>	c.	Manufacturer specifications, calibration certificates, or tear sheets for the installed system as available.	
2	Prior to functional testing, verify and document the following:		
<input type="checkbox"/>	a.	Supply air temperature reset controls are installed as specified by the requirements §140.4(f). Verify that <a href="#">NRCC-MCH-E</a> has been completed and approved by the authority having jurisdiction. ( <a href="#">NA7.5.15.1(a)</a> , <a href="#">§140.4(f)</a> )	
<input type="checkbox"/>	b.	All system air temperature sensors are factory or field calibrated within 2% of a calibrated reference temperature sensor. ( <a href="#">NA7.5.15.1(b)</a> )	
<input type="checkbox"/>	c.	Document current supply air temperature (°F): ( <a href="#">NA7.5.15.1(c)</a> )	
Construction Inspection Compliance <input type="checkbox"/> Complies <input type="checkbox"/> Does NOT Comply			

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B. Functional Testing			
Building:	Floor:	Room/Area/Zone:	Control/System:
Check to make sure that chilled/hot water coils, if used, are not already fully open and calling for maximum cooling/heating. If this is the case, reverse Steps 1 and 2 and/or change the set point range as necessary to conduct this test. ( <a href="#">NA7.5.15.2(a)</a> )			
Identify the control parameter: ( <a href="#">NA7.5.15.2(b)</a> )	<input type="checkbox"/>	Outside air temperature	
	<input type="checkbox"/>	Zone or return air temperature	
	<input type="checkbox"/>	Zones calling for heating or cooling	
	<input type="checkbox"/>	Other	
Steps:			Results
1	During occupied mode, adjust the reset control parameter to decrease the supply air temperature (to the lower supply temperature limit). Verify and document the following: ( <a href="#">NA7.5.15.2 Step 1</a> )		
a.	Supply air temperature controls modulate as intended. ( <a href="#">NA7.5.15.2 Step 1(a)</a> )		P/F
b.	Actual supply air temperature decreases to meet the new setpoint within $\pm 2^{\circ}\text{F}$ . ( <a href="#">NA7.5.15.2 Step 1(b)</a> )		P/F
	Supply air temperature set point ( $^{\circ}\text{F}$ ):	Actual supply air temperature ( $^{\circ}\text{F}$ ):	
c.	Supply air temperature stabilizes within 15 minutes. ( <a href="#">NA7.5.15.2 Step 1(c)</a> )		P/F
2	During occupied mode, adjust the reset control parameter to increase the supply air temperature (to the upper supply temperature limit). Verify and document the following: ( <a href="#">NA7.5.15.2 Step 2</a> )		
a.	Supply air temperature controls modulate as intended. ( <a href="#">NA7.5.15.2 Step 2(a)</a> )		P/F
b.	Actual supply air temperature increases to meet the new setpoint within $\pm 2^{\circ}\text{F}$ . ( <a href="#">NA7.5.15.2 Step 2(b)</a> )		P/F
	Supply air temperature set point ( $^{\circ}\text{F}$ ):	Actual supply air temperature ( $^{\circ}\text{F}$ ):	
c.	Supply air temperature stabilizes within 15 minutes. ( <a href="#">NA7.5.15.2 Step 2(c)</a> )		P/F
3	Restore reset control parameter to automatic control. Verify and document the following: ( <a href="#">NA7.5.15.2 Step 3</a> )		
a.	Supply air temperature controls modulate as intended. ( <a href="#">NA7.5.15.2 Step 3(a)</a> )		P/F
b.	Actual supply air temperature changes to meet the new setpoint within $\pm 2^{\circ}\text{F}$ . ( <a href="#">NA7.5.15.2 Step 3(b)</a> )		P/F
	Supply air temperature set point ( $^{\circ}\text{F}$ ):	Actual supply air temperature ( $^{\circ}\text{F}$ ):	
c.	Supply air temperature stabilizes within 15 minutes. ( <a href="#">NA7.5.15.2 Step 3(c)</a> )		P/F
Functional Testing Compliance Results: <input type="checkbox"/> Complies <input type="checkbox"/> Does NOT Comply			

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**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:	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:	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: