STATE OF CALIFORNIA

AIR ECONOMIZER CONTROLS ACCEPTANCE

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CALIFORNIA ENERGY COMMISSION	
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	F OF ACCEPTANCE	CALIFOR	NRCA-MCH-05-A				
CERTIFICATE OF ACCEPTANCE NRCA-MCH-05-A Air Economizer Controls Acceptance (Page 1 of 3)							
Project Name:	izer controls Acceptance	Enforcement Agency:	Permit Number:				
Duciost Address		City:	Zip Code:				
Project Address:		City:	zip code.				
System Name or Id	entification/Tag:	System Location or Area Served:					
Note: Submit	t one Certificate of Acceptance for each system that n	nust Enforcement Agency Use: Checked b	y/Date				
demonstrate							
		•					
	uction Inspection						
	rting documentation needed to perform test includes						
G	Glance).						
	mentation to perform test includes:						
	land-held temperature probe						
	Calibration Date:(must be wit	:hin last year)					
b. D	Device capable of calculating enthalpy	, ,					
		:hin last year)					
c. 1	2 k Ohm Resistor (when specified by the manufactu						
3. Installa	ation: (all of the following boxes should be checked)						
	Economizer high limit shutoff control complies wi Section 140.4(e)3.	th Table 140.4-B found in the 2013 Building E	nergy Efficiency Standards				
	Economizer reliability features are present per 20	13 Building Energy Efficiency Standards Secti	on 140.4(e)4:				
	a. 5-year manufacturer warranty of economizer assembly						
	b. Provide a product specification sheet pro	ving capability of at least 60,000 actuations					
c. Provide a product specification sheet proving compliance with AMCA Standard 500 damper leakage at 10 cfm/sf at 1.0 in w.g. A product specification sheet showing the manufacturer's results after following the testing procedures of AMCA Standard 500 or AMCA certification by a third party under AMCA Publication 511 can be used to satisfy this requirement (Class 1A, 1, and 2 are acceptable).							
	d. If the high limit setpoint is fixed dry-bulb setpoint	or fixed enthalpy + fixed dry-bulb then the co	ontrol shall have an adjustable				
	e. Outdoor air, return air, mixed air, and sup	oply air sensors shall be calibrated as follows:					
	i. Drybulb and wetbulb temperatu	res accurate to ±2°F over the range of 40°F to	80°F				
	ii. Enthalpy accurate to ±3 Btu/lb o	over the range of 20 Btu/lb to 36 Btu/lb					
	iii. Relative humidity (RH) accurate	to ±5% over the range of 20% to 80% RH					
	f. Check that the sensor performance curve(s) is provided by the factory and sensor output values measured during sensor calibration are plotted on the performance curve(s)						
	g. Sensors used for high limit control shall b shielded from direct sunlight.	e located to prevent false readings, including	but not limited to being properly				
	Unitary systems with an economizer have control compressors off when economizers can provide p		nermostats, that cycle				
	System has return fan speed control, relief dampe economizer mode.	ers, or dedicated relief fans to prevent buildir	ng over pressurization in full				
	For systems with DDC controls, sensor used for ed	conomizer lockout has been factory or field co	alibrated.				
П	For systems with non-DDC controls, manufacture	r's startup and testing procedures have been	applied.				

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B. Functional Testing

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CERTIFICATE OF ACCEPTANCE	NRCA-MCH-05-A	
Air Economizer Controls Acceptance	(Page 2 of 3)	
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

コレビリ	1. Disable demand control ventilation systems (if applicable)			
	1: Disable demand control ventilation systems (if applicable)	followin	24:	
a.	2: Enable the economizer and simulate a cooling demand large enough to drive the economizer fully open. Verify the	1	ıg.	NI-
b.	Economizer damper modulates 100% open.	Yes		No
	Return air damper modulates 100% closed.	Yes		No
C.	For systems that meet the criteria of 2013 Building Energy Efficiency Standards Section 140.4(e)1, verify that the economizer remains 100% open with the use of mechanical cooling. This occurs when the cooling demand can no longer be met by the economizer alone.	Yes		No
d.	All applicable fans and dampers operate as intended to maintain building pressure.	Yes		No
e.	The unit heating is disabled (if applicable).	Yes	No	NA
Step	3: Disable the economizer and simulate a cooling demand. Verify the following:			
a.	Economizer damper closes to its minimum position.	Yes		No
b.	All applicable fans and dampers operate as intended to maintain building pressure.	Yes		No
C.	The unit heating is disabled (if applicable).	Yes	No	NA
Step	4: If the unit is equipped with heating, simulate a heating demand and enable the economizer. Verify the following:	-		
a.	Economizer damper closes to its minimum position.	Yes	No	NΑ
b.	Return air damper opens.	Yes	No	NA
Step	5: Turn off the unit and verify the following:			
a.	Economizer damper closes completely.	Yes		No
Step	6: System returned to initial operating conditions	Yes		No
C. T	esting Results	PA	ss /	FAIL
Step	2: Simulate cooling load and enable the economizer (all answers are Y).			
Step	3: Simulate cooling load and disable the economizer (all answers are Y).			
	4: Simulate heating demand and enable the economizer (all answers are Y).			
Step	5: Turn off the unit (all answers are Y).			
D. E	valuation			
_	PASS: All Construction Inspection responses are complete and all Testing Results responses are "Pass"			

Results

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CEC-NRCA-MCH-05-A (Revised 01/16)

CALIFORNIA	ENERGY	COMMISSI	NO

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SION	ENERSY COMPRISON.

CEC-NRCA-MCH-05-A (Revised 01/16)		CALIFO	ORNIA ENERGY COMMISSION		
CERTIFICATE OF ACCEPTANCE NRCA-MCH-05-A					
Air Economizer Controls Acceptance		(Page 3 of 3)			
Project Name:	Enforcer	nent Agency:	Permit Number:		
Project Address:	City:		Zip Code:		
System Name or Identification/Tag:	System I	ocation or Area Served:			
DOCUMENTATION AUTHOR'S DECLARATION STATEMENT					
I certify that this Certificate of Acceptance documentation is a	accurat	e and complete			
Documentation Author Name:	accurat	Documentation Author Signature:			
Documentation Author Company Name:		Date Signed:			
Address:		ATT Certification Identification (If applicable)	i:		
City/State/Zip:		Phone:			
FIELD TECHNICIAN'S DECLARATION STATEMENT					
I certify the following under penalty of perjury, under the laws of	the Sta	te of California:			
1. The information provided on this Certificate of Acceptance is					
2. I am the person who performed the acceptance verification r	reporte	d on this Certificate of Acceptance (Field Technician).		
3. The construction or installation identified on this Certificate					
indicated in the plans and specifications approved by the enf					
requirements and procedures specified in Reference Nonresi		•	·		
4. I have confirmed that the Certificate(s) of Installation for the			nis Certificate of Acceptance has		
been completed and signed by the responsible builder/instal			*		
issued for the building.		mas seem posted of made aramable	men ene sanamg perme(s)		
Field Technician Name:		Field Technician Signature:			
Field Technician Company Name:			Position with Company /Titlel:		
Field Technician Company Name: Position with Company (Title):					
Address: ATT Certification (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					
1. I am the Field Technician, or the Field Technician is acting on	my bel	nalf as my employee or my agent an	d I have reviewed the		
information provided on this Certificate of Acceptance.					
2. I am eligible under Division 3 of the Business and Professions	Code i	n the applicable classification to acc	ept responsibility for the		
system design, construction or installation of features, mater	rials, co	mponents, or manufactured devices	s for the scope of work		
identified on this Certificate of Acceptance and attest to the	declara	tions in this statement (responsible	acceptance person).		
3. The information provided on this Certificate of Acceptance so	ubstant	iates that the construction or install	ation identified on this		
Certificate of Acceptance complies with the acceptance requ					
enforcement agency, and conforms to the applicable accepta	ance re	quirements and procedures specifie	d in Reference Nonresidential		
Appendix NA7.					
4. I have confirmed that the Certificate(s) of Installation for the	constri	uction or installation identified on th	nis 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 Certificate			ailable 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:		