

Envelope – Insulation; Roofing; Fenestration

Site Address: _____

Enforcement Agency: _____

Permit Number: _____

If more than one person has responsibility for installation of the items on this certificate, each person shall prepare and sign a certificate applicable to the portion of construction for which they are responsible; alternatively, the person with chief responsibility for construction shall prepare and sign this certificate for the entire construction. All applicable Mandatory Measures with check boxes require to be checked to ensure the mandatory measures have been met.

Description of Insulation

1. RAISED FLOOR

Material: _____

Brand Name: _____

Thickness (inches): _____

Thermal Resistance (R-Value): _____

§150(d): Minimum R-13 insulation in raised wood-frame floor or equivalent U-factor.

2. SLAB FLOOR/PERIMETER

Material: _____

Brand Name: _____

Thickness (inches): _____

Thermal Resistance (R-Value): _____

Perimeter Insulation Depth (inches): _____

§150(l): Water absorption rate for the insulation material alone without facings is no greater than 0.3%; water vapor permeance rate is no greater than 2.0 perm/inch and shall be protected from physical damage and UV light deterioration.

3. EXTERIOR WALL

a. Insulation Type (e.x. Batt, Loose Fill, Spray Foam)

a. Thermal Resistance (R-Value): _____

b. Insulation Type (e.x. Batt, Loose Fill, Spray Foam)

b. Thermal Resistance (R-Value): _____

Brand: _____

Spray/Loose fill) Installed Actual Thickness (inches): _____

Spray/Loose fill) Contractor's min installed weight/ft² _____ lb

Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value)

§150(c): Minimum R-13 insulation in wood-frame wall or equivalent U-factor.

Exterior Foam Sheathing (rigid Insulation)

Material: _____

Brand Name: _____

Thickness (inches) : _____

Thermal Resistance (R-Value) : _____

4. FOUNDATION WALL

Material: _____

Brand Name: _____

Thickness (inches): _____

Thermal Resistance (R-Value): _____

5. CEILING

Batt or Blanket Type: _____

Brand Name: _____

Loose Fill Type: _____

Thermal Resistance (R-Value): _____

Spray Foam Type: _____

Brand Name: _____

Installed Actual Thickness (inches): _____

Contractor's min installed weight/ft² _____ lb

Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value):

§150(a): Minimum R-19 insulation in wood-frame ceiling or equivalent U-factor.

6. ATTIC ROOF INSULATION AND/OR ATTIC RADIANT BARRIER

Material: _____

Brand Name: _____

Material: _____

Brand Name: _____

Thickness (inches): _____

Thermal Resistance (R-Value): _____

§118(a): Insulation installed meets Standards for Insulating Material.

§150(g): Mandatory Vapor barrier installed in Climate Zones 14 or 16.

INSTALLATION CERTIFICATE

CF-6R-ENV-01

Envelope – Insulation; Roofing; Fenestration

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Site Address:	Enforcement Agency:	Permit Number:
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Description of Roofing Products

CRRC Product ID Number ¹	Manufacturer Information	Brand/Model	Product Type	Roof Area	Roof Slope	Product Weight ²	Initial Solar Reflectance	Aged Solar Reflectance ⁴	Thermal Emittance
								<input type="checkbox"/> ³	
								<input type="checkbox"/> ³	
								<input type="checkbox"/> ³	

1. The CRRC Product ID Number can be obtained from the Cool Roof Rating Council's Rated Product Directory at www.coolroofs.org/products/search.php
2. The weight in lbs per square feet of the roofing product being installed.
3. Check box if the Aged Reflectance is a calculated value using the equation below, footnote 4.
4. If the aged reflectance is not available in the Cool Roof Rating Council's Rated Product Directory then use the initial reflectance value from the directory and use the equation $(0.2 + 0.7(\rho_{initial} - 0.2))$ to obtain a calculated aged value.

CHECK APPLICABLE BOX BELOW IF EXEMPT FROM THE ROOFING PRODUCT "COOL ROOF" REQUIREMENT:

The roof area covered by building integrated photovoltaic panels and building integrated solar thermal panels are exempt from the above Cool Roof criteria.

Roof constructions that have thermal mass over the roof membrane with a weight of at least 25 lb/ft² is exempted from the above Cool Roof criteria.

To apply Liquid Field Applied Coatings, the coating must be applied with a minimum dry mil thickness of 20 mils across the entire roof surface and meet minimum performance requirements listed in §118(i)3 and Table 118-C. Select the applicable coating

Aluminum-Pigmented Asphalt Roof Coating Cement-Based Roof Coating Other _____

CRRC-1 Label Attached to CF-6R
 (Note if no CRRC-1 label is available, this compliance method cannot be used and another method is required to meet compliance).

FENESTRATION/GLAZING

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹	Product SHGC ¹	# of Panes	NFRC Certified ^{1,2}	Total Quantity of Like Product (Optional)	Area ft ²	Add. Exterior Shading Dev. or Overhang	Comments/ Location/ Special Features
1									
2									
3									
4									
5									
6									
7									
8									

1. Use values from a fenestration product's NFRC Certified Label. For fenestration products without an NFRC label, use the default values from Section 116, Table 116-A and 116-B of the 2008 Energy Efficiency Standards.
2. NFRC Label Certificates shall not be removed until the building inspector has verified the efficiency. Enter Yes or No.

- §116(a)1: Doors and windows between conditioned and unconditioned spaces designed to limit air leakage.
- §116(a)2 and 3: Actual fenestration products installed are equivalent to or have a lower U-factor and/or a lower SHGC than that specified on the Certificate of Compliance (Form CF-1R).
- §116(a)4: Fenestration products (except field-fabricated windows) have a label listing the certified U-Factor, certified Solar Heat Gain Coefficient (SHGC), and infiltration that meets the requirements of §10-111(a)
- §117: Exterior doors and windows weather-stripped; all joints and penetrations caulked and sealed.

INSTALLATION CERTIFICATE**CF-6R-ENV-01****Envelope – Insulation; Roofing; Fenestration****(Page 3 of 3)****Site Address:****Enforcement Agency:****Permit Number:****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 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.**

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):

INSTALLATION CERTIFICATE		CF-6R-ENV-20-HERS
Building Envelope Sealing		(Page 1 of 3)
Site Address:	Enforcement Agency:	Permit Number:

BUILDING ENVELOPE SEALING

Two methods are available to the installer for demonstrating compliance with the building envelope sealing requirement: 1) Rough Frame Inspection Checklist and Final Inspection Checklist, or 2) Building Envelope Leakage Diagnostic Test utilizing a blower door diagnostic test instrument. Note: HERS verification of the actual envelope leakage is required to be performed using the Building Envelope Leakage Test. In order to receive credit for the Building Envelope Sealing measure, the dwelling must comply with the HERS verification requirements. Completion of the Rough Frame Inspection Checklist and Final Inspection Checklist does not insure that the envelope will meet the requirements of the HERS verification procedure.

1a. Rough Frame Inspection Checklist

Sole Plate

- Entire sole plate of the home is either Rope caulk, foam gasket, or with caulking bead sealed.

Top Plate

- All electrical penetrations between conditioned and unconditioned spaces sealed with foam
- All piping penetrations between conditioned and unconditioned spaces sealed with foam

Ceiling

- Ceiling forms a continuous air barrier and any gaps or openings are filled with foam
- All recessed light fixtures in unconditioned space are IC (Insulation Contact) and AT (Air tight) rated and a gasket or sealing material is installed.
- All duct chases, fireplace chases, and double walls sealed air tight at the ceiling level. All gaps into shafts must be filled with foam or caulk.
- Openings around flue shafts fully sealed with solid blocking or flashing and any remaining gaps sealed with fire-rated caulk or sealant.
- Penetrations from wiring sealed with caulk or sealant

Floor Air Barrier

- All gaps in the raised floor between conditioned and unconditioned space (or to outside) filled with foam or caulk.
- All openings under a tub where the drain penetrates the floor sealed
- Garage band joist must be air tight at bays adjoining conditioned space

Walls

- All gaps around the windows caulked
- All gaps in exterior wall sheathing between conditioned and unconditioned space (or to outside) filled with foam or caulk
- All gaps in sheathing between conditioned space and the garage, attic, or covered patio filled with foam or caulk
- All other penetrations or cracks between conditioned and unconditioned space (the exterior of the home) sealed with foam or caulk

HVAC

Ensure that the following are sealed with an approved UL 181 mastic or tape:

Duct Work

- All register boot seams
- Return seams
- Return and supply collars
- Duct collars
- Duct board, T and Y seams

Furnace

- FAU seams
- FAU door
- Coil box is air tight including seams, condensate line, knockouts, and lineset.
- Supply and return plenums

INSTALLATION CERTIFICATE		CF-6R-ENV-20-HERS
Building Envelope Sealing		(Page 2 of 3)
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1b. Final Inspection Checklist

All gaps and penetrations in the drywall must be caulked or gasketed. All gaps and penetrations in the exterior sheathing must be caulked or gasketed. Some examples are:

Ceiling Penetrations

- All HVAC register boots are sealed to the drywall with caulking or tape
- All returns are sealed to the drywall
- All lighting fixtures are sealed to the drywall with a gasket, caulking or tape
- Any other penetrations to the drywall (for example fire sprinklers, whole house fans, surround sound speakers, ceiling outlet box etc.) are sealed with caulk or tape
- Attic access door is installed with weather stripping

Wall Penetrations

- All electrical outlets and switches are installed and sealed
- Any other penetrations to the drywall or exterior walls are sealed

General Inspections

- Flooring is installed
- Weather stripping is installed on doors and windows
- Exhaust fan dampers for kitchen and bath fans installed and working

HERS Provider: _____ Registration Number: _____ Registration Date: _____

INSTALLATION CERTIFICATE		CF-6R-ENV-20-HERS
Building Envelope Sealing		(Page 3 of 3)
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2. Building Envelope Leakage Test

Diagnostic Testing Results			
<i>CFM50_H = the measured airflow in cubic feet per minute (cfm) at 50 pascals for the dwelling with air distribution registers unsealed. SLA = 3.819 x (CFM50_H / Conditioned Floor Area in ft²) per Residential ACM Manual Equation R3-16</i>			
	Building Envelope Leakage <i>CFM50_H</i> as measured using a blower door diagnostic device	✓	✓
1.	Enter the blower door leakage target <i>CFM50_H</i> value for compliance from the CF-1R (cfm).		
2.	Enter the blower door leakage minimum <i>CFM50_H</i> value corresponding to 1.5 SLA from the CF-1R (cfm).		
3.	Enter the measured <i>CFM50_H</i> value from the blower door test (cfm)		
4.	The leakage test passes if the measured envelope leakage <i>CFM50_H</i> value from row is 3 less than or equal to the value required for compliance from row 1, otherwise the test fails. check/enter Pass or Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
5.	If measured <i>CFM50_H</i> from row 3 is less than the minimum <i>CFM50_H</i> value corresponding to 1.5 SLA from row 2: check/enter < 1.5 SLA, otherwise check/enter ≥1.5 SLA	<input type="checkbox"/> < 1.5 SLA*	<input type="checkbox"/> ≥1.5 SLA
<p>*Advisory note to builder and enforcement agency: If row 5 indicates "< 1.5 SLA", it is critical to ensure that combustion and solid-fuel burning appliances in the dwelling are provided with adequate combustion and ventilation air and vented in accordance with manufacturers' installation instructions and all applicable codes as specified by ASHRAE Standard 62.2 Section 6.4. Additional information about compliance with this requirement is given in Section 4.6.5 of the Residential Compliance Manual under the topic of Combustion and Solid-Fuel Burning Appliances.</p>			

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- 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):

HERS Provider: _____ Registration Number: _____ Registration Date: _____
 2008 Residential Compliance Forms August 2009

INSTALLATION CERTIFICATE		CF-6R-ENV-21-HERS
Quality Insulation Installation (QII) - Framing Stage Checklist		(Page 1 of 2)
Site Address:	Enforcement Agency:	Permit Number:

Quality Insulation Installation (QII) Framing Stage Checklist

Air barrier and preparation for insulation verification inspection must be done at framing stage before insulation is installed. If there are any "No" answers rows not filled out or signatures missing then this is not valid form and cannot be accepted by the building department or HERS rater. If spray foam is used, then an air barrier is not required and NA would be checked. QII credit not allowed if any steel framing or structural framing that are in the walls of a conditioned space.

✓ FLOOR AIR BARRIER			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	All gaps in the raised floor to unconditioned space or to outside larger than 1/8" filled with foam or caulk. (NA if SPF)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	All openings on a second floor including under a tub where the drain penetrates the floor are sealed
✓ WALLS AIR BARRIER			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	All gaps in wall exterior sheathing to unconditioned space or to outside larger than 1/8" filled with foam or caulk. (NA if SPF)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	No gaps in sheathing against the garage, attic, or covered patio. All gaps larger than 1/8" filled with foam or caulk. (NA if SPF)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	All gaps in Rim-joists in interior and exterior walls to the outside including holes drilled for electrical and plumbing larger than 1/8" filled with foam or caulk. (NA if SPF)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Rope caulk, foam gasket, or caulking bead around the entire sole plate of the home
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	All gaps around the windows are caulked or foamed (stuffing with fiberglass not acceptable)
✓ ATTIC INSPECTION			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Attic rulers appropriate to the material installed evenly throughout the attic to verify depth. (NA if SPF or batt)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Attic area (sqft) _____ ÷ 250 = _____ minimum number of rulers installed. Must round up. Number of rulers actually installed _____ (NA if SPF or batt)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	ALL rulers visible from attic access. (NA if SPF or batt)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Eave vents baffles installed at all eave vents to prevent air movement under or into insulation. (NA if SPF)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Area of eave vent baffle is the same or larger than the net free-ventilation area of the eave vent. (NA if SPF)
✓ CEILING AIR BARRIER			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	All draft stops in place to form a continuous ceiling air barrier no gaps larger than 1/8". (NA if SPF)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	All drops covered with hard covers. Gaps around or in the hard cover larger than 1/8" filled with foam or caulk. (NA if SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No		All recessed light fixtures in non conditioned space are IC rated and air tight (AT)
<input type="checkbox"/> Yes	<input type="checkbox"/> No		All recessed light fixtures are sealed with a gasket or caulk between the housing and the ceiling
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Openings around flue shafts fully sealed with solid blocking or flashing and any remaining gaps sealed with fire-rated caulk or sealant.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Piping shaft openings fully sealed and caulked
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Penetrations from wiring in interior walls, electrical boxes, fire alarms etc. sealed with caulk or sealant
<input type="checkbox"/> Yes	<input type="checkbox"/> No		All duct chases, fireplace chases, and double walls sealed air tight at the ceiling level. All gaps into shafts larger than 1/8" filled with foam or caulk. Special attention paid to ducts entering shafts from ceiling.

INSTALLATION CERTIFICATE		CF-6R-ENV-21-HERS
Quality Insulation Installation (QII) - Framing Stage Checklist		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

✓ GARAGE /CEILING AIR BARRIER FOR TWO STORIES (no conditioned space over garage)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Air barrier installed at joists in garage to house transition (between floors). No gaps larger than 1/8" allowed. Use of SPF satisfies the requirement to seal the gaps.
✓ GARAGE /CEILING AIR BARRIER FOR TWO STORIES (conditioned space over garage)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If insulation is to be installed at subfloor then subfloor has no gaps over 1/8". Air barrier installed at joists in garage to house transition (between floors). Use of SPF satisfies the requirement to seal the gaps.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If insulation is to be installed at ceiling of garage then ceiling and joists to the outside have no gaps over 1/8". (NA if SPF or no conditioned space over garage.)

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.
- All rows in this document have been checked and all answers are yes or NA
- 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):

INSTALLATION CERTIFICATE		CF-6R-ENV-22-HERS
Quality Insulation Installation (QII) - Insulation Stage Checklist		(Page 1 of 3)
Site Address:	Enforcement Agency:	Permit Number:

Overview – In order for batt and blown in insulation to work correctly the insulation must **fill** the wall cavity and touch the air barrier with no gaps or voids. Ceiling and raised floor batt and blown in insulation must not be compressed and have no gaps or voids. QII credit not allowed if any steel framing or structural framing that are in the walls of a **conditioned** space.

Insulation Stage Checklist ✓ FLOOR INSULATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end. (NA if floors slab on grade).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in full contact with the subfloor, NO gaps. (NA if floors are slab on grade).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with air barrier on all five sides. (ends, sides, back). NA if floors are slab on grade.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Batts cut to fit around wiring and plumbing, or split (delaminated). (NA if loose fill, SPF, or slab on grade).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Batt insulation has continuous support. (NA if loose fill, SPF, or slab on grade).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPF (Spray Polyurethane Foam Medium Density) insulation the average thickness is equal to or greater than that listed on the CF-1R and the minimum thickness shall be no more than ½ inch less than the required thickness for the R-value. (NA for other forms of insulation).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation R-value same or greater than listed on the CF-1R.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPF insulation properly adhered to avoid gaps and provide an air seal (NA for other forms of insulation).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For SPF list the required floor cavity R-value from CF-1R, R=_____
Yes	No	NA	List tested average depth of insulation (inches) ____ X 5.8 (R-value/inch for medium density SPF) = _____ (R-value). This is the installed R-value and must be equal to or greater than listed on CF-1R (NA for other forms of insulation).

✓ WALL INSULATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard depth cavities insulation fills cavity and touches air barrier on all six sides. (NA if SPF used and meets the required R-value).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All double walls and bump-outs, the insulation fills the cavity or additional air barrier installed so that the insulation fills the cavity. Insulation touches all six sides. (NA if SPF used and meets the required R-value).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behind tub/shower, walls under stairs, and fireplace, insulation touches air barrier on five sides. Not required to fill the space. Cavity required to be air tight.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BATTS , not a single void/depression deeper than ¾" in ANY stud bay. (NA if loose fill or SPF)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BATTS , voids/depressions less than 3/4" allowed as long as the area is not greater than 10% of the surface area for each stud bay. (NA if loose fill or SPF).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose Fill no gaps or voids of any depth allowed. (NA if batts or SPF).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPF insulation properly adhered to avoid gaps and provide an air seal (NA for other forms of insulation).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any gaps between studs or insulation larger than 1/8" must be filled with insulation or foam.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Rim-joists to the outside insulated.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special attention must be paid to corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All skylight shafts and attic kneewalls insulated with minimum R-19.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in full contact with drywall or wall finishes of skylight shafts and attic kneewalls.
Yes	No	NA	

INSTALLATION CERTIFICATE		CF-6R-ENV-22-HERS
Quality Insulation Installation (QII) - Insulation Stage Checklist		(Page 2 of 3)
Site Address:	Enforcement Agency:	Permit Number:

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Wall insulation same or better than what is listed on the CF-1R.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF list the required wall cavity R-value from CF-1R, R-____. List tested average depth of insulation (inch) ____ X 5.8 (R-value/inch for medium density SPF) = ____ (R-value) This is the installed R-value and must be equal to or greater than listed on CF-1R (NA for other forms of insulation)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF (Spray Polyurethane Foam Medium Density) insulation the average thickness is equal to or greater than that listed on the CF-1R and the minimum thickness shall be no more than ½ inch less than the required thickness for the R-value. (NA for other forms of insulation)

✓ CEILING INSULATION			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		BATTS there must not be a single gap/void/depression deeper than ¾". (NA if loose fill or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No		BATTS voids/depressions less than ¾" allowed as long as the area is not greater than 10% of the surface area for each stud bay. (NA if loose fill or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	NO gaps or voids allowed for loose fill and SPF. (NA if batts).
<input type="checkbox"/> Yes	<input type="checkbox"/> No		All ceiling insulation installed to uniformly fit the cavity side-to-side and end-to-end.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Insulation in full contact with the ceiling, NO gaps.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Insulation in contact with air barrier on all five sides.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Batts cut to fit around wiring and plumbing, or split (delaminated). (NA for loose fill or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Batts taller than the trusses must expand so that they touch each other over the trusses. (NA for loose fill or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF insulation properly adhered to avoid gaps and provide an air seal (NA for other forms of insulation)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation fully fills cavity below any plywood platform or cat-walk. If SPF used then minimum 3 inches. (NA if no platforms or cat-walks)
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Attic access gasketed
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Attic access insulated with rigid foam or batt insulation using adhesive or mechanical fastener. R-value same as ceiling R-value listed on CF-1R
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Recessed light fixtures covered full depth with insulation. If SPF used then other forms of insulation used to cover or enclosed in a box fabricated from ½-inch plywood, 18 ga. sheet metal, 1/4-inch hard board or drywall
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Roof insulation same or better than what is listed on the CF-1R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Loose Fill Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value for blown in insulation. (NA for batts or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Loose Fill Insulation uniformly covers the entire ceiling (or roof) area from outside of all exterior walls. (NA for batts or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value. Manufacturer's minimum required weight for the target R-value (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation. Manufacturer's minimum required settled thickness. Note: To receive compliance credit the HERS rater shall verify that the manufacturer's minimum weight and thickness has been achieved for the target R-value. (NA for batts or SPF).

INSTALLATION CERTIFICATE		CF-6R-ENV-22-HERS
Quality Insulation Installation (QII) - Insulation Stage Checklist		(Page 3 of 3)
Site Address:	Enforcement Agency:	Permit Number:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF list the required ceiling cavity R-value from CF-1R, R-_____. List tested average depth of insulation____ in X 5.8R = _____ R this is the installed R-value and must be equal to or greater than listed on CF-1R (NA for other forms of insulation)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF insulation must be covered with other forms of insulation or enclosed in a box fabricated from ½ inch plywood, 18 gauge metal, ¼ inch hard board or drywall. The exterior of the box may then be insulated with SPF.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF insulation the average thickness is equal to or greater than that listed on the CF-1R and the minimum thickness shall be no more than ½ inch less than the required thickness for the R-value. (NA for other forms of insulation)
✓ GARAGE ROOF/CEILING INSULATION FOR TWO STORIES (no conditioned space over garage)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation installed at joists against the air barrier in the garage to house transition. All wall insulation requirements above must be met. (NA if conditioned space over garage).
✓ GARAGE ROOF/CEILING INSULATION FOR TWO STORIES(conditioned space over garage)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If insulation is to be installed at subfloor then the insulation must also be installed at joists against the air barrier in the garage to house transition. All ceiling and wall insulation requirements above must be met. (NA if no conditioned space over garage).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If insulation is to be installed at ceiling of garage then the joists to the outside must be insulated and all the insulation requirements listed above must be met. (NA if no conditioned space over garage).

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 have read the High Quality Insulation Installation Procedures (Residential Appendix, RA3.5), understand these procedures, and understand that there are additional requirements than must be met than those listed on this CF-6R.
- All rows in this document have been checked and all answers are yes or NA
- 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 be checking the installation and that if such checking identifies defects, I am required to take corrective action at my expense. If the installation is part of a sample group for HERS verification, and the installation fails to meet the requirements of such quality assurance checking, additional checking/testing and repair of other installations in the HERS sample group will be required at my expense. I understand that the HERS provider, and Energy Commission representatives will also be performing checks of the installation on jobs not tested by the HERS rater.
- 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 on 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):

Residential Lighting

Site Address:	Enforcement Agency:	Permit Number:
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1. Kitchen Lighting

Does project include kitchen lighting?

<input type="checkbox"/> Yes, complete section 1 <input type="checkbox"/> No, go on to section 2	
<input type="checkbox"/> Yes §150(k)3: The wattage of permanently installed luminaires (lighting fixtures) has been determined as specified by §130(d).	
<input type="checkbox"/> Yes <input type="checkbox"/> No §150(k)3: In the kitchen, are there electrical boxes finished with a blank cover or where no electrical equipment has been installed, and where the electrical box can be used for a luminaire or a surface mounted ceiling fan? If yes, the following row must also be yes:	
<input type="checkbox"/> Yes <input type="checkbox"/> NA Wattage has been calculated as 180 watts of low efficacy lighting per blank electrical box.	

§150(k)8 Kitchen Lighting must comply with either method (a), (b), or (c) below:

(a) All high efficacy luminaires

<input type="checkbox"/> Yes, complies because only high efficacy luminaires have been installed in the kitchen.
<input type="checkbox"/> No, complies with method (b) or (c).

(b) ≥ 50% watts used by high efficacy luminaires

<input type="checkbox"/> Yes, complies because at least 50% of the installed watts are from permanently installed high efficacy luminaires as demonstrated in the table below: Total A ≥ Total B.
<input type="checkbox"/> No, complies with method (a) or (c).

Fill out the following table if complying with either method (b) or (c).

Table (b)

Luminaire Type	Efficacy		Watts	x	Quantity	=	High Efficacy Watts	or	Low Efficacy Watts
	High	Low							
	<input type="checkbox"/>	<input type="checkbox"/>		x		=		or	
	<input type="checkbox"/>	<input type="checkbox"/>		x		=		or	
	<input type="checkbox"/>	<input type="checkbox"/>		x		=		or	
	<input type="checkbox"/>	<input type="checkbox"/>		x		=		or	
	<input type="checkbox"/>	<input type="checkbox"/>		x		=		or	
Complies with method (b) if $A \geq B$							Total: A:	\geq	B:

(c) Additional Kitchen Low Efficacy Lighting

<input type="checkbox"/> Yes, complies because the kitchen lighting qualifies for additional low efficacy lighting and as demonstrated in table in (b) (above) and the table in (c) (below) that $(A + C) \geq B$
<input type="checkbox"/> No, complies with method (a) or (b).

Additional kitchen low efficacy lighting is available only if all of the following are true:

<input type="checkbox"/> Yes. All low efficacy luminaires in the kitchen are controlled by a vacancy sensor Dimmer energy management control system (EMCS) or a multi-scene programmable control system.
<input type="checkbox"/> Yes. Permanently installed luminaires in garages laundry rooms closets greater than 70 square feet and utility rooms are high efficacy luminaires AND are controlled by a vacancy sensor.

Table (c)

From the Table in (b)		Use 50 W for dwelling units $\leq 2,500 \text{ ft}^2$ Use 100 W for dwelling units $> 2,500 \text{ ft}^2$	Add	Yes/No ?
A	B	C	A + C	Is $(A+C) \geq B$?

2. Lighting Internal to Cabinets

Does project includes lighting internal to cabinets?

<input type="checkbox"/> Yes, complete section 2 <input type="checkbox"/> No, go on to section 3
<input type="checkbox"/> Yes, §150(k)9: Permanently installed lighting internal to cabinets uses ≤ 20 watts of power per linear foot of illuminated cabinet.

Residential Lighting

Site Address:

Enforcement Agency:

Permit Number:

3. Installed Devices and Components Have Been Certified to the Energy Commission

Does the project include any of the devices or components listed below? Yes, complete section 3 No, go on to section 4

Yes

§119 and §150(k)7(F): Any of the following devices and components which have been installed have been certified to the Energy Commission according to the applicable provisions of §119: All LED lighting systems that are classified as high efficacy, ballasts used in recessed luminaires, vacancy sensors (automatic off/manual on occupant sensors), dimmers, track lighting integral current limiters, and outdoor motion sensors.

4. Lighting Controls Complete section 4

Yes NA §150(k)7A: Permanently installed low efficacy luminaires are controlled by switches separate from those controlling high efficacy luminaires.

Yes NA §150(k)7B: Exhaust fans with integral lighting systems are switched separately from lighting systems, OR have a lighting system that can be manually turned on and off while allowing the fan to continue to operate for an extended period of time.

Yes NA §150(k)7C: All permanently installed luminaires are switched with readily accessible controls that permit the luminaires to be manually switched on and off.

Yes NA §150(k)7D: All lighting controls have been installed in accordance with the manufacturer's instructions.

Yes NA §150(k)7E: All lighting circuits that are controlled by more than one switch, where a dimmer or vacancy sensor has been installed to comply with §150(k), no controls bypass the dimmer or vacancy sensor functions.

5. Luminaires (Lighting Fixtures)

Does the project include the installation of any luminaires (indoor or outdoor)?

Yes, complete section 5 No, go on to section 6

Yes, high efficacy luminaire classification has been determined according to §150(k)1, and low efficacy luminaire classification has been determined according to §150(k)2.

Yes NA §150(k)4: Fluorescent lamps rated 13 watts or greater have an electronic ballasts having an output frequency no less than 20 kHz.

Yes NA §150(k)5: Permanently installed night lights, and night lights integral to permanently installed luminaires or exhaust fans, contain only high efficacy lamps meeting the minimum efficacies contained in Table 150-C and do not contain a line-voltage socket or line voltage lamp holder, OR the night light is rated to consume no more than 5 watts of power and does not contain a medium screw-base socket.

Yes NA §150(k)6: Lighting integral to exhaust fans, in rooms other than kitchens, meet the applicable requirements of §150(k).

Yes NA Any electrical box finished with a blank cover or where no electrical equipment has been installed, and where the electrical box can be used for a luminaire or a surface mounted ceiling fan, has been treated as low efficacy luminaires for compliance with §150(k).

Does the project include any luminaires that are recessed into insulated ceilings?

Yes, complete the rest of section 5 No, go on to section 6

Yes, §150(k)12: Luminaires that are recessed into insulated ceilings meet all of the following conditions:

Yes, are listed, as defined in §101, for zero clearance insulation contact (IC) by UL or other nationally recognized testing/rating laboratory, and

Yes, have labels that certify the luminaires are airtight with air leakage less than 2.0 CFM at 75 Pascals when tested in accordance with ASTM E283 (Exhaust fan housings are not required to be certified airtight), and

Yes, are sealed with a gasket or caulk between luminaire housings and the ceiling, and all air leak paths between conditioned and unconditioned spaces have been sealed with a gasket or caulk. (including all exhaust fan housings), and

Yes, allows ballast maintenance and replacement to be readily accessible to building occupants from below the ceiling without requiring the cutting of holes in the ceiling.

6. Indoor Lighting (any indoor room that is not a kitchen)

Does the project include permanently installed luminaires in any room that is not a kitchen?

Yes, complete section 6 No, go on to section 7

Yes NA §150(k)10: Permanently installed luminaires in bathrooms, garages, laundry rooms, closets > 70 ft², and utility rooms are high efficacy luminaires OR are controlled by a vacancy sensor.

Yes NA §150(k)11: Permanently installed luminaires located in rooms or areas other than in kitchens, bathrooms, garages, laundry rooms, closets, and utility rooms are high efficacy luminaires, OR are controlled by a dimmer switch OR are controlled by a vacancy sensor.

Residential Lighting

Site Address:	Enforcement Agency:	Permit Number:
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7. Outdoor Lighting

Does the project include any permanently installed outdoor lighting?

<input type="checkbox"/> Yes, complete section 7 <input type="checkbox"/> No, go on to section 8	
<input type="checkbox"/> Yes <input type="checkbox"/> NA	§150(k)13: Luminaires providing outdoor lighting, including outdoor lighting for private patios on low-rise residential buildings with four or more dwelling units, entrances, balconies, and porches, and which are permanently mounted to a residential building or to other buildings on the same lot are high efficacy luminaires OR are controlled by a manual on/off switch, plus a motion sensor not having an override or bypass switch that disables the motion sensor, plus one of the following three additional control methods:
	a. A photocontrol that does not have an override or bypass switch that disables the photocontrol; or
	b. An astronomical time clock not having an override or bypass switch that disables the astronomical time clock; or
	c. Energy management controls systems (EMCS) not having an override or bypass switch that allows the luminaire to be always on.
<input type="checkbox"/> Yes <input type="checkbox"/> NA	Exception 2: Low efficacy outdoor luminaires used to comply with Exception 1 to §150(k)13 are controlled by an override switch which temporarily bypasses the motion sensing function, and the motion sensor is automatically reactivated within six hours. The luminaire is controlled by a photocontrol, astronomical time clock, or EMCS as required by Exception 1 to §150(k)13.
<input type="checkbox"/> Yes <input type="checkbox"/> NA	Exception 3: There are permanently installed luminaires in or around swimming pools, water features, or other locations subject to Article 680 of the California Electric Code which do not need to be high efficacy luminaires.
<input type="checkbox"/> Yes <input type="checkbox"/> NA	§150(k)14: Internally illuminated address signs comply with §148, OR do not contain a screw-base socket and consume no more than 5 watts of power as determined according to §130(d).
<input type="checkbox"/> Yes <input type="checkbox"/> NA	§150(k)15 Lighting for parking lots and carports with a total of 8 or more vehicles per site have lighting that complies with §130,132, 134, and 147. Lighting for parking garages for 8 or more vehicles comply with §130, 131, 134, and 146. If yes, the Nonresidential compliance forms must be submitted

8. Common areas of low-rise residential buildings

Does the project include the installation of any luminaires in common areas of low-rise residential buildings?

<input type="checkbox"/> Yes, complete section 8 <input type="checkbox"/> No, go on to section 9	
<input type="checkbox"/> Yes	§150(k)16: Permanently installed lighting in the enclosed, non-dwelling spaces of low-rise residential buildings with four or more dwelling units shall be high efficacy luminaires OR are controlled by occupant sensor(s) certified to comply with §119(d).

DECLARATION STATEMENT

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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):

INSTALLATION CERTIFICATE		CF-6R-MECH-01
Domestic Hot Water (DHW)		(Page 1 of 2)
Site Address:	Enforcement Agency:	Permit Number:

1. WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) ¹	Tank Volume (gallons)	Efficiency (EF, RE) ¹	Standby Loss (%) ¹

*Note 1: For **small gas storage** (rated input less than or equal to 75,000 Btu/hr), **electric resistance** and **heat pump water heaters**, list Energy Factor (EF). For **large gas storage water heaters** (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency (RE), Thermal Efficiency, Standby Loss and Rated Input. For **instantaneous gas water heaters**, list the Thermal Efficiency and Rated Input.*

2. Mandatory Measures

TO COMPLY - ALL BOXES MUST BE CHECKED

§110-§113: Water heaters, showerhead and faucets are certified by the California Energy Commission.

§150(j): Water System Pipe and Tank Insulation. And Cooling Line Insulation

1. Storage tank insulation

- A. Storage gas water heaters rated with an Energy Factor no greater than the federal minimal standard are externally wrapped with insulation having an installed thermal resistance of R-12 or greater; and
- B. Unfired storage tanks or other indirect hot water tanks have R-12 external insulation or R-16 internal insulation where the internal insulation R-value is indicated on the exterior of the tank.

2. Water piping and cooling system line insulation thickness and conductivity

- First 5 feet of hot and cold water pipes closest to water heater tank, non-recirculating systems, and entire length of recirculating sections of hot water pipes are insulated per Standards Table 150-B; and
- Pipe insulation for steam hydronic heating systems or hot water systems >15 psi, meets the requirements of Standards Table 123-A.
- Insulation is protected from damage, including that due to sunlight, moisture, equipment maintenance, and wind.

§151(f)8D: If indicated on the CF-1R, all hot water piping that runs from the hot water source to the kitchen fixtures is insulated per Standards Table 150-B.

INSTALLATION CERTIFICATE		CF-6R-MECH-01
Domestic Hot Water (DHW)		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

3. Central Water Heating in Buildings with Multiple Dwelling Units (required for prescriptive)

TO COMPLY - ALL BOXES MUST BE CHECKED

- All hot water piping in main circulating loop is insulated to requirements of §150(j)
- Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
- Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

DECLARATION STATEMENT

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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):

INSTALLATION CERTIFICATE		CF-6R-MECH-02
Solar Domestic Hot Water Systems (SDHW)		(Page 1 of 1)
Site Address:	Enforcement Agency:	Permit Number:

SOLAR HOT WATER HEATING SYSTEMS:

SRCC Certified Mfr Name & Model Number	Net Solar Fraction (from attached CEC F-Chart)	# of Collectors in System	Collector Size	Solar Tank Volume (gallons)

- §150(j)1B: Backup storage tanks for solar water-heating systems have R-12 external insulation or R-16 internal insulation where the internal insulation R-value indicated on the exterior of the tank.
- §150(j)2A: All solar piping shall be insulated.
- §150(j)4: Solar water-heating system and/or/collectors are certified by the Solar Rating and Certification Corporation.
- Solar water-heating systems storage is no less than the value used in the attached solar calculation sheet,
- Solar water-heating systems shall be installed at a slope equal to a pitch between 2-12 to 6-12.
- A solar water-heating system is installed at an orientation equal to value used in the attached solar calculation sheet, or within 45 degrees of true south.

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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):

INSTALLATION CERTIFICATE		CF-6R-MECH-03
Pool And Spa Heating Systems		(Page 1 of 2)
Site Address:	Enforcement Agency:	Permit Number:

Pool and Spa Heating Systems requirements

§114(a): Systems and Equipment.

- 1. Heater has a thermal efficiency that complies with the Appliance Efficiency Regulations.
- 2. Has a readily accessible on-off switch mounted outside of the heater.
- 3. Weatherproof plate or card containing operating instructions for the pool or spa heater.
- 4. No electric resistance heating except for listed package units that has fully insulated enclosures and tight fitting covers that are insulated to at least R-6. Or if documentation is provided that at least 60 % of the annual heating energy is from site solar energy or recovered energy.
- 5. Heating system has no pilot light.

§114(b): Installation.

- 1. System is installed with at least 36" of pipe between the filter and heater, or dedicated suction and return lines, or built-in or built-up connections for future solar heating.
- 2. A cover for outdoor pools or spas that have a heat pump or gas heater.
- 3. Pool system has directional inlets to adequately mix the pool water
- 4. Time switch which will allow the pump to be set or programmed to run during off-peak periods only

§150(p) Pump Sizing and flow rate specification

- 1. The pump specified is listed in the CEC database of certified pool pumps.
- 2. The pump flow rate shall be calculated based on pool sizing table below.
- 3. The pump is capable of operating at 2 or more speeds (not applicable if pump is less than 1 horsepower).
- 4. Each auxiliary pool load is served by either a separate pump, or the system is served by a multi-speed pump.

Pool sizing (Values are based on a maximum allowable turnover rate of 6- hours)

Max Pool Volume (gallons)	Min Pipe D or Greater (inches)		Min Filter Area or more (square feet)			Max Pump Flow (gpm)
	Return	Suction	Cartridge	Sand	DE	
13,000	1.5	1.5	100	2.4	20	36
17,000	1.5	2	130	3.1	25	47
21,000	2	2	160	3.9	30	58
28,000	2	2.5	210	5.2	40	78
42,000	2.5	3	320	7.8	60	117
48,000	3	3	360	8.9	70	133

Note: For pumps greater than 1 hp. The maximum Pump Flow is the lowest speed default filtration

- 5. Calculated volume of pool _____ (gallons).
- 6. Return Pipe Diameter _____ (inches).
- 7. Suction Pipe Diameter _____ (inches).
- 8. Filter Type _____ (Cartridge, Sand, DE).
- 9. Filter Surface Area _____ (sf).
- 10. Max Pump Flow _____ (gpm).

INSTALLATION CERTIFICATE		CF-6R-MECH-03
Pool And Spa Heating Systems		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

System Piping

- 1. The suction side pipe is straight for at least 4 pipe diameters before entering the pump (See table below for the required straight run lengths for various pipe sizes).
- 2. The design uses low pressure drop fittings (sweep90's)

Pipe Diameter (inch)	Required Pipe Length leading into pump (inch)
1.5	6
2	8
2.5	10
3	12

Filtration Equipment

- 1. If a backwash valve is used: The diameter of the backwash multi-port valve is 2 inches or as large as the circulation pipe, whichever is greater

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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):

Site Address:	Enforcement Agency:	Permit Number:
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Space Conditioning Systems

Heating Equipment

Equip Type (package-heat pump)	CEC Certified Mfr. Name and Model Number	ARI Reference Number ²	# of Identical Systems	Efficiency (AFUE, etc.) ^{1,3} (≥CF-1R value) ⁴	Duct Location (attic, crawl-space, etc.)	Duct R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip Type (package heat pump)	CEC Certified Mfr. Name and Model Number	ARI Reference Number ²	# of Identical Systems	Efficiency (SEER and EER) ^{1,3} (≥CF-1R value) ⁴	Duct Location (attic, crawl-space, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. If project is new construction, see Footnotes to Standards Table 151-B and Table 151-C for duct ceiling alternative compliance.
2. ARI Reference Number can be found by entering the equipment model number at <http://www.aridirectory.org/ari/ac.php#>
3. Listed efficiency on this page must be greater than or equal (≥) to the value shown on the CF-1R form.
4. When CF-1R is reference it is also applicable to the CF-1R, CF-1R-AA or CF-1R-ALT

ALL BOXES MUST BE CHECKED TO BE A VALID FORM

- §110-§113: HVAC equipment is certified by the California Energy Commission.
- §150(h): Heating and/or cooling loads calculated in accordance with ASHRAE, SMACNA, or ACCA.
- §150(i): Setback Thermostat on all applicable heating and/or cooling systems meet the requirements of §112(c).
- §150(j)2: Pipe insulation for cooling system refrigerant suction, chilled water and brine lines meets minimum requirements of Table 150-B and includes a vapor retardant or is enclosed entirely in conditioned space.

INSTALLATION CERTIFICATE		CF-6R-MECH-04
Space Conditioning Systems, Ducts and Fans		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

Ducts and Fans

§150(m): Duct and Fans

- 1. All air-distribution system ducts and plenums installed, sealed and insulated to meet the requirements of CMC Sections 601, 602, 603, 604, 605 and Standard 6-5; supply-air and return-air ducts and plenums are insulated to a minimum installed level of R-4.2 or enclosed entirely in conditioned space. Openings shall be sealed with mastic, tape or other duct-closure system that meets the applicable requirements of UL 181, UL 181A, or UL 181B or aerosol sealant that meets the requirements of UL 723. If mastic or tape is used to seal openings greater than 1/4 inch, the combination of mastic and either mesh or tape shall be used; and
- 1. Building cavities, support platforms for air handlers, and plenums defined or constructed with materials other than sealed sheet metal, duct board or flexible duct shall not be used for conveying conditioned air. Building cavities and support platforms may contain ducts. Ducts installed in cavities and support platforms shall not be compressed to cause reductions in the cross-sectional area of the ducts.
- 2D. Joints and seams of duct systems and their components shall not be sealed with cloth back rubber adhesive duct tapes unless such tape is used in combination with mastic and draw bands.
- 7. Exhaust fan systems have back draft or automatic dampers.
- 8. Gravity ventilating systems serving conditioned space have either automatic or readily accessible, manually operated dampers.
- 9. Protection of Insulation. Insulation shall be protected from damage, including that due to sunlight, moisture, equipment maintenance, and wind. Cellular foam insulation shall be protected as above or painted with a coating that is water retardant and provides shielding from solar radiation that can cause degradation of the material.
- 10. Flexible ducts cannot have porous inner cores.

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 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.**

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):

Site Address:	Enforcement Agency:	Permit Number:
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Ventilation for Indoor Air Quality (IAQ): All dwelling units shall meet the requirements of ANSI/ASHRAE standard 62.2. Ref: Title 24 Part 6 Section 150(o). Equation and table numbering on this CF-6R corresponds to the numbering for that information in the published ASHRAE Standard 62.2.

WHOLE-BUILDING VENTILATION

Ventilation Rate: A mechanical supply system, exhaust system, or combination thereof shall provide whole-building ventilation with outdoor air each hour at no less than the rate in equation 4.1a. For dwelling occupant densities known to be greater than ($N_{br} + 1$), the rate shall be increased by 7.5 cfm for each additional person.

(Eq. 4.1a) $Q_{fan} = 0.01A_{floor} + 7.5(N_{br} + 1)$

Where:
 A_{floor} = conditioned floor area, ft²
 N_{br} = number of bedrooms; not to be less than one
 Q_{fan} = ventilation air requirement = fan flow rate, (cfm)

Enter Eq 4.1a Calculation:
 A_{floor} =
 N_{br} =
 Q_{fan} =

Delivered Ventilation: The effective ventilation rate of an **intermittent** system is the combination of its delivered capacity, its fractional on-time, cycle time, and the ventilation effectiveness from Table 4.2. This calculation only applies to intermittent systems.

(Eq. 4.2) $Q_f = Q_r / (\epsilon f)$

Where:
 Q_r = ventilation air requirement from Eq. 4.1a (above)
 f = daily fractional on-time, (%)
 ϵ = ventilation effectiveness (from Table 4.2)
 Q_f = fan flow rate during the on-cycle (cfm)

Enter Eq 4.2 Calculation (if applicable).
 Q_r =
 f =
 ϵ =
 Q_f =

Table 4.2 – Ventilation Effectiveness for Intermittent Fans	
Daily Fractional On-Time, f	Ventilation effectiveness, ϵ
$f \leq 35\%$	0.33
$35\% \leq f < 60\%$	0.50
$60\% \leq f < 80\%$	0.75
$80\% \leq f$	1.0
Fan runs at least once every three hours	1.0

Whole-Building Ventilation Rate Summary

Select the method used to provide Whole-Building Ventilation and enter the required fan flow rate (cfm). Select one:

Continuous fan flow (cfm) = _____

Intermittent fan flow (cfm) = _____

Use the fan flow rate from this summary for selection of the whole-building ventilation fan and for the duct design for the whole-building ventilation system. Provide the system design information in applicable sections below.

LOCAL VENTILATION EXHAUST

Local mechanical exhaust fans shall be installed in each kitchen and bathroom. The minimum airflow rates shall be at least the amount indicated in tables 5.1 and 5.2.

Table 5.1 Intermittent Local Ventilation Exhaust Airflow Rates			Table 5.2 Continuous Local Ventilation Exhaust Airflow Rates		
Application	Airflow	Notes	Application	Airflow	Notes
Kitchen	100 cfm	Vented range hood required if exhaust fan flow is less than 5 ACH	Kitchen	5 ACH	Based on Kitchen Volume
Bathroom	50 cfm		Bathroom	20 cfm	

INSTALLATION CERTIFICATE		CF-6R-MECH-05
Indoor Air Quality and Mechanical Ventilation		(Page 2 of 5)
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VENTILATION SYSTEM DESIGN – Fan selection and duct design criteria for compliance

The airflow rates required refer to the delivered airflow of the system as installed and tested using a flow hood, flow grid, or other airflow measuring device. Alternatively, the airflow rating at a pressure of 0.25 in. w.c. of a certified fan may be used to demonstrate compliance without testing of the airflow of the installed system, provided the system duct sizing meets the prescriptive requirements of Table 7.1, or manufacturer's design criteria. Other methods may be used to provide the required ventilation rates when approved by a licensed design professional, subject to confirmation of delivered ventilation airflow of the installed system. Central Fan Integrated (CFI) ventilation systems shall demonstrate compliance by field testing of the delivered ventilation airflow of the installed system.

WHOLE-BUILDING VENTILATION SYSTEM DESIGN - Identify the ventilation system design criteria		
(select one criteria from this column)	Requirements for installer to demonstrate compliance with code	Airflow Test Required?
<input type="checkbox"/> Prescriptive design (Table 7.1)	Enter the installed ventilation air-moving equipment information and the installed ventilation duct system information in the tables below, and certify on the CF-6R that the installed system conforms to the Table 7.1 prescriptive design criteria.	no
<input type="checkbox"/> Central Fan Integrated (CFI)	Central forced air system fans used in Central Fan Integrated ventilation systems shall demonstrate, in air distribution mode, a watt draw less than 0.58 W/CFM per Standards §151(f)11. Submit a CF-6R-MECH-22-HERS form for each forced air unit used for a CFI system. HERS verification is required.	yes
<input type="checkbox"/> Engineered Design	Enter the installed ventilation air-moving equipment information and the installed ventilation duct system information in the tables below, and certify on the CF-6R that the installed system conforms to the engineered ventilation system design approved by the enforcement agency.	yes
<input type="checkbox"/> Manufacturer's design criteria	Enter the installed ventilation air-moving equipment information and the installed ventilation duct system information in the tables below, and certify on the CF-6R that the installed system conforms to the manufacturer's ventilation system duct design criteria.	no

LOCAL VENTILATION SYSTEM DESIGN - Identify the ventilation system design criteria		
(select one criteria from this column)	Requirements for installer to demonstrate compliance with code	Airflow Test Required?
<input type="checkbox"/> Prescriptive design (Table 7.1)	Enter the installed ventilation air-moving equipment information and the installed ventilation duct system information in the tables below, and certify on the CF-6R that the installed system conforms to the Table 7.1 prescriptive design criteria.	no
<input type="checkbox"/> Engineered Design	Enter the installed ventilation air-moving equipment information and the installed ventilation duct system information in the tables below, and certify on the CF-6R that the installed system conforms to the engineered ventilation system design approved by the enforcement agency.	yes
<input type="checkbox"/> Manufacturer's design criteria	Enter the installed ventilation air-moving equipment information and the installed ventilation duct system information in the tables below, and certify on the CF-6R that the installed system conforms to the manufacturer's ventilation system duct design criteria.	no

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Table 7.1 Prescriptive Duct Sizing Requirements

Diameter, (in)	Flex Duct				Smooth Duct			
Fan Rating cfm @ 0.25 in. w.g.	50	80	100	125	50	80	100	125
	Maximum Allowable Duct Length (ft)							
Diameter, (in)	Flex Duct				Smooth Duct			
3	X	X	X	X	5	X	X	X
4	70	3	X	X	105	35	5	X
5	NL	70	35	20	NL	135	85	55
6	NL	NL	125	95	NL	NL	NL	145
7 and above	NL	NL	NL	NL	NL	NL	NL	NL

This table assumes no elbows. Deduct 15 ft of allowable duct length for each turn, elbow, or fitting. Interpolation and extrapolation in Table 7.1 is not allowed. For airflow values not listed, use the next higher value. This table is not applicable for airflow > 125 cfm. NL = no limit on duct length of this size. X = not allowed, any length of duct of this size with assumed turns, elbows, fittings will exceed the rated pressure drop.

INSTALLED VENTILATION AIR-MOVING EQUIPMENT INFORMATION

Ventilation devices and equipment shall be tested and rated by HVI procedures for airflow and sound. Sound rating maximum is 1.0 sone for all continuous duty fans; 1.0 sone for intermittent duty whole-building fans; and 3.0 sone for intermittent duty local exhaust fans. Refer to the Residential Compliance Manual section 4.6 for information about exclusions to these sound rating requirements. In the table below, list the fan equipment installed that meets the requirement for whole-building ventilation and local ventilation exhaust.

Fan or System Name or Location ¹	System Type ² (WBV or LVE)	Required Airflow ³ (CFM)	Fan Manufacturer Name ⁴	Fan Model Number ⁵	Certified Airflow ⁶ (CFM)	Sound Rating ⁷ (Sone)	Fan Watts ⁸	Fan Power Ratio (Watt per CFM) ⁹

1) Enter the Fan or System Identification Name or Location Name or System Identifier (e.g. "Bath02" "MastBath", "Kitchen01").
 2) What type of ventilation requirement is the fan specified to meet? WBV (whole-building ventilation) or LVE (local ventilation exhaust).
 3) Enter the required ventilation airflow values determined by the calculations or tables in the WHOLE-BUILDING VENTILATION and/or LOCAL VENTILATION EXHAUST sections at the beginning of this Installation Certificate (CFM). At least one fan must be designated for use for compliance with the "Whole-Building Ventilation" requirement.
 4) Enter the fan manufacture's name.
 5) Enter the fan model number or series number.
 6) Enter the fan's Certified Airflow rating at 0.25 inch w.c. (CFM). Fans rated at less than 0.25 inch w.c. (e.g. 0.1 inch w.c.) cannot be used to comply with the ventilation requirements using the prescriptive design criteria in Table 7.1. This certified airflow rating value must be equal to or greater than the required airflow from column 3 of this table when demonstrating compliance using Table 7.1.
 7) Enter the fan's certified sound rating (Sone)
 8) Enter the fan watt draw
 9) Divide the Watt value from column 8 by the Certified Airflow value (CFM) from column 6. For dwellings utilizing the performance energy compliance method, for standalone whole-building ventilation systems (does not apply to local ventilation exhaust fans), the fan power ratio must be less than or equal to the fan power ratio value reported on the Performance CF-IR.

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INSTALLED VENTILATION DUCT SYSTEM INFORMATION

Airflows required by the standard refer to delivered airflow of the installed system as determined by testing with a flow hood, flow grid, or other measuring device. Alternatively, the installed equipment's HVI airflow rating at a pressure of 0.25 inch w.c. may be used, provided the system can be inspected to confirm the duct sizing meets the prescriptive requirements of Table 7.1, or manufacturer's duct design criteria.

Fan or System Name or Location ¹	Compliance Method ² (T; P; or M)	Required Airflow ³ (CFM)	Airflow Test ⁴ (CFM)	Duct Type ⁵	Number of Elbows and Fittings ⁶	Actual Duct Length ⁷ (ft)	Allowable Duct Length ⁸ (ft)	Pass or Fail ⁹

1. Enter the Fan or System Identification Name, or Location Name, or System Identifier. These should be the same identifiers as shown in the INSTALLED VENTILATION AIR-MOVING EQUIPMENT INFORMATION table column 1 above.
2. Enter the method for demonstrating compliance with the ventilation airflow requirements. Enter "T" for Tested; "P" for Prescriptive Table 7.1 design criteria (inspection); "M" for Manufacturer's duct design criteria (inspection). Note: the building official may require submittal of manufacturer's published design criteria documentation if compliance is to be demonstrated by inspection of the installation for conformance to manufacturer's design criteria.
3. Enter the required ventilation airflow values determined by the calculations or tables in the WHOLE-BUILDING VENTILATION and/or LOCAL VENTILATION EXHAUST sections at the beginning of this Installation Certificate (CFM). These should be the same airflow values that were entered for each corresponding fan in column 3 of the INSTALLED VENTILATION AIR-MOVING EQUIPMENT INFORMATION table above.
4. If complying by a method that requires an Airflow Test of the installed system, enter the result from the Airflow Test for the installed system (CFM).
5. Enter duct type for the installed system. Choices are "Flex" or "Smooth" if using Table 7.1 for compliance.
6. Enter total number of elbows or fittings or abrupt turns in the ventilation duct for the installed system.
7. Enter the installed system's actual total duct length (ft).
8. If complying by use of the prescriptive design criteria or manufacturer's design criteria, enter the Maximum Allowable Duct Length (ft) for the system as determined by Table 7.1 or manufacturer's duct design criteria.
9. If complying by airflow test, the system passes if the Tested Airflow⁴ equals or exceeds the Required Airflow³. If complying by demonstrating conformance to prescriptive design criteria or manufacturer's design criteria, the system passes if actual total duct length from column 7 is less than the maximum allowed length from column 8. Enter: Pass or Fail

INSTALLATION CERTIFICATE		CF-6R-MECH-05
Indoor Air Quality and Mechanical Ventilation		(Page 5 of 5)
Site Address:	Enforcement Agency:	Permit Number:

OTHER REQUIREMENTS

The items listed below (6.1 through 6.8) correspond to the information given in ASHRAE 62.2 Section 6 "Other Requirements". Refer also to Chapter 4.6 of the Residential Compliance Manual (Section 4.6.5) for information describing these "Other Requirements". The signature of the Responsible Person in the declaration statement below certifies that the building complies with these requirements specified in ASHRAE 62.2 Section 6.1 through 6.8 if applicable.

- 6.1 Transfer Air
- 6.2 Instructions and Labeling
- 6.3 Cloths Dryers
- 6.4 Combustion and solid-fuel burning appliances
- 6.5 Garages
- 6.6 Ventilation Opening Area
- 6.7 Minimum filtration
- 6.8 Air Inlets

- Prescriptive Designs: For ventilation systems that utilize *prescriptive design* criteria, the signature of the Responsible Person in the declaration statement below certifies that the installed system conforms to the prescriptive ventilation system design criteria from Table 7.1 of Standard 62.2 and manufacturer's installation specifications.
- Engineered Designs: For ventilation systems that utilize *engineered design* criteria, the signature of the Responsible Person in the declaration statement below certifies that the installed system conforms to the engineered ventilation system design documentation approved by the enforcement agency.
- Manufacturer's design criteria: For ventilation systems that utilize *manufacturer's design criteria*, the signature of the Responsible Person in the declaration statement below certifies that the installed system conforms to the manufacturer's published duct system design criteria and installation specifications.

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 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.**

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):

Site Address:	Enforcement Agency:	Permit Number:
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HVAC SYSTEMS: *Evaporatively Cooled Condensing Units*

CEC Certified Mfr. Name and Model Number	# of Identical Systems	EER _a	EER _b	Duct Location (attic, etc.)	Duct R- value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

EER_a = EER at 75° F wetbulb and 95° F dry bulb;

EER_b = EER at 65° F wetbulb and 82° F dry bulb

The system complies with all eligibility criteria:		YES	NO
1	EER at 95° F dry bulb and 75° F wet bulb temperature is listed with ARI	<input type="checkbox"/>	<input type="checkbox"/>
2	EER at 82° F dry bulb and 65° F wet bulb temperature is submitted to ARI and published in accordance with ARI guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
Pass if: Yes in lines 1-5		<input type="checkbox"/>	<input type="checkbox"/>

The system complies with all eligibility criteria:		YES	NO
1	Water stays in the water casing.	<input type="checkbox"/>	<input type="checkbox"/>
2	Water pump starts running when the system is turned on.	<input type="checkbox"/>	<input type="checkbox"/>
3	When the water pump is running, verify that all the condenser coils are wet.	<input type="checkbox"/>	<input type="checkbox"/>
4	High pressure trip for the compressor is set (per manufacturer's documents) at or below 300 psig for R22 Refrigerant and at or below the saturation pressure corresponding to a temperature of 131 ⁰ F for all other refrigerants.	<input type="checkbox"/>	<input type="checkbox"/>
5	When the water supply to the water casing is turned off and the casing is drained, the water pump (if the pump is water cooled) and the compressor trip off.	<input type="checkbox"/>	<input type="checkbox"/>
6	Condenser coils have a corrosion-resistant coating.	<input type="checkbox"/>	<input type="checkbox"/>
7	Electrolytic protection is installed, and the wiring of the protection circuit is intact.	<input type="checkbox"/>	<input type="checkbox"/>
8	Water casing is made up of corrosion-resistant material.	<input type="checkbox"/>	<input type="checkbox"/>
9	A blow-down pump is installed for periodic blow-down in order to remove solids from the water casing. Operation of this pump is automatic and is linked to compressor run time or conductivity of the water in the casing.	<input type="checkbox"/>	<input type="checkbox"/>
10	Water casing is sloped downward toward the blow-down pump location.	<input type="checkbox"/>	<input type="checkbox"/>
11	Drift elimination is in place, there is not a mist of water exiting with the exhaust air.	<input type="checkbox"/>	<input type="checkbox"/>
12	Verify that condensate from the cooling coils is routed to water casing unless a document is submitted to the Building Department showing that doing so is not practical due to availability of space, health, or safety concerns.	<input type="checkbox"/>	<input type="checkbox"/>

INSTALLATION CERTIFICATE		CF-6R-MECH-06
Evaporatively Cooled Condensing Units		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

13	Condenser has manufacturer's certification that water consumption is less than or equal to 5.0 gallons per ton-hour of capacity at ARI Rating conditions.	<input type="checkbox"/>	<input type="checkbox"/>
14	Water connection is made with tubing not more than 1/4" ID at the unit. Larger line may come up to the connection.	<input type="checkbox"/>	<input type="checkbox"/>
15	Overflow from the unit is not connected directly to the sewer drain (so that in the event of a water float failure, an overflow condition can be more easily detected) or another means of determining an overflow condition is provided.	<input type="checkbox"/>	<input type="checkbox"/>
Pass if: Yes in lines 1-15		<input type="checkbox"/>	<input type="checkbox"/>

- EER for evaporatively cooled condensers must be verified by a HERS rater.
- Ducts are required to be tested and sealed in all evaporatively cooled condenser installations, and the duct sealing must be verified by a HERS rater.
- Proper refrigerant charge or a Charge Indicator Light (certified by the Energy Commission) must be verified by a HERS rater for all evaporatively cooled condenser installations.

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 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.
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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):

INSTALLATION CERTIFICATE		CF-6R-MECH-07
Evaporative Coolers		(Page 1 of 2)
Site Address:	Enforcement Agency:	Permit Number:

Evaporative Cooler Units

CEC Certified Mfr. Name and Model Number	# of Identical Systems	EER	Duct Location (attic, etc.)	Duct R-value	Total Power (watts)
		13			
		13			
		13			
		13			

The system complies with all eligibility criteria:		<input type="checkbox"/> System Qualifies	
1	The equipment manufacturer shall certify to the Commission that water use does not exceed 7.5 gallons per ton hour based on the Title 20 Appliance Standards testing criteria.	✓	✓
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Equipment shall be permanently installed (no window or portable units).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Installation shall provide for automatic relief of supply air from the house with maximum air velocity through the relief dampers not exceeding 800 fpm (at the Title 20 rated airflow). Pressure relief dampers and ductwork shall be distributed to provide adequate airflow through all habitable rooms. For installations with an attic, ceiling dampers shall be installed to relieve air into the attic, and then to outside through attic vents. For installations without an attic, sidewall relief dampers are acceptable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	To minimize water consumption, bleed systems are not allowed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	A water quality management system (either “pump down” or conductivity sensor) is required. “Pump down” systems can either be integral to the evaporative cooler or they can be accessories that operate on a timed interval. The time interval between dumps shall be set to a minimum of six hours of cooler operation. Longer intervals are encouraged if local water quality allows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Automatic thermostats are required. On/off control is not allowed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	If the evaporative cooler duct system is shared with a heating and/or cooling system, the installed duct system shall employ backdraft dampers at the evaporative cooler supply.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	The installing contractor must provide a winter closure device that substantially blocks outdoor air from entering the indoor space.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	The size of the water inlet connection at the evaporative cooler shall not exceed 3/8”.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Unless prohibited by local code, the sump overflow line shall not be directly connected to a drain and shall be terminated in a location that is normally visible to the building occupants.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INSTALLATION CERTIFICATE		CF-6R-MECH-07
Evaporative Coolers		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

11	System type is either indirect or direct/indirect Note: direct evaporative coolers cannot be used as part of the evaporative cooling compliance option. (Circle witch type)	indirect	direct/ indirect
	Pass if: Yes in lines 1-	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

DECLARATION STATEMENT

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- 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.
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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):

Site Address:	Enforcement Agency:	Permit Number:
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Ice Storage Air Conditioning (ISAC) Units

Enter the specification information from the CEC database for the installed condensing unit and for the installed system components in the table below.

Name and Model Number ¹	# of Identical Systems	SEER ¹	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

The system complies with all eligibility criteria:	<input type="checkbox"/> System Qualifies	
The model number of the installed unit matches the model number used for compliance credit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The system complies with all eligibility criteria:		<input type="checkbox"/> System Qualifies	
1	Verify that building cooling is controlled by a standard indoor HVAC thermostat and not by factory installed controls.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Verify that ice Making is not controlled by the thermostat.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Verify that the water tank is filled to the proper level as specified by the manufacturer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Verify that the correct model number (as indicated in compliance documents including) time is installed. Certify the installed model number on the CF-1R.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Force the controls to indicate no demand for cooling, set the time to be within the nighttime time period and simulate that the tank is not full with ice. Verify that the system operates properly in the Ice-Making mode (i.e., it starts charging the tank and does not provide cooling to the building).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Force the controls to indicate no demand for cooling, set the time to be within the nighttime time period, and simulate the tank being full of ice. Verify that the system is operates properly in the Idle mode (i.e., the compressor is off, and no cooling via the system is provided).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Force the controls to indicate a demand for cooling and set the time to be within the daytime time period. Verify that the system operates properly in the Ice Melt mode (i.e., it starts discharging and that the compressor is off).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Force the controls to indicate a demand for cooling and set the time to be within the morning shoulder time period. Verify that the system operates properly in the Direct Cooling mode (i.e., the system is providing cooling with the compressor).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INSTALLATION CERTIFICATE		CF-6R-MECH-08
Ice Storage Air Conditioning (ISAC) Units		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

9	Force the controls to indicate no cooling load, and set the time to be within the daytime time period. Verify that the system operates properly in the Idle mode (i.e., it does not provide cooling to the building, and the compressor is off).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Force the controls to indicate a demand for cooling and set the time to be within the night time period. Verify that the cooling is provided by the compressor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pass if: Yes in lines 1 - 10		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Ducts are required to be tested and sealed in all Ice Storage Air Conditioner installations, and the duct sealing must be verified by a HERS rater.

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 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.**

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):

Site Address:	Enforcement Agency:	Permit Number:
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Enter the Duct System Name or Identification/Tag:

Enter the Duct System Location or Area Served:

Note: Submit one Installation Certificate for each duct system that must demonstrate compliance in the dwelling.

This certificate is required for compliance for completely new duct systems installed in new dwelling construction, and also for completely new or replacement duct systems in existing dwellings. For existing dwellings, a completely new or replacement duct system can also include existing parts of the original duct system (e.g., register boots, air handler, coil, plenums, etc.) if those parts are accessible and they can be sealed.

Duct Leakage Diagnostic Test – completely new or replacement duct system

Enter a value for the Allowed Leakage (CFM) for the duct system leakage verification. The value entered must be the Verified Low Leakage Ducts in Conditioned Space criteria or one of the three calculated leakage rates described below.

Verified Low Leakage Ducts in Conditioned Space (VLLDCS) Compliance Credit. If compliance credit for verified low leakage ducts in conditioned space is shown in the special features section of the CF-1R, the leakage to outside test method must be used to verify duct leakage (refer to RA3.1.4.3.4), and 25 CFM must be entered for Allowed Leakage.	Allowed Leakage (CFM)
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<p>Allowed leakage calculation – (select one calculation method from this section). Use 6% (<i>leakage factor</i> = 0.06) for calculations if tested at “final” or 4% (<i>leakage factor</i> = 0.04) if tested at “rough.” When utilizing Low Leakage Air Handler (LLAH) credit, the allowed duct leakage may be specified by the CF-1R to be less than 6%, in which case the user-specified leakage rate must be used in the calculations below. For example, if the user-specified leakage (specified as a percentage of fan airflow) is reported on the CF-1R as 3%, then use a <i>leakage factor</i> of 0.03 in the calculations below.</p> <p><input type="checkbox"/> Cooling system method: Nominal capacity of condenser in Tons _____ x 400 x <i>leakage factor</i> = _____(CFM)</p> <p><input type="checkbox"/> Heating system method: 21.7 x _____ Output Capacity in Thousands of Btu/hr x <i>leakage factor</i> = _____(CFM)</p> <p><input type="checkbox"/> Measured airflow method (RA3.3): Enter measured fan flow in CFM here _____ x <i>leakage factor</i> = _____(CFM)</p>	
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Enter value for Actual leakage (CFM) in the right column, from measurement using applicable duct leakage pressurization test procedure from Reference Residential Appendix RA3.1(CFM @ 25 Pa).	Actual Leakage (CFM)
List Actual Leakage from duct leakage test (CFM)	

Pass if Actual Leakage is less than Allowed Leakage Pass Fail

For complete replacement of duct systems only, if the 6 percent leakage rate criteria cannot be met, a smoke test should be performed to verify that the excess leakage is coming only from a pre-existing furnace cabinet (air handler cabinet), and not from other <i>accessible</i> portions of the duct system. A HERS rater must verify the installation (No sampling allowed). List Actual Leakage from smoke test(CFM)	
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Pass if all accessible leaks (except for existing air handler) are sealed using smoke Pass Fail

INSTALLATION CERTIFICATE		CF-6R-MECH-20-HERS
Duct Leakage Test – Completely New or Replacement Duct System		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

Compliance Method

This dwelling was: (select one of the following two choices):

- Tested at Final
- Tested at Rough-in (requires installer to complete the *visual inspection at final construction stage* described below)

Visual Inspection at Final Construction Stage (if applicable)

After installing the interior finishing wall and verifying that the above rough-in tests was completed, the following procedure must be performed:

- For all supply and return registers, verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used.

Outside air (OA) ducts for Central Fan Integrated (CFI) ventilation systems, shall not be sealed/taped off during duct leakage testing. CFI OA ducts that utilize controlled motorized dampers, that open only when OA ventilation is required to meet ASHRAE Standard 62.2, and close when OA ventilation is not required, may be configured to the closed position during duct leakage testing.

- All supply and return register boots must be sealed to the drywall
- New duct installations cannot utilize building cavities as plenums or platform returns in lieu of ducts.
- Mastic and draw bands must be used in combination with Cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

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.
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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):

Site Address:	Enforcement Agency:	Permit Number:
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Enter the Duct System Name or Identification/Tag:

Enter the Duct System Location or Area Served:

Note: Submit one Installation Certificate for each duct system that must demonstrate compliance in the dwelling.

This installation certificate is required for compliance for alterations and additions in existing dwellings to space conditioning systems and duct systems.

Note: For existing dwellings, a completely new or replacement duct system can also include existing parts of the original duct system (e.g., register boots, air handler, coil, plenums, etc.) if those parts are accessible and they can be sealed. For a completely new or replacement duct system installed in an existing dwelling, use the Installation Certificate titled "Duct Leakage Test – Completely New or Replacement Duct System."

Duct Leakage Diagnostic Test – Existing Duct System

Select one compliance method from the following four choices.

Option 1. Measured leakage less than 15% of Fan Airflow.

Option 2. Measured leakage to outside less than 10% of Fan Airflow.

Option 3. Reduce leakage by 60% or more, and conduct smoke test to seal all accessible leaks.

Option 4. Fix all accessible leaks using smoke test, and HERS rater must verify.

Note: (One of Options 1, 2 or 3 must be attempted before utilizing Option 4.)

Determine nominal **Fan Airflow** using one of the following three calculation methods.

Cooling system method: Size of condenser in Tons _____ x 400 = _____ CFM

Heating system method: 21.7 x _____ Heating Output Capacity (kBtuh) = _____ CFM

Measured system airflow using RA3.3 airflow test procedures: _____ CFM

1	<p>Option 1 used then:</p> <p>Allowed leakage = Fan Airflow _____ x 0.15 = _____ CFM</p> <p>Actual leakage = _____ CFM</p> <p style="text-align: right;">Pass if Actual leakage is less than Allowed leakage</p>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
2	<p>Option 2 used then:</p> <p>Allowed leakage = Fan Airflow _____ x 0.10 = _____ CFM</p> <p>Actual leakage to outside = _____ CFM</p> <p style="text-align: right;">Pass if Actual leakage to outside is less than Allowed leakage</p>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
3	<p>Option 3 used then:</p> <p>Initial leakage prior to start of work = _____ CFM</p> <p>Final leakage after sealing all accessible leaks using smoke test = _____ CFM</p> <p>Initial leakage _____ - Final leakage _____ = Leakage reduction _____ CFM</p> <p>(Leakage reduction _____ / Initial leakage _____) x 100% = % Reduction</p> <p style="text-align: right;">Pass if % Reduction ≥ 60%</p>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
4	<p>Option 4 used then:</p> <p>All accessible leaks repaired using smoke test. HERS rater must verify (No sampling).</p> <p style="text-align: right;">Pass if all accessible leaks have been sealed using Smoke Test</p>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

INSTALLATION CERTIFICATE		CF-6R-MECH-21-HERS
Duct Leakage Test – Existing Duct System		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

- Outside air (OA) ducts for Central Fan Integrated (CFI) ventilation systems, shall not be sealed/taped off during duct leakage testing. CFI OA ducts that utilize controlled motorized dampers, that open only when OA ventilation is required to meet ASHRAE Standard 62.2, and close when OA ventilation is not required, may be configured to the closed position during duct leakage testing.
- All supply and return register boots must be sealed to the drywall if smoke test is utilized for compliance – applies to duct leakage compliance option 3 (leakage reduction by 60%) and option 4 (fix all accessible leaks) described above.
- New duct installations cannot utilize building cavities as plenums or platform returns in lieu of ducts.
- Mastic and draw bands must be used in combination with cloth backed rubber adhesive duct tape to seal leaks at all new duct connections.

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).
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- 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.
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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):

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				

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

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.
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- 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.
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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):	

INSTALLATION CERTIFICATE		CF-6R-MECH-23-HERS
Verification of High EER Equipment		(Page 1 of 1)
Site Address:	Enforcement Agency:	Permit Number:

Verification of High EER Equipment

Procedures for verification of High EER Equipment are described in Reference Residential Appendix RA3.4. For dwelling units with multiple systems, the procedures must be applied to each system separately. 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.

1	System Name or Identification/Tag				
2	System Location or Area Served				
3	Certified EER Rating of the installed equipment (Btu/Watt-hr)				
4	Make and Model Number of the installed Outdoor Unit				
5	Make and Model Number of the installed Inside Coil				
6	Make and Model Number of the installed Furnace or Air Handler.				
7	Minimum Equipment EER required for compliance as reported on the CF-1R				
<input type="checkbox"/> When a high EER system specification includes a time delay relay, the installation of the time delay relay must be verified for compliance credit. Refer to Reference Residential Appendix RA3.4.3 for the Time Delay Relay Verification Procedure. <input type="checkbox"/> When installation of specific matched equipment is necessary to achieve a high EER, installation of the specific equipment must be verified for compliance credit. Refer to Reference Residential Appendix RA3.4.3 for the Matched Equipment Verification Procedure.					
8	If the Certified EER Rating in row 3 is equal to or greater than the required minimum EER in row 7, the unit complies. If the unit complies enter Pass				

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- 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.
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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):

INSTALLATION CERTIFICATE		CF-6R-MECH-24-HERS
Charge Indicator Display (CID)		(Page 1 of 1)
Site Address:	Enforcement Agency:	Permit Number:

CHARGE INDICATOR DISPLAY (CID)

Charge Indicator Display (CID) specifications are available in Reference Joint Appendix JA6; HERS verification procedure for the CID is in Reference Residential Appendix RA3.4.2. If refrigerant charge verification is required for compliance, and a CID has been installed on the system, a pass for this CID verification for an installed system is sufficient for demonstrating compliance with the refrigerant charge verification requirement for that system, thus submittal of a standard refrigerant charge verification compliance form (MECH 25) is not required for a system that has a passing CID verification shown in the table below.

CID - Verification of the Presence and Proper Function of a Charge Indicator Display

System Name or Identification/Tag						
System Location or Area Served						
CID Manufacturer Name and Model Number						
1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The display module is mounted adjacent to the system thermostat			
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The manufacturer has certified to the Energy Commission that the CID model meets the requirements of Reference Joint Appendix JA6			
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The CID was installed by the manufacturer			
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or if 3 is No, the CID was installed according to the manufacturer's specifications			
Yes to 1 and 2 and yes to either 3 or 4 is a pass			enter Pass or Fail	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	

DECLARATION STATEMENT

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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):

INSTALLATION CERTIFICATE		CF-6R-MECH-25-HERS
Refrigerant Charge Verification - Standard Measurement Procedure		(Page 1 of 5)
Site Address:	Enforcement Agency:	Permit Number:

Note: If installation of a Charge Indicator Display (CID) is utilized as an alternative to refrigerant charge verification for compliance, a MECH-24 Certificate (instead of this MECH-25 Certificate) should be used to demonstrate compliance with the refrigerant charge verification requirement. TMAH and STMS are not required for compliance, when a CID is utilized for compliance.

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.

Temperature Measurement Access Holes (TMAH) and Saturation Temperature Measurement Sensors (STMS)
Procedures for installing TMAH are specified in Reference Residential Appendix RA3.2. If refrigerant charge verification is required for compliance, TMAH are also required for compliance. STMS are only required for completely new or replacement space-conditioning systems that utilize prescriptive compliance method.

TMAH - Access Holes in Supply and Return Plenums of Air Handler

System Name or Identification/Tag							
System Location or Area Served							
1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5/16 inch (8 mm) access hole upstream of evaporative coil in the return plenum and labeled according to Figure in Section RA3.2.2.2.2.				
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5/16 inch (8 mm) access hole downstream of evaporative coil in the supply plenum and labeled according to Figure in Section RA3.2.2.2.2.				
Yes to 1 and 2 is a pass.				Enter Pass or Fail	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Fail

STMS - Sensor on the Evaporator Coil

System Name or Identification/Tag							
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor is factory installed, or field installed according to manufacturer's specifications, or is installed by methods/specifications approved by the Executive Director.				
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor wire is terminated with a standard mini plug suitable for connection to a digital thermometer. The sensor mini plug is accessible to the installing technician and the HERS rater without changing the airflow through the condenser coil				
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor measures the saturation temperature of the coil within 1.3 degrees F				
Yes to 3, 4, and 5 is a pass. N/A if STMS are not applicable. Otherwise enter Pass or Fail				Enter	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail

STMS - Sensor on the Condenser Coil

System Name or Identification/Tag							
6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor is factory installed, or field installed according to manufacturer's specifications, or is installed by methods/specifications approved by the Executive Director.				
7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor wire is terminated with a standard mini plug suitable for connection to a digital thermometer. The sensor mini plug is accessible to the installing technician and the HERS rater without changing the airflow through the condenser coil				
8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor measures the saturation temperature of the coil within 1.3 degrees F				
Yes to 6, 7, and 8 is a pass. N/A if STMS are not applicable. Otherwise enter Pass or Fail				Enter	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail

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Standard Charge Measurement Procedure (for use if outdoor air dry-bulb is above 55 °F)

Procedures for determining Refrigerant Charge using the Standard Charge Measurement Procedure are available in Reference Residential Appendix RA3.2. 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.

- *The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.*
- *The system must meet minimum airflow requirements as prerequisite for a valid refrigerant charge test.*
- *If outdoor air dry-bulb is 55 °F or below, the installer must use the Alternate Charge Measurement Procedure.*

Space Conditioning Systems

System Name or Identification/Tag				
System Location or Area Served				
Outdoor Unit Serial #				
Outdoor Unit Make				
Outdoor Unit Model				
Nominal Cooling Capacity Btu/hr				
Date of Verification				

Calibration of Diagnostic Instruments

Date of Refrigerant Gauge Calibration		(must be re-calibrated monthly)
Date of Thermocouple Calibration		(must be re-calibrated monthly)

Measured Temperatures (°F)

System Name or Identification/Tag				
Supply (evaporator leaving) air dry-bulb temperature ($T_{supply, db}$)				
Return (evaporator entering) air dry-bulb temperature ($T_{return, db}$)				
Return (evaporator entering) air wet-bulb temperature ($T_{return, wb}$)				
Evaporator saturation temperature ($T_{evaporator, sat}$)				
Condenser saturation temperature ($T_{condensor, sat}$)				
Suction line temperature ($T_{suction}$)				
Liquid Line Temperature (T_{liquid})				
Condenser (entering) air dry-bulb temperature ($T_{condenser, db}$)				

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Minimum Airflow Requirement

Temperature Split Method Calculations for determining Minimum Airflow Requirement for Refrigerant Charge Verification. The temperature split method is specified in Reference Residential Appendix RA3.2.

System Name or Identification/Tag				
Calculate: Actual Temperature Split = $T_{\text{return, db}} - T_{\text{supply, db}}$				
Target Temperature Split from Table RA3.2-3 using $T_{\text{return, wb}}$ and $T_{\text{return, db}}$				
Calculate difference: Actual Temperature Split – Target Temperature Split =				
Passes if difference is between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F Enter Pass or Fail				

Note: Temperature Split Method Calculation is not necessary if actual Cooling Coil Airflow is verified using one of the airflow measurement procedures specified in Reference Residential Appendix RA3.3. If actual cooling coil airflow is measured, the value must be equal to or greater than the Calculated Minimum Airflow Requirement in the table below.

Calculated Minimum Airflow Requirement (CFM) = Nominal Cooling Capacity (ton) X 300 (cfm/ton)

System Name or Identification/Tag				
Calculated Minimum Airflow Requirement (CFM)				
Measured Airflow using RA3.3 procedures (CFM)				
Passes if measured airflow is greater than or equal to the calculated minimum airflow requirement. Enter Pass or Fail				

Superheat Charge Method Calculations for Refrigerant Charge Verification. This procedure is required to be used for fixed orifice metering device systems

System Name or Identification/Tag				
Calculate: Actual Superheat = $T_{\text{suction}} - T_{\text{evaporator, sat}}$				
Target Superheat from Table RA3.2-2 using $T_{\text{return, wb}}$ and $T_{\text{condenser, db}}$				
Calculate difference: Actual Superheat – Target Superheat =				
System passes if difference is between -5°F and +5°F Enter Pass or Fail				

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Subcooling Charge Method Calculations for Refrigerant Charge Verification. This procedure is required to be used for thermostatic expansion valve (TXV) and electronic expansion valve (EXV) systems.

System Name or Identification/Tag				
Calculate: Actual Subcooling = $T_{\text{condenser, sat}} - T_{\text{liquid}}$				
Target Subcooling specified by manufacturer				
Calculate difference: Actual Subcooling – Target Subcooling =				
System passes if difference is between -3°F and +3°F Enter Pass or Fail				

Metering Device Calculations for Refrigerant Charge Verification. This procedure is required to be used for thermostatic expansion valve (TXV) and electronic expansion valve (EXV) systems.

System Name or Identification/Tag				
Calculate: Actual Superheat = $T_{\text{suction}} - T_{\text{evaporator, sat}}$				
Enter allowable superheat range from manufacturer's specifications (or use range between 4°F and 25°F if manufacturer's specification is not available)				
System passes if actual superheat is within the allowable superheat range Enter Pass or Fail				

INSTALLATION CERTIFICATE		CF-6R-MECH-25-HERS
Refrigerant Charge Verification - Standard Measurement Procedure		(Page 5 of 5)
Site Address:	Enforcement Agency:	Permit Number:

Standard Charge Measurement Summary: System shall pass both refrigerant charge criteria, metering device criteria (if applicable), and minimum cooling coil airflow criteria based on measurements taken concurrently during system operation. If corrective actions were taken, all applicable verification criteria must be re-measured and/or recalculated.				
System Name or Identification/Tag				
System meets all refrigerant charge and airflow requirements. Enter Pass or Fail				

Residential Appendix RA3.2.2 requires that if the outdoor temperature is between 55°F and 65°F the return air dry bulb temperature shall be maintained above 70°F during the Standard Charge Measurement Procedure. The signature of the Responsible Person in the declaration statement below certifies this requirement has been met for all applicable system verifications reported on this certificate.

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):

Site Address:	Enforcement Agency:	Permit Number:
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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.

Temperature Measurement Access Holes (TMAH) and Saturation Temperature Measurement Sensors (STMS)
Procedures for installing TMAH are specified in Reference Residential Appendix RA3.2. If refrigerant charge verification is required for compliance, TMAH are also required for compliance. STMS are only required for completely new or replacement space-conditioning systems that utilize prescriptive compliance method.

TMAH - Access Holes in Supply and Return Plenums of Air Handler

System Name or Identification/Tag							
System Location or Area Served							
1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5/16 inch (8 mm) access hole upstream of evaporative coil in the return plenum and labeled according to Figure in Section RA3.2.2.2.2.				
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5/16 inch (8 mm) access hole downstream of evaporative coil in the supply plenum and labeled according to Figure in Section RA3.2.2.2.2.				
Yes to 1 and 2 is a pass.				Enter Pass or Fail	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Fail

STMS - Sensor on the Evaporator Coil

System Name or Identification/Tag							
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor is factory installed, or field installed according to manufacturer's specifications, or is installed by methods/specifications approved by the Executive Director.				
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor wire is terminated with a standard mini plug suitable for connection to a digital thermometer. The sensor mini plug is accessible to the installing technician and the HERS rater without changing the airflow through the condenser coil				
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor measures the saturation temperature of the coil within 1.3 degrees F				
Yes to 3, 4, and 5 is a pass. N/A if STMS are not applicable. Otherwise enter Pass or Fail				Enter	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail

STMS - Sensor on the Condenser Coil

System Name or Identification/Tag							
6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor is factory installed, or field installed according to manufacturer's specifications, or is installed by methods/specifications approved by the Executive Director.				
7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor wire is terminated with a standard mini plug suitable for connection to a digital thermometer. The sensor mini plug is accessible to the installing technician and the HERS rater without changing the airflow through the condenser coil				
8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The sensor measures the saturation temperature of the coil within 1.3 degrees F				
Yes to 6, 7, and 8 is a pass. N/A if STMS are not applicable. Otherwise enter Pass or Fail				Enter	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail

INSTALLATION CERTIFICATE		CF-6R-MECH-26-HERS
Refrigerant Charge Verification - Alternate Measurement Procedure		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

Alternate Charge Measurement Procedure (for use if outdoor air dry-bulb is below 55 °F)

Procedures for Determining Refrigerant Charge using the Alternate Method are available in Reference Residential Appendix RA3.2. 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.

- *The alternative charge measurement procedure requires that the system shall be installed and charged in accordance with the manufacturer's specifications for refrigerant charge using the weigh-in charging method.*
- *Installer verification of line lengths and charge adjustment calculation must be documented on CF-6R before starting this procedure.*
- *If outdoor air dry-bulb is 55 °F or above, installer must use the Standard Charge Measure Procedure.*

Weigh-In Charging Method for Refrigerant Charge Verification				
System Name or Identification/Tag				
System Location or Area Served				
Actual liquid line length (ft)				
Manufacturer's Standard liquid line length (ft)				
Calculate: difference in length (ft) = Actual length – Standard length				
Manufacturer's correction factor (ounces per foot)				
Calculate: charge adjustment = correction factor X difference in length				
Alternate Charge Measurement Summary: System refrigerant charge has been adjusted to meet the manufacturer's specifications based on actual line length 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):

INSTALLATION CERTIFICATE		CF-6R-MECH-27-HERS
Maximum Rated Total Cooling Capacity		(Page 1 of 2)
Site Address:	Enforcement Agency:	Permit Number:

Maximum Rated Total Cooling Capacity (MRTCC) Compliance Credit

Procedures for calculating the Maximum Rated Total Cooling Capacity (MRTCC) compliance credit and Electrical Input exception are given in Reference Residential Appendix RA1. The value is calculated by the compliance software and given on the Certificate of Compliance (CF-1R). Compliance with this credit requires that the installed space conditioning system must have a cooling capacity rating at ARI conditions that is equal or less than the MRTCC compliance credit value. The system must also meet the HERS verification requirements for duct leakage, and prescriptive cooling coil airflow compliance credits, and if the Electrical Input Exception is utilized, the EER must be verified. 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.

1	System Name or Identification/Tag				
2	System Location or Area Served				
3a	ARI Rated Total Cooling Capacity of the installed system (Btu/hr)				
3b	Sum of the ARI Rated Total Cooling Capacities of multiple systems installed in the dwelling (Btu/hr), if applicable.				
Note: MRTCC credit may be calculated for the whole dwelling, or for individual cooling systems in the dwelling. If the MRTCC target value from the CF-1R is for the entire dwelling, and there are multiple cooling systems installed in the dwelling, then the sum of ARI Rated Cooling Capacities of the installed cooling systems must be calculated and entered in row 3b.					
4a	MRTCC target value from the CF-1R (Btu/hr) – if for individual systems				
4b	MRTCC target value from the CF-1R (Btu/hr) – if total for entire dwelling				
5	If the applicable row 3 value is less than or equal to the applicable row 4 value, the unit complies. If the unit complies enter Pass				

Electrical Input Exception for MRTCC compliance credit

Electrical Input Exception for MRTCC compliance credit allows the installed rated total cooling capacity to exceed the MRTCC target value for compliance credit if the electrical input of the oversized cooling system is less than or equal to the electrical input of a standard cooling system. For buildings with more than one cooling system, the proposed electrical input is the sum of the values for each system.

1	System Name or Identification/Tag				
2	System Location or Area Served				
6	ARI Rated EER of the installed unit (Btu/Watt-hr)				
7a	Calculate Proposed Electrical Input ⁷				
7b	Sum of the Proposed Electrical Input values for entire multiple systems installed in the dwelling (Watt), if applicable.				
8a	Calculate Standard Total Electric Input ⁸ (Watt) – if for individual systems				
8b	Calculate Standard Total Electric Input ⁸ (Watt) – if total for entire dwelling				
9	If the applicable row 7 value is less than or equal to the applicable row 8 value, the unit complies. If the unit complies enter Pass				

Site Address:	Enforcement Agency:	Permit Number:
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Notes:

7) Proposed Electrical Input (Watt) = ARI Rated Total Cooling Capacity (Btu/hr) / ARI Rated EER (Btu/Watt-hr) if the proposed Air Conditioner is listed in the ARI database with a specified furnace or air handler and that furnace or air handler is to be installed. Otherwise, if the proposed Air Conditioner is listed in the ARI database without a furnace or air handler, the proposed electrical input is either:

Proposed Electrical Input (Watt) = [(ARI Rated Total Cooling Capacity (Btu/hr) / ARI Rated EER (Btu/Watt-hr)) + [(ARI Rated Total Cooling Capacity (Btu/hr) x .0048 (Watt-hr/Btu))];

or

Proposed Electrical Input (Watt) = [(ARI Rated Total Cooling Capacity (Btu/hr) / ARI Rated EER (Btu/Watt-hr)) - [(ARI Rated Total Cooling Capacity (Btu/hr) x .0122 (Watt-hr/Btu))] + The measured fan power (Watt); where the measured fan power is determined at an airflow equal to or greater than 350 CFM per ton using the procedure described in RA3.3 of the Residential Appendices

8) Standard Total Electric Input (Watt) = MRTCC target from the CF-1R (Btu/hr) / 10 (Btu/Watt-hr)

- Systems must meet the Cooling Coil Airflow HERS verification requirement in order to receive credit for MRTCC.
- Systems must meet the Duct Sealing HERS verification requirements in order to receive credit for MRTCC.
- Systems must meet the HERS verification requirement for EER if the Electrical Input Exception is utilized to comply with the MTRCC compliance credit

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):

INSTALLATION CERTIFICATE		CF-6R-MECH-28-HERS
Low Leakage Air Handler Verification		(Page 1 of 1)
Site Address:	Enforcement Agency:	Permit Number:

Verified Low Leakage Air Handler (LLAH) with Sealed and Tested Duct System *An additional compliance credit is available for verified low leakage ducts if a Low Leakage Air Handler is installed. The air handler must be connected to a Sealed and Tested New Duct System to receive the credit. Refer to Residential Appendix RA3.1.4.3.10. 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.*

System Name or Identification/Tag				
System Location or Area Served				
LLAH Unit Make				
LLAH Unit Model				
<input type="checkbox"/> The LLAH must be connected to a New Duct System that meets the HERS verification requirement for Sealed and Tested Ducts in order to receive compliance credit. <input type="checkbox"/> The LLAH cabinet (furnace or heat pump fan and inside coil) must be certified to the Commission to leak 2 percent or less of its nominal air conditioning cfm delivered when pressurized to 1-inch water gauge with all present air inlets, air outlets, and condensate drain port(s) sealed.				
If the installed LLAH documentation confirms the unit meets the certification requirement and Duct Testing is specified on the CF-1R, the unit complies. If the unit complies enter Pass				

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):

INSTALLATION CERTIFICATE		CF-6R-MECH-29-HERS
Supply Duct Compliance Credits - Location; Surface Area; R-value		(Page 1 of 2)
Site Address:	Enforcement Agency:	Permit Number:

Enter the Duct System Name or Identification/Tag:
Enter the Duct System Location or Area Served:
Note: Submit one Installation Certificate for each duct system that must demonstrate compliance in the dwelling.

SUPPLY DUCT LOCATION COMPLIANCE CREDITS

Credit is available for supply duct systems entirely in conditioned space or with reduced surface area in unconditioned spaces.

LESS THAN 12 LINEAR FEET OF SUPPLY DUCT OUTSIDE OF CONDITIONED SPACE COMPLIANCE CREDIT. *A detailed duct design is not required for compliance with this measure. HERS verification is required for compliance with this measure.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Less than 12 linear feet of supply duct outside of conditioned space.
Yes to this compliance credit is a pass		<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

SUPPLY DUCTS LOCATED IN CONDITIONED SPACE COMPLIANCE CREDIT. *A detailed duct design is not required for compliance with this measure. HERS verification is required for compliance with this measure.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ducts are located within the conditioned volume of building.
Yes to this compliance credit is a pass		<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

SUPPLY DUCT SURFACE AREA REDUCTION AND R-VALUE COMPLIANCE CREDITS

Credit is available for supply duct systems with reduced surface area in unconditioned space with varying combinations of higher performance insulation. In order to claim these credits a detailed duct system design is required to be documented on the plans approved by the enforcement agency, and the installation must be certified to be consistent with the approved plans by the installer, and the installation must be verified by a HERS rater. The size, R-value, and location of each duct segment in an unconditioned space including details describing if ducts are buried in attic insulation must be shown in the design drawings approved by the enforcement agency, entered into the compliance software, and shown on the CF-1R for the building. Procedures for field verification and diagnostic testing for this group of compliance credits are described in Reference Residential Appendix RA3.1

SUPPLY DUCT SURFACE AREA REDUCTION COMPLIANCE CREDIT

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prescriptive Cooling Coil Airflow compliance has been verified.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The building's duct system design was approved by the enforcement agency, and the duct system design is detailed in the special features section of the CF-1R approved by the enforcement agency.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The installed duct system does not have severely twisted or compressed sections that would restrict required operating airflow.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The installed duct system layout, including duct sizes and locations of supply & return registers match the duct system design plans approved by the enforcement agency, and the installed duct system meets the requirements for Verified Duct Design specified in Reference Residential Appendix RA3.1.4.1.1.1
Yes to all is a pass		<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

INSTALLATION CERTIFICATE		CF-6R-MECH-29-HERS
Supply Duct Compliance Credits - Location; Surface Area; R-value		(Page 2 of 2)
Site Address:	Enforcement Agency:	Permit Number:

BURIED DUCTS ON THE CEILING R-VALUE COMPLIANCE CREDIT

In order to claim credit for buried ducts on the ceiling, the conditions for the Supply Duct Surface Area Reduction (above) must be met, the approved duct design must identify which portions of the duct system are "Buried", and the installed duct system must conform to the approved duct design. Also, the duct system must meet prescriptive Duct Leakage test requirements and the building must meet Quality Insulation Installation requirements.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duct design passes the Supply Duct Surface Area Reduction compliance credit, buried ducts are shown on the approved duct design and on the approved CF-1R, and the installed duct system is consistent with the approved duct design drawings.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Meets Verified Duct Leakage requirements
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Meets Verified Quality Insulation Installation requirements
Yes to all is a pass		<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

DEEPLY BURIED DUCTS R-VALUE COMPLIANCE CREDIT

In order to claim credit for buried ducts on the ceiling, the conditions for the Supply Duct Surface Area Reduction (above) must be met, the approved duct design must identify which portions of the duct system are "Deeply Buried", and the installed duct system must conform to the approved duct design. Also, the duct system must meet prescriptive Duct Leakage test requirements and the building must meet Quality Insulation Installation requirements.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duct design passes the Supply Duct Surface Area Reduction compliance credit, buried ducts are shown on the approved duct design and on the approved CF-1R, and the installed duct system is consistent with the approved duct design drawings.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Meets Verified Duct Leakage requirements
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Meets Verified Quality Insulation Installation requirements
Yes to all is a pass		<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> 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):