DOCKETED	
Docket Number:	15-BSTD-02
Project Title:	Residential Compliance Manual and Documents
TN #:	232820-21
Document Title:	2016-CF3R-ENV-24-HERS-QII-FramingStage-SIP,ICFpdf
Description:	N/A
Filer:	Corrine Fishman
Organization:	California Energy Commission
Submitter Role:	Public Agency
Submission Date:	4/22/2020 9:54:01 AM
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Dwelling Address:

A

AIR INFILTRATION SEALING – FRAMING STAGE FOR SIP and ICF	CALIFORNIA ENERGY COMMISSION
CEC-CF3R-ENV-24-H (Revised 01/16)	CALIFORNIA ENERGY COMMISSION
CERTIFICATE OF VERIFICATION	CF3R-ENV-24-H
Quality Insulation Installation (QII) – Air Infiltration Sealing - Framing Stage for SIP and ICF	(Page 1 of 4)

City

Enforcement Agency:

NOTE: If there are any traditional stick built exterior walls use the CF3R-ENV-21. For traditional stick built roof/ceiling use the CF3R-ENV-22 and 23.			
A. I	nstallation		
01	The R-value of all SIP/ICF products is	the same or better than listed on the CF1R.	
02	If modeled on the CF1R, the density of	of the installed product is the same as installed.	
03	SIP/ICF products have been installed	per manufacturer installation instructions.	
		☐ Pass - all applicable requirements are met; or	
04	Verification Status:	☐ Fail - one or more applicable requirements are not met. Enter reason for failure in corrections	
04	verification Status.	notes field below; or	
		☐ <u>All N/A</u> - This entire table is not applicable	
	Correction Notes:		
		is compliance document affirms that all applicable requirements in this table have been met unless	
oth	erwise noted in the Verification Statu	s and the Corrections Notes in this table.	
B. F	Raised Floor		
01	All gaps in the raised floor are sealed		
02		a hard cover, and the hard covers are sealed.	
03	All Plumbing and electrical wires that		
04	Subfloor sheathing is glued or sealed	at all exterior panel edges, to create a continuous air tight subfloor.	
		 Pass - all applicable requirements are met; or 	
05	Verification Status:	Fail - one or more applicable requirements are not met. Enter reason for failure in corrections	
		notes field below; or	
0.0		☐ All N/A - This entire table is not applicable.	
06	Correction Notes:	to compliance decreases of the set of section by the section of th	
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Fail - one or more applicable requirements are not met. Enter reason for failure in corrections Verification Status: notes field below; or All N/A - This entire table is not applicable. 04 | Correction Notes:

The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes in this table.

Permit Number:

Zip Code

AIR INFILTRATION SEALING - FRAMING STAGE FOR SIP and ICF

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EC-CF3R-ENV-24-H (Revised 01/16)		CALIFORNIA ENERGY C	COMMISSION
CERTIFICATE OF VERIFICATION		(CF3R-ENV-24-H
Quality Insulation Installation (QII) – Air Infil	tration Sealing - Framing Stage for SIP and ICF		(Page 2 of 4)
Project Name:	Enforcement Agency:	Permit Number:	
	1	ſ	

Dwelling Address: City Zip Code				Zip Code
E. C	onditioned Space Above or Adjac	ent to Garage Air Barrier		
01	All penetrations in the subfloor abo	ve the garage into condition	ed space must follow the raised floor air b	parrier requirements above.
	Infiltration between the space above	e the garage and subfloor is	prevented by one of the two following m	ethods:
	 Seal all edges of garage ce 	eiling (typical drywall) at the	perimeter of the garage to create a contin	nuous air tight surface between the
	garage and adjacent cond	itioned envelope. Seal all pl	umbing, electric and mechanical penetrat	ions between the garage and the
02			s, airtight blocking must be added on four	sides of the garage perimeter.
	Insulation can be placed of			
			oned space transition. Seal all subfloor se	
	conditioned space and the		e placed in contact of subfloor below cond	litioned space.
			ole requirements are met; or	-t
03	Verification Status:		e applicable requirements are not met. Er	iter reason for failure in corrections
		notes field below		
04	Correction Notes:	☐ <u>All N/A - This ent</u>	ire table is not applicable.	
_		is compliance document aff	irms that all applicable requirements in t	his table have been met unless
	erwise noted in the Verification Statu			No table never been met anness
			1/6 :1	
F. C	antilevered Floor Air Barrier		0, 10,	
01		tween joists where the wall	rim joist would have been located in the a	absence of a cantilever.
02			ver so that there is a continuous air and we	
02	The cantilevered joist must be insula			
03	Any gaps, cracks or penetrations in tl	ne air barrier of the cantileve	er shall be sealed. Recessed down lights in	n the cantilever is IC and AT rated
03	and properly sealed to sheathing.		1	
		Pass - all applical	ole requirements are met; or	
04	Verification Status:		<u>e applicable requirements are not met. Er</u>	nter reason for failure in corrections
0 1	vermeation status.	notes field below		
		☐ <u>All N/A - This ent</u>	ire table is not applicable.	
05	Correction Notes:			
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otne	erwise noted in the Verification Statu	s and the Corrections Notes	in this table	
<u> </u>	Aulaifausilly Air Dannier	- 131 - 0) ·	
1	Multifamily Air Barrier		- And I do not not not not not not not not not no	
01			ontrol air movement across envelope com	
02	Floor AND Ceiling of each Dwelling Unit – All penetrations through the floor and ceiling of each unit must be sealed including, electric and gas			
	utilities, water pipes, drain pipes, fire protection service pipes, communication wiring etc. Elevator penthouse, mechanical penthouse, stairwell doors, roof access hatch, plumbing stacks, etc. sealed to reduce air transfer from			
attached spaces.		to reduce an transfer from		
	Common Walls – Bottom plate between units must be sealed to the subfloor. All penetration in the common walls is sealed. Interior walls			
that open into the common walls must be sealed.				
Vertical Chases – All vertical chases are sealed at the floor and ceiling of each unit so air cannot transfer from first floor		om first floor to second floor around		
05	chase.			
06	Vertical Chases –The chases such as	garbage chutes, elevator sha	ifts, and HVAC ducting are sealed to stop a	air movement through the chase to
06	surrounding spaces.			
07		tween dwelling unit and cor	nmon hallways are sealed, including door	s to the dwelling unit, are gasketed
or made substantially airtight.				
			ole requirements are met; or	
08	Verification Status:	☐ <u>Fail - one or mor</u>	e applicable requirements are not met. Er	iter reason for failure in corrections
		TINTAS TIAIN NAINI	/ III	

The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met unless otherwise noted in the Verification Status and the Corrections Notes in this table..

All N/A - This entire table is not applicable.

09 Correction Notes:

STATE OF CALIFORNIA

Dwelling Address:

AIR INFILTRATION SEALING - FRAMING STAGE FOR SIP and ICF

CEC-CF3R-ENV-24-H (Revised 01/16)	C	ALIFORNIA ENERGY COMMISSION
CERTIFICATE OF VERIFICATION		CF3R-ENV-24-H
Quality Insulation Installation (QII) – Air Infiltration Sealing - Framing Stage for SIP and ICF		(Page 3 of 4)
Project Name:	Enforcement Agency:	Permit Number:

Zip Code

Н. [Determination of HERS Verification Compliance
All a	applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate
of V	erification as a whole to be determined to be in compliance.
01	

For information and data collection and data collection with a linking provider only. Not valid until registered with a linking provider

City

Registration Number: Registration Date/Time: HERS Provider:

AI

R INFILTRATION SEALING – FRAMING STAGE FOR SIP and ICF	(1)
C-CF3R-ENV-24-H (Revised 01/16)	CALIFORNIA ENERGY COMMISSION

CEC-CF3R-ENV-24-F (Revised 01/16)		ALIFORNIA ENERGY COMMISSION
CERTIFICATE OF VERIFICATION		CF3R-ENV-24-H
Quality Insulation Installation (QII) – Air Infiltration Sealing - Framing Stage for SIP and ICF		(Page 4 of 4)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT			
1. I certify that this Certificate of Verification documentation is accurate and complete.			
Documentation Author Name:	Documentation Author Signature:		
Company:	Date Signed:		
Address:	CEA/HERS Certification Information (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: The information provided on this Certificate of Verification is true and correct. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater). The installed features, materials, components, manufactured devices, or system performance diagnostic results that require HERS verification identified on this Certificate of Verification comply with the applicable requirements in Reference Appendices RA2, RA3, and the requirements specified on the Certificate of Compliance for the building approved by the enforcement agency. The information reported on applicable sections of the Certificate(s) of Installation (CF2R) signed and submitted by the person(s) responsible for the construction or installation conforms to the requirements specified on the Certificate(s) of Compliance (CF1R) approved by the enforcement agency. I will ensure that a registered copy of this Certificate of Verification 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 Verification is required to be included with the documentation the builder provides to the building owner at occupancy. 			
BUILDER OR INSTALLER INFORMATION AS SHOWN ON THE CERTIFICATE OF INSTALLATION			
Company Name (Installing Subcontractor, General Contractor, or Builder/Owner):			
Responsible Builder or Installer Name: CSLB License:			
HERS PROVIDER DATA REGISTRY INFORMATION			
Sample Group Number (if applicable): Dwelling Test Status in Sample Group (if applicable):			
HERS RATER INFORMATION			
HERS Rater Company Name:			
Responsible Rater Name:	Responsible Rater Signature:		

Date Signed:

Responsible Rater Certification Number w/ this HERS Provider:

(Page 1 of 1)

CF3R-ENV-24-H User Instructions

A. Installation

- 4. HERS Rater to select from list:
 - a. Pass all applicable requirements are met.
 - b. Fail one or more applicable requirements are not met. Rater must enter reason for failure in corrections notes field below.
 - c. All N/A This entire table is not applicable.
- 5. Correction Notes, Rater must enter reason for failure.

B. Raised Floor

- 5. HERS Rater to select from list:
 - a. Pass all applicable requirements are met.
 - b. Fail one or more applicable requirements are not met. Rater must enter reason for failure in corrections notes field below.
 - c. All N/A This entire table is not applicable.
- 6. Correction Notes, Rater must enter reason for failure.

C. Walls

- 8. HERS Rater to select from list:
 - a. Pass all applicable requirements are met.
 - b. Fail one or more applicable requirements are not met. Rater must enter reason for failure in corrections notes field below.
 - c. All N/A This entire table is not applicable.
- 9. Correction Notes, Rater must enter reason for failure.

D. SIP Ceiling

- 3. HERS Rater to select from list:
 - a. Pass all applicable requirements are met.
 - b. Fail one or more applicable requirements are not met. Rater must enter reason for failure in corrections notes field below.
 - c. All N/A This entire table is not applicable.
- 4. Correction Notes, Rater must enter reason for failure.

E. Conditioned Space Above or Adjacent to Garage Air Barrier

- 4. HERS Rater to select from list:
 - a. Pass all applicable requirements are met.
 - b. Fail one or more applicable requirements are not met. Rater must enter reason for failure in corrections notes field below.
 - c. All N/A This entire table is not applicable.
- 5. Correction Notes, Rater must enter reason for failure.

F. Cantilevered Floor Air Barrier

- 4. HERS Rater to select from list:
 - a. Pass all applicable requirements are met.
 - b. Fail one or more applicable requirements are not met. Rater must enter reason for failure in corrections notes field below.
 - c. All N/A This entire table is not applicable.
- 5. Correction Notes, Rater must enter reason for failure.

G. Multifamily Air Barrier

- 6. HERS Rater to select from list:
 - a. Pass all applicable requirements are met.
 - b. Fail one or more applicable requirements are not met. Rater must enter reason for failure in corrections notes field below.
 - c. All N/A This entire table is not applicable.
- 7. Correction Notes, Rater must enter reason for failure.