

ESCALATOR & MOVING WALKWAYS SPEED CONTROL

CEC-NRCA-PRC-13-F (Revised 01/20)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF ACCEPTANCE		NRCA-PRC-13-F
Escalator & Moving Walkways Speed Control		(Page 1 of 2)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

Compliance Results: COMPLIES DOES NOT COMPLY	Enforcement Agency Use: Checked by/Date
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Intent:	<i>To ensure that the intermittent speed control for escalators and moving walkways are functioning in accordance with §120.6-G and ASME A17.1/CSA B44.</i>
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A. Construction Inspection (NA7.15.1)		
<input type="checkbox"/>	a.	A variable speed drive is installed on the escalator/moving walkway.
<input type="checkbox"/>	b.	Occupancy sensor has been installed in a location that will minimize false signals.
<input type="checkbox"/>	c.	Occupancy sensors do not trigger from pedestrians on adjacent escalators.
<input type="checkbox"/>	d.	Occupancy sensors are unobstructed.
<input type="checkbox"/>	e.	Ultrasonic occupancy sensors do not emit audible sound.
Construction Inspection Compliance: <input type="radio"/> Complies <input type="radio"/> Does Not Comply		

B. Functional Testing (NA7.15.2)		
Step 1: Verify the amount of time necessary to ride the entire length of the escalator while standing still.		P / F
Step 2: Stand away from the escalator and wait approximately 3 times the escalator travel time.		
a.	Verify that the escalator has slowed to a minimum speed.	P / F
Step 3: Approach the escalator while in an unoccupied mode from multiple angles.		
a.	Ensure passenger detection cannot be bypassed.	P / F
b.	Verify the escalator ramps up to full speed before getting on.	P / F
Step 4: Verify speed setting using the controller.		
a.	Verify the full speed is less than 100 ft/min.	P / F
b.	Verify the slow speed setting is 10 ft/min.	P / F
c.	Verify the acceleration and deceleration does not exceed 1 ft/sec	P / F
Step 5: Approach the escalator while in an unoccupied condition from the opposite direction (the exit).		
a.	Verify a warning alarm sounds to alert the passenger that they are entering from the wrong direction.	P / F
Functional Testing Compliance: <input type="radio"/> Complies <input type="radio"/> Does Not Comply		

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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Acceptance documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/HERS/ATT Certification Identification (if applicable):
City/State/Zip:	Phone:

FIELD TECHNICIAN'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

- The information provided on this Certificate of Acceptance is true and correct.
- I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).
- The construction or installation identified on this Certificate of Acceptance complies with the applicable 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 Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and signed by the responsible builder/installer and has been posted or made available with the building permit(s) issued for the building.

Field Technician Name:	Field Technician Signature:	
Field Technician Company Name:	Position with Company (Title):	
Address:	CEA/HERS/ATT Certification Identification (if applicable):	
City/State/Zip:	Phone:	Date Signed:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

- 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 Certificate of Acceptance.
- 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 Acceptance and attest to the declarations in this statement (responsible acceptance person).
- The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance 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 Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance 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.

Responsible Acceptance Person Name:	Responsible Acceptance Person Signature:	
Responsible Acceptance Person Company Name:	Position with Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed: