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INDOOR AIR QUALITY AND MECHANICAL VENTILATION

CERTIFICATE OF INSTALLATION		CF2R-MCH-27-E
Indoor Air Quality and Mechanical Ventilation		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City:	Zip Code:

Title 24, Part 6, Section 150.0(o) **Ventilation for Indoor Air Quality.** All dwelling units shall meet the requirements of ANSI/ASHRAE Standard 62.2 Ventilation and Acceptable Indoor Air Quality in Low-Rise Residential Buildings. ***Equation and table numbering on this compliance document corresponds to the numbering for that information in the published ANSI/ASHRAE Standard 62.2-2010.***

A. Dwelling Mechanical Ventilation - General Information		
01	Dwelling Unit Name	
02	Building Type	
03	Project Scope	
04	Total Conditioned Floor Area of Dwelling Unit (For addition projects the conditioned floor area equals existing area plus addition area)	
05	Number of Bedrooms in Dwelling Unit (For addition projects the number of bedrooms equals the existing bedrooms plus addition bedrooms)	
06	Ventilation Operation Schedule	
07	Whole-Building Ventilation Rate Calculation Method	
08	Whole Building Ventilation System Type	
09	IAQ Fan Location	

Note:
Non-dwelling units do not meet the definition for a dwelling unit as defined in Section 100.1(b). Non-dwelling units are not designed to provide independent living facilities and do not provide permanent provisions for living, sleeping, eating, cooking and sanitation.

MCH-27e - Mechanical Ventilation – Non-dwelling Unit

B. Compliance Statement	
01	

CERTIFICATE OF INSTALLATION		CF2R-MCH-27-E
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Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City:	Zip Code:

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Installation documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/HERS Certification Identification (if applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

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

1. The information provided on this Certificate of Installation is true and correct.
2. I am either: a) a responsible person eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction, or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Installation and attest to the declarations in this statement, or b) I am an authorized representative of the responsible person and attest to the declarations in this statement on the responsible person's behalf.
3. The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations and the installation conforms to the requirements given on the Certificate of Compliance, plans, and specifications approved by the enforcement agency.
4. I understand that a HERS rater will check the installation to verify compliance and if such checking determines the installation fails to comply, I am required to offer any necessary corrective action at no charge to the building owner.
5. I will ensure that a registered copy of this Certificate of Installation 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 registered copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Builder/Installer Name:	Responsible Builder/Installer Signature:	
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)	Position With Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed:
Third Party Quality Control Program (TPQCP) Status:	Name of TPQCP (if applicable):	

CF2R-MCH-27a-H User Instructions

Section A. General Information

1 This information is automatically pulled from the CF1R. This is the unique identifier for this dwelling unit. Needed mostly for multifamily dwelling units. Ventilation is calculated and provided for each dwelling unit individually.
2 This information is automatically pulled from the CF1R. Choices are "single family" and "low-rise multifamily".
3 This information is automatically pulled from the CF1R. Choices are "New Construction" and "Addition greater than 1,000 ft^2".
4 Value to be entered in the field equals the conditioned floor area of the space for which the ventilation is being calculated, in ft^2. For additions over 1,000 ft^2, this will be the floor area of the existing home plus the addition.
5 Value to be entered in the field equals the number of bedrooms in the home. For additions over 1,000 ft^2, this will be the number of bedrooms in the existing home plus the number of bedrooms in the addition.
6 Select the Ventilation Operation Schedule method used from the choices provided:
- Continuous (the fan that provides ventilation will run 24/7)
- Intermittent (the fan that provides ventilation will be on some of the time and off some of the time)

7 Select the Whole Building Ventilation Rate Calculation Method from the choices provided:
- Fan Ventilation Rate Method (only assumes ventilation from the ventilation fan)
- Total Ventilation Rate Method (assumes that some ventilation is provided by infiltration)

8 Select the Whole Building Ventilation System Type from the choices provided:
- Standalone – Exhaust (ventilation fan[s] push air out of the house)
- Standalone – Supply (ventilation fan[s] push air into house)
- Standalone – Balanced (ventilation fan[s] push air into AND out of the house in equal amounts)
- Central Fan Integrated – CFI (central space condition system fan is used to pull air into the house) Note: these may not run continuously. If "Continuous" is chosen in A06 an error message will be shown. These types of ventilation systems will trigger extra field verification and scrutiny by inspection personnel.

9. Enter the location in the residence where the IAQ fan is located.

Section B. Whole Building Continuous Ventilation – Fan Ventilation Rate Method

1 This value is automatically calculated using equation 4.1a. The equation used to calculate this value in the field equals:
   a. If A02= Single Family then [(0.01 x conditioned floor area A04) + 7.5(Number of bedrooms A05 + 1)] = Continuous Whole-Building Ventilation Rate
   b. If A02= Multifamily then [(0.03 x conditioned floor area A04) + 7.5(Number of bedrooms A05 + 1)] = Continuous Whole-Building Ventilation Rate
2 User entered value equals the total installed, continuous mechanical ventilation in CFM. This value must meet or exceed that value in B01. This value will be field verified by inspection personnel.