

CERTIFICATE OF COMPLIANCE	NRCC-MCH-01-E
Mechanical Systems	(Page 1 of 3)
Project Name:	Date Prepared:

MECHANICAL COMPLIANCE FORMS & WORKSHEETS (check box if worksheet is included)

*For detailed instructions on the use of this and all Energy Efficiency Standards compliance forms, refer to the 2013 Nonresidential Manual
 Note: The Enforcement Agency may require all forms to be incorporated onto the building plans.*

YES	NO	Form/Worksheet #	Title
<input type="checkbox"/>	<input type="checkbox"/>	NRCC-MCH-01-E (Part 1 of 3)	Certificate of Compliance, Declaration. Required on plans for all submittals.
<input type="checkbox"/>	<input type="checkbox"/>	NRCC-MCH-01-E (Part 2 of 3)	Certificate of Compliance, Required Acceptance Tests (MCH-02A to 11A). Required on plans for all submittals.
<input type="checkbox"/>	<input type="checkbox"/>	NRCC-MCH-01-E (Part 3 of 3)	Certificate of Compliance, Required Acceptance Tests (MCH-12A to 18A). Required on plans where applicable.
<input type="checkbox"/>	<input type="checkbox"/>	NRCC-MCH-02-E (Part 1 of 2)	Mechanical Dry Equipment Summary is required for all submittals with Central Air Systems. It is optional on plans.
<input type="checkbox"/>	<input type="checkbox"/>	NRCC-MCH-02-E (Part 2 of 2)	Mechanical Wet Equipment Summary is required for all submittals with chilled water, hot water or condenser water systems. It is optional on plans.
<input type="checkbox"/>	<input type="checkbox"/>	NRCC-MCH-03-E	Mechanical Ventilation and Reheat is required for all submittals with multiple zone heating and cooling systems. It is optional on plans.

MECHANICAL HVAC ACCEPTANCE FORMS (check box for required forms)

Designer:
This form is to be used by the designer and attached to the plans. Listed below are all the acceptance tests for HVAC systems. The designer is required to check the applicable boxes for all acceptance tests that apply and list all equipment that requires an acceptance test. All equipment of the same type that requires a test, list the equipment description and the number of systems.

Installing Contractor:
 The contractor who installed the equipment is responsible to either conduct the acceptance test them self or have a qualified entity run the test for them. If more than one person has responsibility for the acceptance testing, each person shall sign and submit the Certificate of Acceptance applicable to the portion of the construction or installation for which they are responsible.

Enforcement Agency:
*Plancheck – The NRCC-MCH-01-E form is not considered a completed form and is not to be accepted by the building department unless the correct boxes are checked.
 Inspector - Before occupancy permit is granted all newly installed process systems must be tested to ensure proper operations.*

Test Description		MCH-02A	MCH-03A	MCH-04A	MCH-05A	MCH-06A	MCH-07A	MCH-08A	MCH-09A	MCH-10A	MCH-11A
Equipment Requiring Testing or Verification	# of units	Outdoor Air	Single Zone Unitary	Air Distribution Ducts	Economizer Controls	Demand Control Ventilation (DCV)	Supply Fan VAV	Valve Leakage Test	Supply Water Temp. Reset	Hydronic System Variable Flow Control	Automatic Demand Shed Control
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Mechanical Systems		(Page 2 of 3)
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Enforcement Agency:
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Inspector - Before occupancy permit is granted all newly installed process systems must be tested to ensure proper operations.

Test Description		MCH-12A	MCH-13A	MCH-14A	MCH-15A	MCH-16A	MCH-17A	MCH-18A
Equipment Requiring Testing or Verification	# of units	Fault Detection & Diagnostics for DX Units	Automatic Fault Detection & Diagnostics for Air & Zone	Distributed Energy Storage DX AC Systems	Thermal Energy Storage (TES) Systems	Supply Air Temperature Reset Controls	Condenser Water Reset Controls	ECMS
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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	
<p>I certify the following under penalty of perjury, under the laws of the State of California:</p> <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: