



CERTIFICATE OF ACCEPTANCE		NRCA-PRC-07-F
Refrigerated Warehouse Variable Speed Compressor		(Page 1 of 3)
Acceptance		
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:

<i>Note: Submit one Certificate of Acceptance for each compressor that must demonstrate compliance.</i>	Enforcement Agency Use: Checked by/Date
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<b>Intent:</b>	<i>Verify that applicable compressors control compressor speed in response to the refrigeration load.</i>
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<b>A. Construction Inspection</b>	
1. Installation. Verify the following:	
<input type="checkbox"/> All single open-drive screw compressors dedicated to a suction group have variable speed control. <input type="checkbox"/> All compressor speed controls are operational and connected to compressor motors. <input type="checkbox"/> Compressor nameplate data is correctly entered into the PLC or other control system. <input type="checkbox"/> Compressor panel control readings for RPM, % speed, kW, and amps match the readings from the PLC or other control systems. <input type="checkbox"/> All sensor readings used by the compressor controller convert or calculate to the correct conversion units at the controller (e.g., pressure reading is correctly converted to appropriate saturated temperature, etc.) <input type="checkbox"/> All speed controls are in "auto" mode.	
2. Field Calibration:	
Sensors used for control must be calibrated to read accurate from the control system. Calibration values must be documented. Attach field calibration records, including offsets used, to this compliance document. The following sensors are used for air-cooled condenser control:	
<input type="checkbox"/> Compressor suction pressure sensor. The calibrating instrument used to calibrate the sensor used for control must have the following accuracies:	
<input type="checkbox"/> Pressure: $\pm 2.5$ psi between 0 and 500 psig	
Notes:	

<b>B. Functional Testing</b>		<b>Results</b>
<i>The system cooling load must be sufficiently high to run the test. Artificially increase or decrease evaporator loads (add or shut off zone loads, change setpoints, etc.) as may be required to perform the Functional Testing.</i>		
<b>Step 1: Override any conflicting controls before performing the Functional Tests.</b>		
Notes:		
<b>Step 2: Document current suction operation and setpoints</b>		
a. Current operating suction pressure or saturated suction temperature (SST)		psig °F
<b>Step 3: Set the test suction setpoint.</b>		
a. Document the current suction pressure or SST setpoint		psig °F



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<b>Program into the control system a target setpoint equal to the current operating condition measured in Step #2. Allow 5 minutes for system to normalize.</b>	
Notes:	
<b>Step 4: Raise the test suction setpoint in small increments until the compressor controller modulates to decrease compressor speed.</b>	
a. Compressor speed decreases.	
b. Compressor speed continues to decrease to minimum speed.	
c. Any slide valve or other unloading means does not unload until after the minimum speed is reached	
Notes:	
<b>Step 5: Lower the test suction setpoint in small increments until the compressor controller modulates to increase compressor speed.</b>	
a. Any slide valve or other unloading first goes to 100% before compressor increases from minimum speed.	
b. Compressor begins to increase speed.	
c. Compressor speed continues to increase to 100%.	
Notes:	
<b>Step 6: Restore suction setpoints back to original setting as documented in Step #3.</b>	
<b>Step 7: Restore any controls disabled in step #1.</b>	

<b>C. Testing Results</b>	<b>PASS</b>	<b>FAIL</b>
<b>Step 1:</b> Compressor speed decreases to the minimum value before unloading slide valve or other unloading means. (Pass if all Answers are Yes)		
<b>Step 2:</b> Compressor slide valve or other unloading means fully loads, before compressor speed increases. (Pass if all Answers are Yes)		

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



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<b>DOCUMENTATION AUTHOR'S DECLARATION STATEMENT</b>		
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:	
<b>FIELD TECHNICIAN'S DECLARATION STATEMENT</b>		
I certify the following under penalty of perjury, under the laws of the State of California:		
<ol style="list-style-type: none"> <li>The information provided on this Certificate of Acceptance is true and correct.</li> <li>I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).</li> <li>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.</li> <li>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.</li> </ol>		
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:
<b>RESPONSIBLE PERSON'S DECLARATION STATEMENT</b>		
I certify the following under penalty of perjury, under the laws of the State of California:		
<ol style="list-style-type: none"> <li>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.</li> <li>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).</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol>		
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: