

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).

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) ²	Standby Loss (%) ²	External Insulation R-value ²

- 1 For **small gas storage** (rated input of 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 (RE), Thermal Efficiency, Standby Loss and Rated Input. For **instantaneous gas water heaters**, list Thermal Efficiency and Rated Input.
2. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Kitchen Piping:

If indicated on the CF-1R, all hot water piping $\geq 3/4$ inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Energy Commission, pursuant to Title 24, Part 6, Section 111.

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



- 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

I, the undersigned, verify that equipment listed above my signature is: 1) 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.

Signature, Date

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

COPY TO: Building Department
HERS Rater (if applicable)
Building Owner at Occupancy

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FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

¹⁾ Use values from a fenestration product’s NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.

²⁾ Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. If using default table SHGC values from §116 identify whether tinted or not.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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HVAC SYSTEMS:

Heating Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥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) ¹ (≥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.

 Signature, Date

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

COPY TO: Building Department
 HERS Rater (if applicable)
 Building Owner at Occupancy

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Permit Number

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- 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

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 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:		✓ ✓
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [_____ (Line # 1) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test 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)		✓ ✓
8	Entire New Duct System - Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in [100 x [_____ (Line # 5) / _____ Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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:			
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
Pass if One of Lines # 9 through # 12 pass			<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.

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

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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

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Standard Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Passes
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Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 °F)

Note: The system should be installed and charged in accordance with the manufacturer’s specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is 55 °F or above, installer shall use the Standard Charge Measure Procedure:

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.

Weigh-In Charging Method for Refrigerant Charge

Actual liquid line length:		ft
Manufacturer’s Standard liquid line length:		ft
Difference (Actual – Standard):		ft
Manufacturer’s correction (ounces per foot) _____ x difference in length = _____ ounces (+ = add) (- = remove)		

Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix RD2.6

Calculated Airflow: Cooling Capacity (Btu/hr) _____ X 0.033 (cfm/Btu-hr) = _____ CFM
Measured Airflow is _____ CFM (Measured airflow must be greater than the calculated airflow).

Alternate Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Passes
-------------------------------------	------------------------------	-----------------------------	---------------

Signature, Date

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

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MISCELLANEOUS CREDITS

DIAGNOSTIC SUPPLY DUCT LOCATION, SURFACE AREA AND R-VALUE

Procedures for field verification and diagnostic testing for this group compliance credits are available in RACM, Appendix RC, RE & RH.

LESS THAN 12 LINEAL FEET OF SUPPLY DUCT OUTSIDE OF CONDITIONED SPACE COMPLIANCE CREDIT

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

SUPPLY DUCTS LOCATED IN CONDITIONED SPACE COMPLIANCE CREDIT

<input checked="" type="checkbox"/>	<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"/>			<input type="checkbox"/> Pass
<input checked="" type="checkbox"/>			<input type="checkbox"/> Fail

Duct System Design verification is required for a compliance credit for the following:

1. Supply duct surface area reduction
2. Buried supply ducts on the ceiling
3. Deeply buried supply ducts

DUCT SYSTEM DESIGN VERIFICATION

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate airflow verified
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duct system design plan meets the requirements specified in RACM, Appendix RE, Section RE.4.2
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duct system design plan exists on building plans
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct sizes, duct system layout and locations of supply & return registers match the duct system design plan
Yes to all is a pass			
<input checked="" type="checkbox"/>			<input type="checkbox"/> Pass
<input checked="" type="checkbox"/>			<input type="checkbox"/> Fail

SUPPLY DUCTS SURFACE AREA REDUCTION COMPLIANCE CREDIT

	Attic	Crawl Space	Basement	Covered	Deeply Covered	Other	Duct Diameter	R-4.2 Surface Area	R-6.0 Surface Area	R-8.0 Surface Area	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Total Surface Area for Each R-Value =											
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Matches Performance's CF-1R?						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Yes to all is a pass									<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

BURIED DUCTS ON THE CEILING COMPLIANCE CREDIT

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Buried Ducts on the Ceiling
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified High Insulation Installation Quality
Yes to duct system design, supply duct surface area reduction and this compliance credit is a pass			
<input type="checkbox"/>			<input type="checkbox"/> Pass
<input type="checkbox"/>			<input type="checkbox"/> Fail

DEEPLY BURIED DUCTS COMPLIANCE CREDIT

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Deeply Buried Ducts
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified High Insulation Installation Quality
Yes to duct system design, supply duct surface area reduction and this compliance credit is a pass			
<input type="checkbox"/>			<input type="checkbox"/> Pass
<input type="checkbox"/>			<input type="checkbox"/> Fail

COPY TO: Building Department, HERS Rater, Building Owner at Occupancy

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FAN WATT DRAW

Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.

<input checked="" type="checkbox"/> Method For Fan Watt Draw Measurement				
<input type="checkbox"/>	RE3.2.1	Portable Watt Meter Measurement		
<input type="checkbox"/>	RE3.2.2	Utility Revenue Meter Measurement		
Measured Fan Watt Draw:				Watts
				✓ ✓
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Measured fan watt draw is equal to or lower than the fan watt draw documented in CF-1R		<input type="checkbox"/> <input type="checkbox"/>
Yes is a pass				Pass Fail

ADEQUATE AIRFLOW VERIFICATION

Procedures for measuring the airflow are available in RACM, Appendix RE3.1.

<input checked="" type="checkbox"/> Method For Airflow Measurement				
<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:				cfm/ton
				✓ ✓
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Measured airflow is greater than the criteria in Table RE-2		<input type="checkbox"/> <input type="checkbox"/>
Yes is a pass				Pass Fail

MAXIMUM COOLING CAPACITY

Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate airflow verified (see adequate airflow credit)		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Refrigerant charge or TXV		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct leakage reduction credit verified		
4	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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.	✓ ✓	<input type="checkbox"/> <input type="checkbox"/>
Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass					Pass	Fail

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EER values of installed systems match the CF-1R		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil	✓	✓
3	<input checked="" type="checkbox"/>	<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					Pass	Fail

Tests Performed _____

Signature, Date _____

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

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BUILDING ENVELOPE LEAKAGE DIAGNOSTICS

ENVELOPE SEALING INFILTRATION REDUCTION

Procedures for field verification and diagnostic testing of envelope leakage are available in RACM, Appendix RC.

Diagnostic Testing Results								
	✓	✓	Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater:					
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measured envelope leakage less than or equal to the required level from CF-1R?					
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Mechanical Ventilation shown as required on the CF-1R?					
2a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Mechanical Ventilation is required on the CF-1R ('Yes' in line 2), has it been installed?					
2b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box 'yes' if mechanical ventilation is required ('Yes' in line 2) and ventilation fan watts are no greater than shown on CF-1R. Measured Watts =					
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box "yes" if measured building infiltration (CFM @ 50 Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R (If this box is checked no, mechanical ventilation is required.)					
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box "yes" if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascal with all exhaust fans operating.					
			Pass if: a. Yes in line 1 and line 3, or b. Yes in line 1 and line2, 2a, and 2b, or c. Yes in line 1 and Yes in line 4.	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Pass</td> <td style="text-align: center;"><input type="checkbox"/> Fail</td> </tr> </table>	✓	✓	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
✓	✓							
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail							
			Otherwise fail.					

I, the undersigned, verify that the building envelope leakage meets the requirements claimed for building leakage reduction below default assumptions as used for compliance on the CF-1R. This is to certify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. (The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or subcontractors certifying that diagnostic testing and installation meet the requirements for compliance credit.)

Test Performed _____ Signature _____ Date _____

Testing Subcontractor (Co. Name) OR _____
General Contractor (Co. Name) _____

COPY TO: Building Department
HERS Rater (if applicable)
Building Owner at Occupancy

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Insulation Installation Quality Certificate

- ✓ Description of Insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer’s name, material identification, installed R-values, and for loose-fill insulation: minimum weight per square foot and minimum inches
- ✓ Installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH)

✓ FLOOR			
<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
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
✓ WALLS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4" deep or more than 10% of the batt surface area.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as; 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"/>	Small spaces filled
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose fill wall insulation meets or exceeds manufacturer's minimum weight-per-square-foot requirement
Yes	No	NA	
✓ ROOF/CEILING PREPARATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rulers installed
Yes	No	NA	

Site Address _____

Permit Number _____

✓ **ROOF/CEILING BATTS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over ¾ in. deep or more than 10% of the batt surface area.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
Yes	No	NA	
✓ ROOF/CEILING LOOSE-FILL			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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. (CF-6R only)
Yes	No	NA	

DECLARATION

I hereby certify that the installation meets all applicable requirements as specified in the Insulation Installation Procedures.

Signature Date

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

COPY TO: Building Department
HERS Rater (if applicable)
Building Owner at Occupancy

Site Address

Permit Number

Number and Street

City

County

Subdivision

Lot Number

Description of Insulation (Formerly IC-1 Form)

1. RAISED FLOOR

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

2. SLAB FLOOR/PERIMETER

Material _____
Thickness (inches) _____
Perimeter Insulation Depth (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

3. EXTERIOR WALL

Frame Type _____

A. Cavity Insulation

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

B. Exterior Foam Sheathing

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

4. FOUNDATION WALL

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

5. CEILING

Batt or Blanket Type _____
Thickness (inches) _____
Loose Fill Type _____
Contractor's min installed weight/ft² _____ lb
Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) _____

Brand Name _____
Thermal Resistance (R-Value) _____
Brand _____
Minimum thickness _____ inches

6. ROOF

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

Declaration

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current *Energy Efficiency Standards* for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Item #s

Signature, Date

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

Item #s

Signature, Date

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

Item #s

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