REFRIGERATED WAREHOUSE AIR COOLED CONDENSER CONTROLS ACCEPTA

CEC-NRCA-PRC-06-F (Revised 1/16) CALIFORNIA ENERGY COM

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MISSION	Total Constitution

CERTIFICATE	OF ACCEPTANCE			NRCA-PRC-06-F
Refrigerated Warehouse Air Cooled Condenser Controls Acceptance		(Page 1 of 4)		
Project Name:		Enforcement Agency:		Permit Number:
Project Address:		City:		Zip Code:
	,			
	t one Certificate of Acceptance for each syst	rem	Enforcement Agency Use: Checked by/Date	
that must de	emonstrate compliance.			
Intent:	Verify that the air-cooled condenser has a	mhient d	rybulb following control and fan motor variable s	sneed control
michi.	verify that the air coolea condenser has air	inbicit u	Tybulb Johowing Control and Jun Motor Variable S	speca control
A. Construc	tion Inspection			
1. Installatio	n. Verify the following:			
	All condenser fan motors are operational a	nd rotat	ing in the correct direction.	
	All condenser fan speed controls are opera	itional ar	nd connected to condenser fan motors to operat	e in unison the
	fans serving a common condenser loop.			
	•		ted in a location that is not exposed to direct sur	=
	•	outlet p	ressure regulator (OPR), (if used) are set lower th	nan the drain leg
	pressure regulator valve setting.			
		l) are set	below the minimum condensing temperature/pr	essure setpoint.
2. Control Sy	stem. Verify the following:			
			perature equivalent reading of the condenser pr	ressure sensor.
	Minimum condensing temperature control	l setpoin	t is at 70°F or lower.	
0.5: 110.1:	All speed controls are in "auto" mode.			
3. Field Calib			Calibratian value	
			urate from the control system. Calibration value	
documented. Attach field calibration records to this compliance document. The following sensors are used for				
	air-cooled condenser control:			
The calibrating instruments used to calibrate the sensors used for control must have the following accuracies:				
	□ Pressure: ±2.5 psi between 0 and 500 psig			
	☐ Temperature: ±0.7°F between -30°F and 200°F			
Notes:	·			

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Project Address:	City:	Zip Code:
B. Functional Testing		Results
	n the test, (i.e. with a condensing temperature above the	minimum
SCT set point). The loads can often be increased somew	what as required to perform the Functional Testing.	
Step 1: Override any conflicting controls before perfor	ming functional tests.	
Notes:		
Step 2: Document the current operating conditions an	d current cat points	
a. Current ambient dry-bulb temperature (DBT).	a carrent set points.	°F
· · · · · · · · · · · · · · · · · · ·		°F
b. Current saturated condensing temperature (SCT) or o	condensing pressure.	psig
c. Calculate the actual condenser temperature difference	e (Actual TD) [SCT – DBT].	°F
d. Current SCT or pressure control set point.		°F
		psig
e. Current condenser control temperature difference (Co	ontrol TD).	°F
Notes:		
Sten 3: Set the Control TD set point to the Actual TD of	btained in Step 2. This will be referred to as the "test set	t noint." Allow
5 minutes for condenser fan speed to normalize.	otalied in Step 2. This will be referred to us the test se	politi. Allow
	nt in 1°F increments until the condenser fan control mo	dulates
to minimum fan motor speed.		
a. Fan motor speed decrease.		
b. All condenser fan motors serving common condenser		
controller output; observed at the control system and a		
c. Record the minimum fan motor control speed. Enter Notes:	with units as rpm, Hertz, or percent of full speed.	
Notes.		
Step 5: Using the control system, lower the test set po	int in 1°F increments until the condenser fan control mo	odulates
to increase fan motor speed.		
a. Fan motor speed increases.		
b. All condenser fan motors serving common condenser output; observed at the control system and at the cond	r loop increase speed in unison in response to controller	
Notes:	enser(s).	
Notes.		
Step 6: Verify override minimum SCT set point.		
a. Record the current minimum condensing temperatur	e set point.	°F
	t point to a value greater than the current operating SC	Т.
b. Condenser fan controls modulate to decrease capacit		
c. All condenser fans serving common condenser loop n		
d. Condenser fan controls stabilize within a 5 minute pe	rioa.	
Notes:		
Step 7: Restore the Control TD and the minimum SCT s	set point to the values recorded Step #2e and #6a.	
Step 8: Restore any controls disabled in Step #1.	•	

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Enforcement Agency:	Permit Number:
City:	Zip Code:
	Enforcement Agency:

C. Testing Results	PASS	FAIL
Step 1: All condenser fan motors serving a common condenser loop decrease speed in unison		
in response to a higher condenser control TD set point. (Pass if all Answers are Yes)		
Step 2: All condenser fan motors serving a common condenser loop increase speed in unison		
in response to a lower condenser control TD set point. (Pass if all Answers are Yes)		
Step 3: The control system overrides the variable set point with a minimum SCT set point.		
This override minimum SCT set point is 70°F or lower. (Pass if all Answers are Yes)		

D. Evaluation	
PASS: All Construction Inspection responses are complete and all Testing Results responses are "Pass".	
Notes:	

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CERTIFICATE OF ACCEPTANCE NRCA-PRC-0				NRCA-PRC-06-F
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Project Name:	Enforcement Agency:		Permit Number:	
Project Address:	Chu		Zip Code:	
Project Address.	City:			zip code.
	. N			ı
DOCUMENTATION AUTHOR'S DECLARATION STATEMENT				
I certify that this Certificate of Acceptance documentati	on is accurat	e and complete.		
Documentation Author Name:		Documentation Author Signature:		
Documentation Author Company Name:		Date Signed:		
		-		
Address:		CEA/HERS/ATT Certification Identification (If a	applicable):	
City/State/Zip:		Phone:		
FIELD TECHNICIANIC DECLADATION CTATEMENT				
FIELD TECHNICIAN'S DECLARATION STATEMENT	r.: -			
I certify the following under penalty of perjury, under the law				
 The information provided on this Certificate of Accepta I am the person who performed the acceptance verification 			iold Tochnician	١
3. The construction or installation identified on this Certifi				
indicated in the plans and specifications approved by th				
requirements and procedures specified in Reference No			ilcabic acceptan	icc
4. I have confirmed that the Certificate(s) of Installation for		• •	is Certificate of	Acceptance has
been completed and signed by the responsible builder/				·
issued for the building.		p		5 (-)
Field Technician Name:		Field Technician Signature:		
Field Technician Company Name:		Position with Company (Title):	-	
Address:		CEA/HERS/ATT Certification Identification (If a	annlicable):	
Address.		CEATTERS/ATT CONTINUE AUTOM (III)	аррпсаыс).	
City/State/Zip:		Phone:	Date Signed:	
RESPONSIBLE PERSON'S DECLARATION STATEMENT				
I certify the following under penalty of perjury, under the law	ws of the Sta	te of California:		
1. I am the Field Technician, or the Field Technician is acti			d I have reviewe	ed the
information provided on this Certificate of Acceptance.				
2. I am eligible under Division 3 of the Business and Profes	ssions Code i	n the applicable classification to acce	ept responsibilit	y 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				
3. The information provided on this Certificate of Accepta				
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. A Library confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Accentance has				
 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 Certif		• • • • • • • • • • • • • • • • • • • •	ailable with the	building
permit(s) issued for the building, and made available to				
signed copy of this Certificate of Acceptance is required to be included with the documentation the builder provides to the building				
owner at occupancy.			,	5
Responsible Acceptance Person Name:		Responsible Acceptance Person Signature:		
Responsible Acceptance Person Company Name:		Position with Company (Title):		

CSLB License:

Phone:

Address:

City/State/Zip:

Date Signed: