

COMMISSIONING COMPLIANCE CHECKLIST (adapted from the 2024 IECC)		
Project Name: _____		
Project Address: _____		Permit Number: _____
Commissioning Provider (CxP): _____		
Company/CxP Address: _____		
ITEM	COMMISSIONING DOCUMENTATION	APPROVAL
1.	Project Commissioning Requirements	
	Project commissioning requirements included in project contract documents.	
2.	Commissioning Plan	
	Commissioning Plan with checklists (before start of functional testing) completed. (Section C408.2.1)	
3.	Commissioning Plan Utilized	
	Commissioning Plan was used during construction and includes items required in Section 408.2.1	
4.	Systems Adjusting and Balancing	
	Systems Adjusting and Balancing completed with report reviewed by CxP	
5.	HVAC Equipment	
	HVAC Equipment Functional and Performance Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
6.	HVAC Controls	
	HVAC Controls Functional and Performance Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
7.	Economizers	
	Economizer Functional and Performance Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
8.	Lighting Controls	
	Lighting Controls Functional and Performance Testing has been executed (Section 408.3.1). If applicable, deferred and follow up testing is scheduled to be completed on _____	
9.	Service Water Heating	
	Service Water Heating Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
10.	Systems Manual	
	Project documentation, and Systems and O&M Manual, and training completed or scheduled.	
11.	Commissioning Report	
	Preliminary Commissioning Report submitted to Owner and includes all items required in C408.2.4	
Owner/Owner's Representative Acknowledgement I hereby certify that the commissioning provider has provided me with evidence of mechanical, service water heating and lighting systems commissioning in accordance with the 2024 IECC. Name/Company: _____ Owner ☐ Owner's Representative ☐ Signature: _____ Date: _____		



City of _____
Residential Energy Compliance Path
Energy Code Requirements of the 2024 IECC (IRC) as amended
Submit with application for either
☐ **A building permit OR** ☐ **A Certificate of Occupancy**



Project Address: _____

Project shall comply with one of the following:

- **Option #1 – Prescriptive Compliance: Sections R401 through R404 (N1101 through N1104)**
- **Option #2 – Simulated Building Performance Compliance: Section R405 (N1105)**
 - Includes compliance with requirements from Sections R401 through R404 as indicated in Table R405.2
- **Option #3 – IECC Energy Rating Index Compliance: Sections R406 (N1106)**
 - Includes compliance with requirements from Sections R401 through R404 as indicated in Table R406.2
 - Note: The HERS® index is not valid for code compliance.
- **Option #4 – ENERGY STAR Certified Homes® R104.1.1 (N1101.4)**
 - Includes compliance with requirements from Sections R401 through R404 as indicated in Table R406.2
 - Includes compliance with requirements from Section R402.5.1.2 (N1102.5.1.2), R403.3.7 (N1103.3.7), R403.3.8 (N1103.3.8), and R403.6.3 (N1103.6.3).
 - Note: Each 1- and 2-family dwelling shall be tested.
- **Option #5 – HB 3215 (87R) Home Energy Rating System Index Compliance**
 - Includes compliance with ANSI/RESNET/ICC 301, as it existed on January 1, 2021.
 - Includes compliance with the Mandatory requirements of 2018 IECC Section R406.2.
 - Includes compliance with Building thermal envelope provision of 2018 IECC R402.1.2 or 2018 IECC R402.1.4.

Attach appropriate site-specific design compliance report and inspection checklist.

Name and version of the compliance software (if selecting Option 2 through 5): _____

I certify that I have verified insulation materials and R-values; fenestration U-factors and SHGC values; area-weighted average U-factor and SHGC calculations; mechanical system design criteria; mechanical and service water heating system and equipment types, mechanical ventilation, sizes and efficiencies; equipment and system controls; duct sealing, duct and piping insulation and location; air sealing details; and that the project as designed satisfies the minimum requirements for the compliance approach selected above.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____



City of _____

Residential Energy Testing Compliance Certificate
Energy Code Requirements of the 2024 IECC (IRC) as amended
Provide this form at building completion prior to final inspections



Project Address: _____ Permit Number: _____

BUILDING THERMAL ENVELOPE TESTING VERIFICATION R402.5.1.2 (N1102.5.1.2)

☐ _____ ACH50* ☐ _____ CFM per SF of dwelling unit enclosure*

I certify that I have conducted **building thermal envelope air leakage testing and the building thermal envelope has passed the requirements of 2024 International Energy Conservation Code or 2024 International Residential Code, applicable and as amended locally**. I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380, ASTM E779, ASTM E1827, or ASTM E3158 and that I am a third party as approved by the building official.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

DUCT SYSTEM LEAKAGE TESTING VERIFICATION R403.3.8 (N1103.3.8)

System #1 - _____ CFM25 System #2 - _____ CFM25 System #3 - _____ CFM25

System #4 - _____ CFM25 System #5 - _____ CFM25 System #6 - _____ CFM25

I certify that I have conducted a **total duct leakage testing and the duct system(s) has passed the requirements of the 2024 International Energy Conservation Code or 2024 International Residential Code, applicable and as amended locally**. I further certify that the testing was conducted in accordance with ANSI/RESNET/ICC 380 or ASTM E1554.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

MECHANICAL VENTILATION AIRFLOW TESTING VERIFICATION R403.6.3 (N1103.6.3)

Whole-house System #1 - _____ CFM Whole-house System #2 - _____ CFM

☐ **The Mechanical Ventilation Fan Efficacy meets the requirements of R403.6.2 and Table R403.6.2**

I certify that I have conducted **whole-house mechanical ventilation airflow testing and the Mechanical Ventilation Systems(s) have passed the requirements of the 2024 International Energy Conservation Code, 2024 International Residential Code or International Mechanical Code as applicable and as amended locally**. I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380 and that I am a third party as approved by the building official.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

* Per R402.5.1.3 (1102.5.1.3): The maximum infiltration rate for Option 1 Prescriptive Path is 4.0 ACH in Climate Zone 2 or 3.0 ACH in Climate Zone 3. The maximum infiltration rate for all other compliance paths and climate zones is 4.0 ACH or 0.22 CFM per SF of the building thermal envelope area or the dwelling unit enclosure area, as applicable.