INSTALLATION CERTIFICATE CF-6R-MECH-22-HER							
HSPP/PSPP Installation; Cooling Coil Airflow & Fan Watt Draw Test (Page 1 of 2							
Site Addı	·ess:		Enforcement Agency:	Permit Number:			
Hole for Pressur When the HSPP or	or the placement of a Stare Probe (PSPP) in the stare Certificate of Compliance (Certificate required to be install.	as applicable. Atic Pressure Presupply plenum EF1R)indicates Coalled in each air ha	robe (HSPP), and Perm oling Coil Airflow or Fan Wan ndler in the dwelling. Proced	t Draw verification are required, lures 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.							
	HSPP	1/4 inch (6 mm) ho	inch (6 mm) hole labeled and located downstream of the evaporator coil in the supply				
	PSPP	1/4 inch (6 mm) ho	enum as shown in the figure in Section RA3.3.1.1. 4 inch (6 mm) hole equipped with a permanently installed pressure probe, labeled and cated downstream of the evaporator coil in the supply plenum as shown in the figure in ection RA3.3.1.1.				
System N	Name or Identification/Tag						
System I	Location or Area Served						
Confirm installed	that a HSPP or PSPP has beer on the air handler per the ents of RA3.3.1.1. Enter Pass or I						
the cooling coil airfle Select one Dia	ng coil airflow must be perform ow diagnostic test must be enti- e method from the three choices be agnostic Fan Flow Using Plent	med as specified in ered in the table be elow for compliance um Pressure Match	Reference Residential Appendiow. This measure requires with the Cooling Coil Airflow teing according to the procedure	es in RA3.3.3.1.1			
Diagnostic Fan Flow Using Flow Grid Measurement according to the procedures in RA3.3.3.1.2							
Diagnostic Fan Flow Using Flow Capture Hood according to the procedures in RA3.3.3.1.3							
System Name or Identification/Tag							
	Location or Area Served 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 syste	em complies if Tested (CFM) greater than Target (CFM). Enter Pass of	is					
	on Number: sidential Compliance Forms	Registr	ation Date/Time:	HERS Provider: August 2009			

INSTALLATION CERTIFICATE CF-6R-MECH-22-HERS						
HSPP/PSPP Installation; Cooling Coil Airflow & Fan Watt Draw Test (Page 2 of						
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.						
Select one method from the two choices below for compliance with the Fan Watt Draw test requirement for this dwelling.						
Portable Watt Meter Measurement according to the procedures in RA3.3.3.3.1						
☐ Utility Revenue Meter Measurement according to the procedures in RA3.3.3.3.2						
System Name or Identification/Tag						
System Location or Area Served	4					
Enter the air handler Target (CFM) from cooling coil airflow test table above.						
Enter the fan watt draw requirement factorial (Watt/CFM).	rom the					
Calculate the target maximum Watt do the test by multiplying the Watt/CFM specified on the CF-1R by the air hand Target (CFM). Target	criteria dler					
Enter the diagnostically tested Watt di (Watt). Tested	aw (Watt)					
The system complies if Tested (Watt) than or equal to Target (Watt)	is less					
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 Signa	ature:			
CSLB License:	Date Signed:	Position With Company (Title):				
Is this installation monitored by a Third Pa Program (TPQCP)?	arty Quality Control Yes No	Name of TPQCP (if applica	able):			

__Registration Date/Time: _______HERS Provider: _