

**INSTALLATION CERTIFICATE****(Page 3 of 12) CF-6R**

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

**HVAC SYSTEMS:*****Heating Equipment***

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

***Cooling Equipment***

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ symbol reads *greater than or equal to what is indicated on the CF-1R value.*

Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

✓ ☐ I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date:

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

Home Energy Rating Service.com  
Phone 805 582-0750  
Fax 805 804-5112

**INSTALLATION CERTIFICATE****(Page 4 of 12) CF-6R**

Site Address

Permit Number

**INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE****INSTALLER COMPLIANCE STATEMENT**The building was: ☒ Tested at Final ☒ Tested at Rough-in**INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:**

- ☐ Remove at least one supply and one return register, and 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 *on new ducts*.

**☒ DUCT LEAKAGE REDUCTION***Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3***NEW CONSTRUCTION:**

	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [_____(Line # 1) / _____(Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>			
4	Enter Tested Leakage Flow in CFM from <b>Pre-Test</b> of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from <b>Final Test</b> of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [_____(Line # 4) Minus _____(Line # 5)] – (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [100 x [_____(Line # 5) / _____Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:</b>			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
9	Pass if Leakage Percentage < 15% [100 x [_____(Line # 5) / _____(Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [_____(Line # 7) / _____(Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [_____(Line # 6) / _____(Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Pass if One of Lines # 9 through # 12 pass</b>			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

☒ I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date:

**Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY**

**INSTALLATION CERTIFICATE****(Page 5 of 12) CF-6R**

Site Address

Permit Number

**✓ ☐ THERMOSTATIC EXPANSION VALVE (TXV)***Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.*

✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.	<input type="checkbox"/>	<input type="checkbox"/>
			Yes is a pass	Pass	Fail

**✓ ☐ REFRIGERANT CHARGE MEASUREMENT**

Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #		
Location		
Outdoor Unit Make		
Outdoor Unit Model		
Cooling Capacity		Btu/hr
Date of Verification		
Date of Refrigerant Gauge Calibration		(must be checked monthly)
Date of Thermocouple Calibration		(must be checked monthly)

**Standard Charge Measurement Procedure (outdoor air dry-bulb 55°F and above):***Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.*

Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

**Measured Temperatures**

Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db)		°F
Return (evaporator entering) air dry-bulb temperature (Treturn, db)		°F
Return (evaporator entering) air wet-bulb temperature (Treturn, wb)		°F
Evaporator saturation temperature (Tevaporator, sat)		°F
Suction line temperature (Tsuction, db)		°F
Condenser (entering) air dry-bulb temperature (Tcondenser, db)		°F

**Superheat Charge Method Calculations for Refrigerant Charge**

Actual Superheat = Tsuction, db – Tevaporator, sat		°F
Target Superheat (from Table RD-2)		°F
Actual Superheat – Target Superheat (System passes if between -5 and +5°F)		°F

**Temperature Split Method Calculations for Adequate Airflow***Split Method Calculation is not necessary if Adequate Airflow credit is taken*

Actual Temperature Split = T return, db Tsupply, db		°F
Target Temperature Split (from Table RD3)		°F
Actual Temperature Split Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F)		°F

**INSTALLATION CERTIFICATE****(Page 8 of 12) CF-6R**

Site Address

Permit Number

**✓ ☐ FAN WATT DRAW***Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.*

<b>✓ Method For Fan Watt Draw Measurement</b>				
<input type="checkbox"/>	RE3.2.1	Portable Watt Meter Measurement		
<input type="checkbox"/>	RE3.2.2	Utility Revenue Meter Measurement		
		Measured Fan Watt Draw		
		Measured Fan Flow (enter total cfm from airflow verification)		
		Enter results of Watts/cfm		
		<div style="display: flex; justify-content: space-between;"> <span>✓</span> <span>✓</span> </div>		
✓ <input type="checkbox"/> Yes	<input type="checkbox"/> No	Measured fan watt/cfm draw is equal to or lower than the fan watt/cfm draw documented in CF-1R		<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
<b>Yes is a pass</b>				<div style="display: flex; justify-content: space-around;"> <span>Pass</span> <span>Fail</span> </div>

**✓ ☐ ADEQUATE AIRFLOW VERIFICATION***Procedures for measuring the airflow are available in RACM, Appendix RE3.1.*

<b>✓ Method For Airflow Measurement</b>				
<input type="checkbox"/>	RE4.1.1	Diagnostic Fan Flow Using Flow Capture Hood		
<input type="checkbox"/>	RE4.1.2	Diagnostic Fan Flow Using Plenum Pressure Matching		
<input type="checkbox"/>	RE4.1.3	Diagnostic Fan Flow Using Flow Grid Measurement		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct design exists on plans		
		Measured Airflow:		Total cfm
		Rated Tons cfm/ton		cfm/ton
✓ <input type="checkbox"/> Yes	<input type="checkbox"/> No	Measured airflow is greater than the criteria in Table RE-2		<div style="display: flex; justify-content: space-around;"> <span>✓</span> <span>✓</span> </div>
<b>Yes is a pass</b>				<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
				<div style="display: flex; justify-content: space-around;"> <span>Pass</span> <span>Fail</span> </div>

**✓ ☐ MAXIMUM COOLING CAPACITY***Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.*

1	✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate airflow verified (see adequate airflow credit)		
2	✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Refrigerant charge or TXV		
3	✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct leakage reduction credit verified		
4	✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.		
5	✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R.	<div style="display: flex; justify-content: space-around;"> <span>✓</span> <span>✓</span> </div>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div>
Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass					<div style="display: flex; justify-content: space-around;"> <span>Pass</span> <span>Fail</span> </div>	

**✓ ☐ HIGH EER AIR CONDITIONER***Procedures for verification are available in RACM, Appendix RI.*

1	✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EER values of installed systems match the CF-1R		
2	✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil	✓	✓
3	✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Delay Relay Verified (If Required)	<input type="checkbox"/>	<input type="checkbox"/>
Yes to 1 and 2; and 3 (If Required) is a pass					<div style="display: flex; justify-content: space-around;"> <span>Pass</span> <span>Fail</span> </div>	

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

Signature:

Date:

**Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY**