

INSTALLATION CERTIFICATE		CF-6R-MECH-22-HERS
HSPP/PSPP Installation; Cooling Coil Airflow & Fan Watt Draw Test		(Page 1 of 2)
Site Address:	Enforcement Agency:	Permit Number:

As many as 4 systems in the dwelling can be documented for compliance using this form. Attach an additional form(s) for any additional systems in the dwelling as applicable.

Hole for the placement of a Static Pressure Probe (HSPP), and Permanently installed Static Pressure Probe (PSPP) in the supply plenum

When the Certificate of Compliance (CFIR) indicates Cooling Coil Airflow or Fan Watt Draw verification are required, HSPP or PSPP are required to be installed in each air handler in the dwelling. Procedures for installing HSPP and PSPP are described in Reference Residential Appendix RA3.3. This measure requires verification by a HERS rater.

Select one method from the two choices below for compliance with the HSPP/PSPP requirement for this dwelling.				
<input type="checkbox"/>	HSPP	1/4 inch (6 mm) hole labeled and located downstream of the evaporator coil in the supply plenum as shown in the figure in Section RA3.3.1.1.		
<input type="checkbox"/>	PSPP	1/4 inch (6 mm) hole equipped with a permanently installed pressure probe, labeled and located downstream of the evaporator coil in the supply plenum as shown in the figure in Section RA3.3.1.1.		
System Name or Identification/Tag				
System Location or Area Served				
Confirm that a HSPP or PSPP has been installed on the air handler per the requirements of RA3.3.1.1. Enter Pass or Fail				

Cooling Coil Airflow Verification

When the Certificate of Compliance indicates Cooling Coil Airflow verification is required, the procedures for measuring the cooling coil airflow must be performed as specified in Reference Residential Appendix RA3.3. Results of the cooling coil airflow diagnostic test must be entered in the table below. This measure requires verification by a HERS rater.

Select one method from the three choices below for compliance with the Cooling Coil Airflow test requirement for this dwelling.				
<input type="checkbox"/>	Diagnostic Fan Flow Using Plenum Pressure Matching according to the procedures in RA3.3.3.1.1			
<input type="checkbox"/>	Diagnostic Fan Flow Using Flow Grid Measurement according to the procedures in RA3.3.3.1.2			
<input type="checkbox"/>	Diagnostic Fan Flow Using Flow Capture Hood according to the procedures in RA3.3.3.1.3			
System Name or Identification/Tag				
System Location or Area Served				
Nominal Cooling Capacity (ton) of the outdoor unit.				
Enter the minimum airflow requirement from the CF-1R (CFM/ton).				
Calculate the target minimum airflow for the test by multiplying the CFM/ton criteria specified on the CF-1R by the nominal cooling capacity of the outdoor unit (ton). Target (CFM)				
Enter the diagnostically tested airflow (CFM). Tested (CFM)				
The system complies if Tested (CFM) is equal or greater than Target (CFM). Enter Pass or Fail				

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Fan Watt Draw Verification

When the Certificate of Compliance indicates Fan Watt Draw verification is required, the procedures for measuring the Fan Watt Draw must be performed as specified in Reference Residential Appendix RA3.3. Results of the Fan Watt Draw diagnostic test must be entered in the table below. This measure requires verification by a HERS rater. Note: Fan watt draw must be measured simultaneously with cooling coil airflow. The fan watt draw measurement and cooling coil airflow measurement must simultaneously meet or exceed their target criteria specified by the CF-1R for the dwelling.

<i>Select one method from the two choices below for compliance with the Fan Watt Draw test requirement for this dwelling.</i>				
<input type="checkbox"/>	Portable Watt Meter Measurement according to the procedures in RA3.3.3.3.1			
<input type="checkbox"/>	Utility Revenue Meter Measurement according to the procedures in RA3.3.3.3.2			
System Name or Identification/Tag				
System Location or Area Served				
Enter the air handler Tested (CFM) from the cooling coil airflow test table above.				
Enter the fan watt draw requirement from the CF-1R (Watt/CFM).				
Calculate the target maximum Watt draw for the test by multiplying the Watt/CFM criteria specified on the CF-1R by the air handler Tested (CFM). Target (Watt)				
Enter the diagnostically tested Watt draw (Watt). Tested (Watt)				
The system complies if Tested (Watt) is less than or equal to Target (Watt) Enter pass or Fail				

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I understand that a HERS rater will check the installation to verify compliance, and that that if such checking identifies defects, I am required to take corrective action at my expense. I understand that Energy Commission and HERS provider representatives will also perform quality assurance checking of installations, including those approved as part of a sample group but not checked by a HERS rater, and if those installations fail to meet the requirements of such quality assurance checking, the required corrective action and additional checking/testing of other installations in that HERS sample group will be performed at my expense.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- **I will ensure that a completed, signed copy of this Installation Certificate 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 Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.** I will ensure that all Installation Certificates will come from a HERS provider data registry for multiple orientation alternatives, and beginning October 1, 2010, for all low-rise residential buildings.

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	Responsible Person's Signature:	
CSLB License:	Date Signed:	Position With Company (Title):
Is this installation monitored by a Third Party Quality Control Program (TPQCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of TPQCP (if applicable):	