



CERTIFICATE OF ACCEPTANCE		NRCA-MCH-12-A
Fault Detection and Diagnostics (FDD) for Packaged Direct Expansion Units		(Page 1 of 3)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

<i>Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.</i>	Enforcement Agency Use: Checked by/Date
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A. Construction Inspection
1. Prior to functional testing, verify and document the following:
<input type="checkbox"/> The Fault Detection and Diagnostics (FDD) hardware is installed on the unit.
<input type="checkbox"/> The FDD system is certified to the California Energy Commission.
2. The following air temperature sensors are permanently installed:
<input type="checkbox"/> Outside Air Sensor
<input type="checkbox"/> Supply Air Sensor
<input type="checkbox"/> Return Air Sensor (applicable for differential economizer operation only)

B. Functional Testing
Air Temperature Sensor Failure/Fault
Step 1: Verify the FDD system indicates normal operation
Step 2: Disconnect outside air temperature sensor from unit controller. Verify the following:
<input type="checkbox"/> FDD system reports a fault
Step 3: Connect outside air temperature sensor to unit controller. Verify the following:
<input type="checkbox"/> FDD system indicates normal operation
Excess Outside Air
Step 1: Coordinate this test with <i>NRCA-MCH-02-A (NA 7.5.1 Outdoor Air)</i> , if NRCA-MCH-02-A indicates "pass" then verify the following:
<input type="checkbox"/> FDD system indicates normal operation
Economizer Operation
Step 1: Coordinate this test with <i>NRCA-MCH-05-A (NA 7.5.4 Air Economizer Controls)</i> , and simulate failure by immobilizing the outdoor air economizer damper by disconnecting the control signal from the damper actuator (or another method specified by the manufacturer). Verify the following:
<input type="checkbox"/> FDD system reports a fault
Step 2: Successfully complete and pass NRCA-MCH-05-A and verify the following:
<input type="checkbox"/> FDD system reports normal operation

C. Testing Results	PASS / FAIL
Test passes if all boxes are checked under Functional Testing .	



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D Evaluation

PASS: All **Construction Inspection** responses are complete and **Testing Results** is "Pass"

Notes:



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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

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:	ATT Certification Identification (If applicable):
City/State/Zip:	Phone:

FIELD TECHNICIAN'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

- The information provided on this Certificate of Acceptance is true and correct.
- I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).
- 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.
- 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.

Field Technician Name:	Field Technician Signature:	
Field Technician Company Name:	Position with Company (Title):	
Address:	ATT Certification Identification (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 the State of California:

- 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.
- 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).
- 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.
- 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.
- 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.

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: