

CERTIFICATE OF ACCEPTANCE

LTG-2A

Lighting Control Acceptance Document

(Page 1 of 3)

Project Name/Address:

System Name or Identification/Tag:

System Location or Area Served:

Enforcement Agency:

Permit Number:

Note: Submit one Certificate of Acceptance for each system that must demonstrate compliance.

Enforcement Agency Use: Checked by/Date

FIELD TECHNICIAN'S 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 the person who performed the acceptance requirements verification reported on this Certificate of Acceptance (Field Technician).
- I certify that the construction/installation identified on this form complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
- I have confirmed that the Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.

Company Name:

Field Technician's Name:

Field Technician's Signature:

Date Signed:

Position With Company (Title):

RESPONSIBLE PERSON'S DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, that I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this form.
- I am a licensed contractor, architect, or engineer, who is eligible under Division 3 of the Business and Professions Code, in the applicable classification, to take responsibility for the scope of work specified on this document and attest to the declarations in this statement (responsible person).
- I certify that the information provided on this form substantiates that the construction/installation identified on this form complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
- I have confirmed that the Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building.
- I will ensure that a completed, signed copy of this Certificate of Acceptance 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 Certificate of Acceptance is required to be included with the documentation the builder provides to the building owner at occupancy.

Company Name:

Phone:

Responsible Person's Name:

Responsible Person's Signature:

License:

Date Signed:

Position With Company (Title):

Occupant Sensor, Manual Daylighting Control, and Automatic Time Switch Control**Intent:** Lights are turned off when not needed per Section 119(d) & 131(d).**Construction Inspection**

1 Instrumentation to perform test includes, but not limited to:

a. Hand-held amperage and voltage meter

b. Power meter

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System Name or Identification/Tag:	System Location or Area Served:

2	Occupancy Sensor Construction Inspection		
	☐	Occupancy sensor has been located to minimize false signals	
	☐	Light meter	
	☐	Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source	
3	Manual Daylighting Controls Construction Inspection		
	☐	If dimming ballasts are specified for light fixtures within the daylit area, make sure they meet all the Standards requirements, including "reduced flicker operation" for manual dimming control systems	
4	Automatic Time Switch Controls Construction Inspection		
	a.	Automatic time switch control is programmed for (check all):	
	☐	Weekdays	
	☐	Weekend	
	☐	Holidays	
	b.	Document for the owner automatic time switch programming (check all):	
	☐	Weekdays settings	
	☐	Weekend settings	
	☐	Holidays settings	
	☐	Set-up settings	
	☐	Preference program setting	
	☐	Verify the correct time and date is properly set in the time switch	
	☐	Verify the battery is installed and energized	
	☐	Override time limit is no more than 2 hours	
	☐	Occupant Sensors and Automatic Time Switch Controls have been certified to the Energy Commission in accordance with the applicable provision in Section 119 of the Standards, and model numbers for all such controls are listed on the Commission database as Certified Appliance and Control Devices	

A. Select Acceptance Test (Indicate lighting control systems Names/Designations by the applicable tests below)				
☐	1	Occupancy Sensor		
☐	2	Manual Daylighting Controls		
☐	3	Automatic Time Switch Controls		
B. Equipment Testing Requirements		Applicable Lighting Control Systems		
Check and verify those items applicable to selected system:				
Occupancy Sensor - Step 1: Simulate an unoccupied condition		1	2	3
a.	Lights controlled by occupancy sensors turn off within a maximum of 30 minutes from start of an unoccupied condition per Standard Section 119(d)	Y / N	Y / N	Y / N
b.	The occupant sensor does not trigger a false "on" from movement in an area adjacent to the controlled space or from HVAC operation	Y / N	Y / N	Y / N
c.	Signal sensitivity is adequate to achieve desired control	Y / N	Y / N	Y / N
Occupant Sensor - Step 2: Simulate an occupied condition				
a.	Status indicator or annunciator operates correctly	Y / N	Y / N	Y / N
b.	Lights controlled by occupancy sensors turn on when Immediately upon an occupied condition OR (this requirement is mutually exclusive with Step 2.c.)	Y / N	Y / N	Y / N
c.	Sensor indicates space is "occupied" and lights turn on manually	Y / N	Y / N	Y / N

continued on next page

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System Name or Identification/Tag:

System Location or Area Served:

Occupant Sensor - Step 3: System returned to initial operating conditions		Y / N	Y / N	Y / N
Occupant Sensor - Step 4 - Sensor is also a multi-Level Occupant Sensor used to qualify for a Power Adjustment Factor in Section 146(a)2D of the Standards. If yes, then 'a,' 'b,' and 'c' must also be yes.		Y / N	Y / N	Y / N
a.	The first stage activates between 30 to 70% of the lighting either manually or automatically.	Y / N	Y / N	Y / N
b.	A reasonably uniform level of illuminance is achieved by dimming of all lamps or luminaires; or by switching alternate lamps in luminaires, alternate luminaires, or alternate rows of luminaires.	Y / N	Y / N	Y / N
c.	After the first stage occurs, manual switches have been provided to activate the alternate set of lights, activate 100% of the lighting power, and manually deactivate all of the lights.	Y / N	Y / N	Y / N

a.	At least 50% of lighting power in daylit areas is separately controlled from other lights	Y / N	Y / N	Y / N
b.	The amount of light delivered to the space is uniformly reduced	Y / N	Y / N	Y / N

Automatic Time Switch Controls - Step 1: Simulate occupied condition

a.	All lights can be turned on and off by their respective area control switch	Y / N	Y / N	Y / N
b.	Verify the switch only operates lighting in the ceiling-height partitioned area in which the switch is located	Y / N	Y / N	Y / N

a.	All non-exempt lighting turn off per Section 131(d)1	Y / N	Y / N	Y / N
b.	Manual override switch allows only the lights in the selected ceiling height partitioned space where the override switch is located, to turn on or remain on until the next scheduled shut off occurs	Y / N	Y / N	Y / N
c.	All non-exempt lighting turns off	Y / N	Y / N	Y / N

Note: Shaded areas do not apply for particular test procedure				
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Note: Shaded areas do not apply for particular test procedure

☐	PASS: All applicable Construction Inspection responses are complete and all applicable Equipment Testing Requirements responses are positive (Y - yes)
☐	FAIL: Any applicable Construction Inspection responses are incomplete <i>OR</i> there is one or more negative (N - no) responses in any applicable Equipment Testing Requirements section. Provide explanation below. Use and attach additional pages if necessary.

☐	PASS: All applicable Construction Inspection responses are complete and all applicable Equipment Testing Requirements responses are positive (Y - yes)
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☐	FAIL: Any applicable Construction Inspection responses are incomplete <i>OR</i> there is one or more negative (N - no) responses in any applicable Equipment Testing Requirements section. Provide explanation below. Use and attach additional pages if necessary.
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