

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0612058
Insp Area: 4
Thos Bros: 277J2

Site Address: 1160 JEAN AV SAC
Parcel No: 237-0214-007

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
CENTRAL AIRE INC
2340 GOLD RIVER RD. STE. C
GOLD RIVER CA. 95670

OWNER
HERNANDEZ EZEQUIEL M/MARIE G
737 MONTE CARLO DR
SUISUN, CA 94585

PAID
CITY OF SACRAMENTO
ARCHITECTS
AUG 07 2006
NEW CITY HALL

Nature of Work: RPLC PACKAGE HVAC UNIT. 2005 ENERGY STANDARDS APPLY. DOC'S REQUIRED AT FINAL. SMOKE DETECTORS REQUIRED.

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

X License Class C-20 License Number 836537 Date 8-7-06 Contractor Signature Ch L

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

____ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

X Date 8-7-06 Applicant/Agent Signature Ch L

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

X I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE COMP FUND Policy Number 713-0012802 Exp Date 10/27/2006

____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

X Date 8-7-06 Applicant Signature Ch L

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

0612058

07-13-07

AP VLL
M-21/108/1379

INSTALLATION CERTIFICATE

(Page 3 of 12)

CF-6R

1160 JEAN AVE

SACRAMENTO CA 95828 0

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).

HVAC SYSTEMS:

Heating Equipment

| Equip Typ (pkg. heat pump) | CEC Certified Mfr. Name, Model and Serial 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) |
|----------------------------|--|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|
| Package | RUUD | 1 | 8.50 HSPF | Attic | R 4.2 | 0 | 70000 |
| | RRPL-B036JK | | | | | | |
| | | | | | | | |
| | | | | | | | |

Cooling Equipment

| Equip Typ (pkg. heat pump) | CEC Certified Mfr. Name, Model and Serial Number | # of Identical Systems | Efficiency (AFUE, etc.) ¹ >(CF-1R value) | Duct Location (attic, etc.) | Duct or Piping R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|----------------------------|--|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|
| Package | 000 | 1 | 14.00 SEER | Attic | R 4.2 | 0 | 36000 |
| | 0 | | 12.00 EER | | | | |
| | | | | | | | |
| | | | | | | | |
| Coil | 000 | | | | | | |
| | 0 | | | | | | |

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.

Vanessa Jones
Signature, Date

4/13/06

Central Aire, Inc

Installing Subcontractor (Co. Name)

40009

OR General Contractor (Co. Name) OR Owner

1087

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

1160 JEAN AVE

SACRAMENTO CA 95828

0

Site Address

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: | | Measured Values | |
|---|--|-----------------|---|
| Duct Pressurization Test Results (CFM @ 25 Pa) | | | |
| 1 Enter Tested Leakage Flow in CFM: | | | |
| 2 Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input 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: | | 1200 | |
| 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. | | 134 | |
| 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)]] | | 12% | <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.

Manuela Jones
Signature

6/13/06
Date

Central Aire, Inc

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

40009
1087

1160 JEAN AVE

SACRAMENTO CA 95828

0

Site Address

Permit Number

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

| | | | | | |
|---|-----------------------------|---|---|------|------|
| <input checked="" 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. | | | |
| | | Yes is a pass | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50px; text-align: center;">Pass</td> <td style="width: 50px; text-align: center;">Fail</td> </tr> </table> | Pass | Fail |
| 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 55oF 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 +6°F) | F |

Temperature Split Method Calculations for Adequate Airflow

Split Method Calculation is not necessary if Adequate Airflow credit is taken

| | |
|---|---|
| Actual Temperature Split = Treturn, 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 |

1160 JEAN AVE

SACRAMENTO CA 95828 0

Site Address

Permit Number

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

Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 oF)

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

Vanessa Jones 6/13/04
 Signature, Date

Central Aire, Inc
 Installing Subcontractor (Co. Name) OR 40009
 General Contractor (Co. Name) OR Owner 1087

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



ENERGY ANALYSIS and COMFORT SOLUTIONS INC.

PO Box 2233
Orangevale, CA
95662

Phone: 916-698-4185
Fax: 916-988-2387

Rater: _____
Date: _____
Time In: _____
Time Out: _____

| Contractor Information | | | | | | | | | | | |
|------------------------------------|---------------------------|-------------------------------|---------------------|------------------------------|------------------------|-----------------|---------------------|--|--|--|--|
| Contractor Name | Contractor Address | City | ST | Zip | Office Phone | Office Fax | | | | | |
| Central Aire, Inc | 2340 Gold River Rd, Ste C | Gold River | CA | 95670 | 916-635-5406 | 916-635-5426 | | | | | |
| Documentation Author | Project Coordinator | Project Coordinator - Phone # | | Extension | License # | Company ID # | | | | | |
| Chris Raney | Vanessa Jones | 916-635-5423 | | | 836537 | 40009 | | | | | |
| Residential Project Information | | | | | | | | | | | |
| Owner's Name/ Project Title | Address | City | ST | Zip | Phone | Map Page | | | | | |
| HERNANDEZ, EZEQUIEL | 1160 JEAN AVE | SACRAMENTO | CA | 95828 | 916-688-8974 | 278-A2 | | | | | |
| Climate Zone | County | Utility | Rebate | T24 Compliance Type | Bid Dept - Permit From | Permit # | | | | | |
| 12 | County of Sacramento | SMUD | Yes | Alteration Certificate (SFR) | County of Sacramento | | | | | | |
| Project Type | Building Type | # of Dwellings | # of Stories | Conditioned SF | Orientation | Floor Type | | | | | |
| Alteration | Single Family Detached | 1 | 1 | 1750 | N = 000 | Raised | | | | | |
| Est Start Job | Est Complete Job | Contractor Job # | Group Size | Plan # | House # | Group # | | | | | |
| 6/13/06 | 6/13/06 | 206112 | 7 | 40009 | 1087 | 520 | | | | | |
| Equipment Information | | | | | | | | | | | |
| Install Heat Equip? | Heat System Type | Heat Capacity | kBtu | Efficiency Rating | Efficiency Type | Heat Load Calcs | | | | | |
| Yes | Heat Pump | 70 | kBtu | 8.50 | HSPF | Package | | | | | |
| Install Cool Equip? | Cool System Type | Cool Capacity | kBtu | SEER | EER | Cool Load Calcs | | | | | |
| Yes | Heat Pump | 36 | kBtu | 14.00 | 12.00 | Package | | | | | |
| Install Ductwork? | Duct Location | Type of Ducts | R-value | ARI # | Duct Test? | TXV or RCM? | High EER? | | | | |
| No | Attic | Existing | 4.2 | 830356 | Yes | No | No | | | | |
| Furnace or Air Handler Information | | | | | | | | | | | |
| MFG | RUIJD | MFG | 000 | MFG | 000 | | | | | | |
| Model # | RRPL-B036JK | Model # | | Model # | | | | | | | |
| Serial # | | Serial # | | Serial # | | | | | | | |
| Special Issues | Notes | | Future Requirements | | Future Requirements | | Future Requirements | | | | |
| N/A | | | | | | | | | | | |

CF6R forms ?

TXV verified?

Duct Test Performed?

High EER Verified?

New or Exist Ducts?

Equip M# & S# OK?

Stat on, Remove Tape?

Permit # Verified?

Equip Air Flow - CFM

Test Pressure

CFM Leakage

System % Leakage

Smoke Tested?

Stand By Time

Notes:

Signature

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)

CF-4R

| | | | |
|---|---|---|---------------------|
| 1160 JEAN AVE - SACRAMENTO, CA 95828 | | Central Aire, Inc / 836537 | |
| Project Address | | Contractor Name / License No. | |
| | | 06-12058 | |
| Contractor Contact | | Telephone | Permit Number |
| Michael McDermott | | 916-704-2810 | 37903 |
| HERS Rater | | Telephone | Sample Group Number |
| <i>Mike McDermott</i> | | August 21, 2006 | CC14-1798378488 |
| Certifying Signature | | Date | Certificate Number |
| Firm: | Energy Analysis and Comfort Solutions, Inc. | HERS Provider: CalCERTS | |
| Street Address: | PO Box 2233 | City/State/Zip: Orangevale / CA / 95662 | |

Copies to: **Homeowner, HERS Provider and Building Department**

This CF-4R has been registered with the CalCERTS® registry in accordance with the Title 24 & Title 20 of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was not tested. As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of the CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT:

| NEW CONSTRUCTION | | | |
|--|---|-----------------|--|
| | | Measured Values | |
| | Duct Pressurization Test Results (CFM @ 25 Pa) | | |
| 1 | Enter Tested Leakage Flow in CFM: | N/A | |
| 2 | Fan Flow: Calculated (Nominal <input checked="" type="radio"/> Cooling <input type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM: | Not Tested | |
| 3 | Pass if Leakage Percentage $\leq 6\%$ [$100 \times (\text{Line 1} / \text{Line 2})$]: | N/A | N/A |
| ALTERATIONS: Duct System and/or HVAC Equipment Change-Out | | | |
| 4 | Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out. | Not Tested | |
| 5 | Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out. | Not Tested | |
| 6 | Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable) | Not Tested | |
| 7 | Enter Tested Leakage Flow in CFM to Outside (Only if Applicable) | Not Tested | |
| 8 | Entire New Duct System - Pass if Leakage Percentage $\leq 6\%$ [$100 \times (\text{Line 5} / \text{Line 2})$]: | Not Tested | <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 $\leq 15\%$ [$100 \times (\text{Line 5} / \text{Line 2})$]: | Not Tested | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 10 | Pass if Leakage to Outside Percentage $\leq 10\%$ [$100 \times (\text{Line 7} / \text{Line 2})$]: | Not Tested | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 11 | Pass if Leakage Reduction Percentage $\geq 60\%$ [$100 \times (\text{Line 6} / \text{Line 4})$] and Verification by Smoke Test and Visual Inspection | Not Tested | <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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |