

DUCT LEAKAGE DIAGNOSTIC TEST

CEC-CF2R-MCH-20-H (Revised 06/14)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF INSTALLATION		CF2R-MCH-20-H
Duct Leakage Diagnostic Test		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City:	Zip Code:

A. System Information

01	Space Conditioning System Identification or Name:	
02	Space Conditioning System Location or Area Served:	
03	Building Type from CF1R	
04	Verified Low Leakage Ducts in Conditioned Space (VLLDCS) Credit from CF1R?	
05	Verified Low Leakage Air-handling Unit Credit from CF1R?	
06	Duct System Compliance Category:	

MCH-20b - Low Leakage Ducts in Conditioned Space**B. Duct Leakage Diagnostic Test**

01	System compliance with visual inspection per RA3.1.4.1.3? (registered MCH-21 is required)	
02	Duct Leakage Test Conditions	
03	Duct Leakage Test Method	
04	Target Allowable Duct Leakage Rate (cfm)	
05	Actual duct leakage rate from leakage test measurement (cfm)	
06	Compliance statement:	

C. ADDITIONAL REQUIREMENTS FOR COMPLIANCE

01	System was tested in its normal operation condition. No temporary taping allowed.
02	Outside air (OA) ducts for Central Fan Integrated (CFI) ventilation systems, shall not be sealed/taped off during duct leakage testing. CFI OA ducts that utilize controlled motorized dampers, that open only when OA ventilation is required to meet ASHRAE Standard 62.2, and close when OA ventilation is not required, may be configured to the closed position during duct leakage testing.
03	All supply and return register boots were sealed to the drywall.
04	Building cavities were not used as plenums or platform returns in lieu of ducts.
05	If cloth backed tape was used it was covered with Mastic and draw bands.
06	All connection points between the air handler and the supply and return plenums are completely sealed.

The responsible person's signature on this compliance document affirms that all applicable requirements in this table have been met.

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

Registration Number:

Registration Date/Time:

HERS Provider:

CA Building Energy Efficiency Standards - 2013 Residential Compliance

June 2014

STATE OF CALIFORNIA
DUCT LEAKAGE DIAGNOSTIC TEST

CEC-CF2R-MCH-20-H (Revised 06/14)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF INSTALLATION		CF2R-MCH-20-H
Duct Leakage Diagnostic Test		(Page 2 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

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	
<p>I certify the following under penalty of perjury, under the laws of the State of California:</p> <ol style="list-style-type: none"> 1. The information provided on this Certificate of Installation is true and correct. 2. I am 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 (responsible builder/installer), otherwise I am an authorized representative of the responsible builder/installer. 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 plans and specifications approved by the enforcement agency. 4. I understand that a HERS rater will check the installation to verify compliance, and 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. 5. I reviewed a copy of the Certificate of Compliance approved by the enforcement agency that identifies the specific requirements for the scope of construction or installation identified on this Certificate of Installation, and I have ensured that the requirements that apply to the construction or installation have been met. 6. 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):

User instructions - CF2R-MCH-20b.

A. System Information

1. *HVAC System Identification or Name*: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
2. *HVAC System Location or Area Served*: This field is filled out automatically. It is referenced from the CF2R-MCH-01, which must be completed prior to this document.
3. *Building Type*: This field is filled out automatically. It is referenced from the Certificate of Compliance (CF1R), which must be completed prior to this document.
4. *Verified Low Leakage Ducts in Conditioned Space (VLLDCS)*: This field is filled out automatically. It is referenced from the Certificate of Compliance (CF1R), which must be completed prior to this document.
5. *Verified Low Leakage Air-handling Unit (VLLAHU) Credit*: This field is filled out automatically. It is referenced from the Certificate of Compliance (CF1R), which must be completed prior to this document.
6. *Duct System Compliance Category*: Choose from New, Replacement, Alteration, Replacement Using Smoke Test, Alteration Using Smoke Test.
 - a. **New**: Use this choice for newly constructed buildings, additions with all-new systems dedicated to the addition, or new systems installed in existing homes where the equipment is newly installed and the ducts are at least 75 percent or more newly installed duct material (up to 25 percent of the finished system may consist of reused parts from the dwelling unit's previously existing duct system, such as registers, grilles, boots, air handler, coil, plenums, duct material).
 - b. **Replacement**: For existing buildings where the equipment is not newly installed but the ducts are at least 75 percent or more newly installed duct material (up to 25 percent of the finished system may consist of reused parts from the dwelling unit's previously existing duct system, such as registers, grilles, boots, air handler, coil, plenums, duct material). Sometimes referred to as a "re-ducted" system.
 - c. **Alteration**: For existing buildings where any of the following are newly installed or replaced as part of the project and the system does not meet one of the other compliance categories.:
 - i. 40 feet of space-conditioning system ducts are installed in unconditioned space or indirectly conditioned space.
 - ii. Air conditioning or heat pump condenser
 - iii. Heating or cooling coil
 - iv. Air handler (e.g., furnace, fan coil, package unit)
 - d. **Replacement using Smoke Test**: Similar to "Replacement" but the target leakage could not be met due to the equipment not being new. Smoke is used to show that leaks are only coming from the previously existing equipment. All accessible leaks visible by smoke must be sealed.
 - e. **Alteration using Smoke Test**: Similar to "Alteration" but the target leakage could not be met due to the equipment not being new or due to inaccessible leaks. Smoke is used to show that leaks are only coming from the previously existing equipment or are inaccessible. All accessible leaks visible by smoke must be sealed.

B. 20b. Duct Leakage Diagnostic Test - Low Leakage Ducts in Conditioned Space

1. *System compliance with visual inspection per RA3.1.4.1.2? (registered MCH-21 is required)*: This field will be automatically filled. A MCH-21 must be registered to certify that a visual inspection confirms the space conditioning system is located entirely in conditioned space in accordance with RA3.1.4.1.3. If any part of the duct system is outside of conditioned space, the system does not pass.
2. *Duct Leakage Test Conditions*: This field will be automatically filled. The entire duct system shall be included in the total leakage test. The air handler, supply and return plenums and all the connectors, transition pieces, duct boots and registers must be installed and tested to total system leakage. All supply registers shall be taped so that the tape goes over the grills and attaches to the surrounding drywall. All return grilles except for one large centrally located return grille or the air handler cabinet access panel shall be taped up.

3. *Duct Leakage Test Method*: This field will be automatically filled. Leakage to outside shall be verified by pressurizing the dwelling and the ducts to 25 Pa (0.1 inches of water) **with respect to outside**. A full description of these procedures can be found in RA3.1.4.3.4.
4. *Target Allowable Duct Leakage Rate (cfm)*: This field will be automatically filled. In order to pass this test duct leakage must be equal to or less than 25 cfm when the dwelling and ducts are pressurized to 25 Pa with respect to outside. NOTE; The 25 cfm leakage value will be difficult to reach unless the ducts are located in conditioned space.
5. *Actual Duct Leakage Rate from Leakage Test Measurement (cfm)*: Input the duct leakage rater taken from actual test measurements.
6. *Compliance statement*: This field will be automatically filled. The test passes if actual leakage rate is less than or equal to 25 cfm and a MCH-21 has been registered.

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