

STATE OF CALIFORNIA
COMMERCIAL KITCHEN REQUIREMENTS

CEC-NRCC-PRC-03-E (Revised 08/15)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF COMPLIANCE		NRCC-PRC-03-E
Commercial Kitchen Requirements		(Page 1 of 2)
Project Name:	Date Prepared:	

VENTILATION COMPLIANCE METHOD:				
Small Kitchens (<=5,000 CFM Type I and II Hood Exhaust) check one			140.9(b)2 A i	140.9(b)2Aii
Large Kitchens (>5,000 CFM Type I and II Hood Exhaust) check one	140.9(b)2Bi	140.9(b)2Bii(a), (b), (c) and (d)	140.9(b)2Biii	140.9(b)2Biv
KITCHEN ROOM NUMBER ¹				
TOTAL INSTALLED TYPE I and II KITCHEN HOOD EXHAUST (CFM) ² :				
TOTAL BYPASS HOOD MUA (CFM) ³ :				
TOTAL TRANSFER AIR AIRFLOW (CFM) ⁴ :				
TOTAL MECHANICALLY HEATED OR COOLED MAKE UP AIR (CFM) ⁵ :				
TOTAL AIR NEEDED FOR HEATING OR COOLING (CFM) ⁶ :				
TOTAL EXHAUST AIR WITH DEMAND VENTILATION SYSTEMS ⁷ :				
Equipment Tags and System Description⁸				
PRESCRIPTIVE MEASURES	T-24 Sections	Reference to the Requirements in the Contract Documents⁹		
Bypass Hood Exhaust and MUA	140.9(b)1A			
Type I/II Hood Exhaust	140.9(b)1B, Table 140.9-A			
Mechanically heated or cooled make up air	140.9(b)2A			
Replacement Air/Transfer Air Exhaust	140.9(b)2Bi			
Demand Ventilation Systems	140.9(b)2Bii			
Energy Recovery Systems	140.9(b)2Biii			
Tempered/Non Mechanical Cooling Air Systems	140.9(b)2Biv			
Notes:				
1. Fill in one form for each kitchen in the project.				
2. Enter the total installed type I and II kitchen hood exhaust airflow in cubic feet per minute (cfm).				
3. Enter the make-up air to bypass hoods (cfm).				
4. Enter the total transfer air (cfm).				
5. Enter the total mechanically cooled or heated make up air (cfm).				
6. Enter the maximum air needed for heating or cooling loads (cfm).				
7 Enter the design airflow (cfm) of exhaust with demand ventilation system controls				
8. Provide equipment tags (e.g., AHU 1 & 2 or Hoods 1 to 5) for all equipment that is covered by these requirements. Equipment that is similar in requirements and compliance can be grouped in a single column.				
9. Provide references to plans (i.e. Drawing Sheet Numbers) and/or specifications (including Section name/number and relevant paragraphs) where each requirement is specified. Enter "N/A" if the requirement is not applicable to this system. Explicitly list any exceptions used to avoid a requirement.				

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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
1. I certify that this Certificate of Compliance documentation is accurate and complete.	
Documentation Author Name:	Documentation Author Signature:
Company:	Signature Date:
Address:	CEA/ HERS Certification Identification (if applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT	
I certify the following under penalty of perjury, under the laws of the State of California:	
<ol style="list-style-type: none"> 1. The information provided on this Certificate of Compliance is true and correct. 2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this Certificate of Compliance (responsible designer). 3. The energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations. 4. The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application. 5. I will ensure that a completed signed copy of this Certificate of Compliance shall be 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 completed signed copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy. 	
Responsible Designer Name:	Responsible Designer Signature:
Company :	Date Signed:
Address:	License:
City/State/Zip:	Phone: