



The NZ mark of competence
Tohu Matatau Aotearoa

BUILDING CONSENT AUTHORITY ACCREDITATION INITIAL ASSESSMENT REPORT

QUEENSTOWN LAKES DISTRICT COUNCIL

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INTRODUCTION

This report relates to the accreditation assessment of the Queenstown Lakes District Council Building Consent Authority (BCA) which took place during **October 2021** to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006* (the Regulations), where the Lead Assessor and one Technical Expert was able to attend to on-site, and the second Technical Expert participated in the assessment remotely due to the Waikato Level 3 Covid restrictions.

This report is based on the document review, witnessing of activities and interviews with the BCA's employees and contractors undertaken during the accreditation assessment.

A copy of this report, and subsequent information regarding progress towards clearance of non-compliance/s, will be provided to the Ministry of Business, Innovation and Employment (MBIE) in accordance with International Accreditation New Zealand's (IANZ) contractual obligations. This report may also be made publicly available by the BCA as long as this is not done in a way that misrepresents the content within. It may also be released under the Local Government Meetings and Official Information Act 1987 consistent with any ground for withholding that might be applicable.

ASSESSMENT SUMMARY

The assessment identified that the BCA was non-compliant with a number of accreditation requirements as detailed below, but most of them were not major in nature.

The BCA demonstrated a very positive attitude, specifically the BCA was able to clear half of the non-compliances during the assessment, which demonstrated their commitment to becoming fully compliant.

Additionally, the BCA was seen to be substantially compliant with statutory timeframes, with an average of 98% for both Building Consents (BCs) and Code Compliance Certificates (CCCs) within the 20 day timeframe.

There were however, some outstanding issues, where the BCA still required further improvement, especially when recording reasons for decisions in their processing, inspection and competency assessment records. These are detailed below. The outstanding non-compliances must be addressed in order for accreditation to continue.

CONTINUING ACCREDITATION

Accreditation is a statement, by IANZ, that your organisation complies with the Regulations and MBIE BCA accreditation scheme guidance documents (as relevant). Where non-compliance with the Regulations has been identified, the Act requires that it must be addressed.

Addressing non-compliances identified during the assessment

Action Plan: Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance table/s detailing your proposed corrective actions and the evidence that will be provided, and forward a copy to IANZ.

Evidence of addressing non-compliances: Evidence, as described in your action plan, must be supplied to IANZ to demonstrate that you have addressed your non-compliances.

To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe. Please allow at least 10 working days for IANZ to respond to any submitted material and allow sufficient time after submission of your evidence in case further evidence is required.

If you do not agree with the non-compliances identified, or if you need further time to address non-compliances, please contact the Lead Assessor as soon as possible. Where you are seeking an extension to an agreed timeframe to address a non-compliance, your Chief Executive is required to make a formal request for an extension of the timeframe. These will only be granted for unpredictable and unmanageable reasons.

If you have a complaint about the assessment process, please refer the BCA Accreditation disagreements guidance which can be found [here](#) or contact the IANZ Lead Assessor, IANZ Programme Manager – Building, or IANZ Operations Manager - Inspection and BCA sectors, for further information about the IANZ appeals and complaints process.

RISK ASSESSMENT

The BCA's risk, both to the Territorial Authority, as a BCA and also as an organisation accredited by IANZ was assessed. The BCA was considered to pose a **Low Risk**. The main reasons for considering this risk category were:



- There were 9 non-compliances raised during the assessment, and none were serious.
- There was no concerns in relation to the BCA's technical outputs.
- There were no significant non-compliances repeated from the last assessment.
- The BCA was seen to be substantially compliant for the whole of the period since the last assessment.
- The BCA had not required to request for an extension for clearance time from the last assessment.
- The BCA was seen to have sufficient resources to address the findings with two more technical FTEs joining in November.
- The BCA's internal audit and continuous improvement systems were robust.

NEXT ACCREDITATION ASSESSMENT

Unless your BCA undergoes a significant change, requiring some form of interim assessment, or the BCA is unable to clear the identified non-compliances within the agreed timeframe, the next assessment of the BCA is planned as a **Routine Reassessment** for **October 2023**.

You will be formally notified of your next assessment six weeks prior to its planned date.

BCA AND ASSESSMENT DETAILS

| ORGANISATION DETAILS | | | | | | | | | | | |
|---|------------------------------|--|--------------------------|---|---|---------------------------------|-----|-----------|-----|-----------|------|
| Organisation: | | Queenstown Lakes District Council | | | | | | | | | |
| Address for service: | | 10 Gorge Road, Queenstown 9300 | | | | | | | | | |
| Client Number: | 7491 | Accreditation Number: | 73 | | | | | | | | |
| Chief Executive: | | Mike Theelen | | | | | | | | | |
| Chief Executive Contact Details: | | Mike.Theelen@qldc.govt.nz | | | | | | | | | |
| BCA Responsible Manager: | | Chris English | | | | | | | | | |
| BCA Responsible Manager Contact Details: | | Chris.English@qldc.govt.nz | | | | | | | | | |
| BCA Authorised Representative: | | Chris English | | | | | | | | | |
| BCA Authorised Representative Contact Details: | | Chris.English@qldc.govt.nz | | | | | | | | | |
| BCA Quality Manager: | | Jill Ryan | | | | | | | | | |
| BCA Quality Manager Contact Details: | | Jill.Ryan@qldc.govt.nz | | | | | | | | | |
| Number of BCA FTEs Total FTEs should = technical FTEs + admin FTEs + vacancies | Technical | 22 | Admin support | | 8 | | | | | | |
| | Vacancies (Technical) | 1 | Vacancies (Admin) | | 0 | | | | | | |
| Building Consents | | | | | | | | | | | |
| BCA Activity during the previous 12 months | | | | | | R1 | 342 | R2 | 656 | R3 | 479 |
| | | | | | | C1 | 139 | C2 | 50 | C3 | 32 |
| | | | | | | CCCs | | | | | 1765 |
| | | | | | | New compliance schedules | | | | | 46 |
| | | | | | | BCA Notices to Fix | | | | | 10 |
| | | | | | | ASSESSMENT TEAM | | | | | |
| Assessment Date: | | 18 October 2021 to 22 October 2021 | | | | | | | | | |
| Lead Assessor: | | Lesley Chen | | | | | | | | | |
| Lead Assessor Contact Details: | | LChen@ianz.govt.nz | | | | | | | | | |
| Technical Experts: | | Brendan Guyton, Luke Hampton (Remote) | | | | | | | | | |
| Observer/s: | | None attended | | | | | | | | | |
| ASSESSMENT FINDINGS | | | | | | | | | | | |
| | | This assessment: | | Last assessment: | | | | | | | |
| Total # of "serious" non-compliances: | | 0 | | 0 | | | | | | | |
| Total # of "general" non-compliances: | | 9 | | 14 | | | | | | | |
| Total # of non-compliances outstanding: | | 4 | | 7 | | | | | | | |
| Recommendations: | | 5 | | 0 | | | | | | | |
| Advisory notes: | | 0 | | 0 | | | | | | | |
| Date clearance plan required from BCA: | | 19 November 2021 | | | | | | | | | |
| Date non-compliances must cleared: | | 11 February 2022 | | | | | | | | | |
| NEXT ASSESSMENT | | | | | | | | | | | |
| Recommended next assessment type: | | Routine Reassessment | | | | | | | | | |
| Recommended next assessment date: | | October 2023 | | | | | | | | | |
| IANZ REPORT PREPARATION | | | | | | | | | | | |
| Prepared by: Lesley Chen | | Date: 22 October 2021 | | Signature:  | | | | | | | |
| Checked by: Adrienne Woollard | | Date: 23 October 2021 | | Signature:  | | | | | | | |

ASSESSMENT OBSERVATIONS

REGULATION 6A NOTIFICATION REQUIREMENTS

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had appropriately documented its procedure for notification requirements in accordance with Regulation 6A.</p> <p>No evidence was sighted for implementation as the BCA had not needed to send any notifications as required by the Regulation.</p> | |

REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS

Regulation 7(2)(a): providing consumer information

| | |
|---|---|
| Non-compliance? Y/N | Yes - resolved during assessment |
| Non-compliance number/s: | GNC 1 |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA provided consumer information regarding how to apply for a consent, and how an application was processed, inspected and certified, however, the following topics required review:</p> <ul style="list-style-type: none"> • The description of the range of Natural Hazards in the BCA's consumer information was incomplete as it had not mentioned subsidence. Additionally, the description of Section 72 was considered inaccurate as it did not reflect the intent of Act. • While Producer Statements PS2, PS3 & PS4 were discussed for processing, inspection and certification, there was no information regarding PS1 producer statements being provided at building consent application stage. • The BCA had not provided meaningful consumer information in relation to Section 116A of the Act. GNC 1 was resolved during the assessment, where the BCA had updated its consumer information with adequate contents. | |

Regulation 7(2)(b)-(c), and 7(2)(d)(i): receiving, checking and recording applications

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had appropriately documented and effectively implemented its procedure for receiving, checking and recording applications in accordance with Regulation 7(2)(b), (c) and 7(2)(d)(i). | |

Regulations 7(2)(d)(ii): assessing applications

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had an appropriately documented procedure for assessing applications, which was effectively implemented in accordance with Regulation 7(2)(d)(ii). | |

Regulations 7(2)(d)(iii): allocating applications

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had an appropriately documented and effectively implemented procedure for allocating applications in accordance with Regulation 7(2)(d)(iii) where the BCA utilised the National Competency Assessment System framework (NCAS). | |

Regulation 7(2)(d)(iv): processing building consent applications and Regulation 7(2)(e): planning inspections

| | |
|---|---|
| Non-compliance? Y/N | Yes - See Record of Non-compliance for details |
| Non-compliance number/s: | GNC 2 |
| Opportunities for improvement? Y/N | Yes |
| Number of recommendations: | 1 |
| Recommendation number/s: | R1 |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had adequately documented its procedure for processing building consent applications in accordance with Regulation 7(2)(d)(iv).</p> <p>Implementation of its procedure was not always adequate. Upon review of a range of processing records, it was noted that the BCA's documented procedure (BS-03 cl. 1.5) was not being adequately followed, as reasons for decision to establish compliance were not fully justified or adequately documented.</p> <p>GNC 2 to be resolved.</p> <p>The BCA is recommended to ensure the form titles and links within their checklists are correct and valid.</p> <p>See Recommendation R1.</p> | |

Regulation 7(2)(d)(v): granting and issuing consents

| | |
|--|---|
| Non-compliance? Y/N | Yes - resolved during assessment |
| Non-compliance number/s: | GNC 3 |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>Compliance with Form 5 The BCA had adequately documented and effectively implemented its procedure for granting and issuing consents, in accordance with Regulation 7(2)(d)(v).</p> <p>Lapsing The BCA had adequately documented its procedure for lapsing of Building Consents, in accordance with Regulation 7(2)(d)(v).</p> <p>Implementation of its lapsing procedures was not always adequate, where the BCA had inappropriately provided an additional option in their 11 month letters allowing the customer to "withdraw" their application. There is no provision in the Act for withdrawing building consent applications.</p> <p>GNC 3 was resolved during the assessment, where the BCA amended its 11th month letter removing the additional option.</p> | |

Compliance with statutory timeframes

The BCA was seen to be substantially compliant with the statutory timeframe for granting and issuing Building Consents within 20 working days for the last 12 months, averaging around 98%.

Regulation 7(2)(e): planning, performing and managing inspections

| | |
|--|---|
| Non-compliance? Y/N | Yes - See Record of Non-compliance for details |
| Non-compliance number/s: | GNC 4 |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had appropriately documented its procedure for planning, performing and managing inspections in accordance with Regulation 7(2)(e).</p> <p>Inspections were planned as part of processing.</p> <p>Implementation of its procedure for performing inspections was not always adequate. Within witnessed site inspections and via the desktop review, it was apparent that some records did not capture the required level of reason for decision to establish compliance of Regulation 6 (c) and (d) or the BCA's documented procedure BS-05 section 2.2 item 6.</p> <p>Most inspection records reviewed did not capture the required level of written articulation to demonstrate compliance and/or non-compliance. All reports were supported with photographs but most of these were not labelled so it was unclear in some of the photographs what they were demonstrating in relation to compliance or non-compliance.</p> <p>GNC 4 to be resolved.</p> <p>The inspection timeframes were around 4-5 days at the time of the assessment.</p> | |

Regulation 7(2)(f): code compliance certificates, compliance schedules and notices to fix

| | |
|--|---|
| Non-compliance? Y/N | Yes - See Record of Non-compliance for details |
| Non-compliance number/s: | GNC 5 |
| Opportunities for improvement? Y/N | Yes |
| Number of recommendations: | 1 |
| Recommendation number/s: | R2 |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>Application for a code compliance certificate The BCA had a documented procedure for Application for a Code Compliance Certification, however, within the review of procedure BS-08 some non-complying items were identified:</p> <ul style="list-style-type: none"> • Procedure BS-08 section 2.1 implies that documentation is required to support a CCC application which is above the requirement of Section 92 of the Building Act 2004. This impacts on the BCAs management and acceptance of a CCC application • Procedure BS-08 section 2.2 indicates that a final inspection must be passed in order for the BCA to consider the CCC application as complete. This is not aligned with the requirements of the Building Act 2004 • Procedure BS-08 section 2.2 indicates that the check of the CCC application is completed within 1 working day, but it does not articulate what happen in relation to the starting of the clock. <p>GNC 5 was resolved during the assessment, where the BCA provided a reviewed procedure in relation to the acceptance and checking of a CCC application. This was reviewed and was considered to correctly address the points above.</p> <p>Implementation of the BCA's procedures was reviewed, It was confirmed that the BCA had implemented their documented procedure appropriately in relation to the acceptance of a CCC application but, due to the procedure not being appropriate and requiring revision to meet with the requirements of the Building Act, the BCA will need to demonstrate implementation of an appropriate procedure.</p> <p>GNC 5 to be resolved.</p> <p>The BCA is recommended to ensure that details within CCC applications submitted by the applicant, indicate relevant information in relation to Specified Systems within the Building.</p> <p>See Recommendation R2.</p> <p>Code compliance certificates The BCA had appropriately documented, and effectively implemented its procedure for preparation and issue Code Compliance Certificates.</p> <p>24 month CCC decision The BCA had appropriately documented and effectively implemented its procedure for making a 24-month decision on whether to issue a Code Compliance Certificate where no application for Code Compliance Certificate had been received.</p> <p>Compliance with statutory timeframes The BCA's statutory timeframe for issuing Code Compliance Certificates within 20 working days was seen to be substantially compliant for the last 12 months, averaging around 98%.</p> | |

Compliance schedules

The BCA had appropriately documented and effectively implemented its procedure for preparation and issue of Compliance Schedules.

Notices to fix

The BCA had an appropriately documented and effectively implemented its procedure in accordance with Regulation 7(2)(f) for Notices to Fix.

Regulation 7(2)(g): customer inquiries

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had appropriately documented and effectively implemented its procedure for receiving and managing customer inquiries about building control functions in accordance with Regulation 7(2)(g).</p> <p>The BCA used a shared inquiries Outlook inbox where the Duty BCO responded to any enquiries.</p> | |

Regulation 7(2)(h): customer complaints

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had appropriately documented and effectively implemented its procedure for receiving and managing customer complaints about building control functions in accordance with Regulation 7(2)(h).</p> <p>Formal complaints were adequately recorded within the BCA's complaints register, with adequate records and outcomes/decisions recorded. Should the complaint be material to an application, a note was made within the BCA's consenting system.</p> | |

REGULATION 8 ENSURING ENOUGH EMPLOYEES AND CONTRACTORS**Regulation 8(1): forecasting workflow**

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had appropriately documented and effectively implemented its procedure to forecast its workflow in accordance with Regulation 8(1). | |

Regulation 8(2): identifying and addressing capacity and capability needs

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had appropriately documented and effectively implemented its procedure to identify and address capacity and capability needs in accordance with Regulation 8(2). The BCA had developed a system which provided them with live analytics for timeframes, resourcing, and trend forecasting. | |

REGULATION 9 ALLOCATING WORK

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had appropriately documented and effectively implemented its procedure to allocate work in accordance with Regulation 9 using the NCAS. | |

REGULATION 10 ESTABLISHING AND ASSESSING COMPETENCY OF EMPLOYEES**Regulation 10(1): assessing prospective employees**

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriately documented procedure which was effectively implemented in accordance with Regulation 10(1) for establishing the competence of a person who applied to it for employment as an employee performing building control functions.</p> | |

Regulation 10(2) and (3): assessing employees performing building control functions

| | |
|---|---|
| Non-compliance? Y/N | Yes - See Record of Non-compliance for details |
| Non-compliance number/s: | GNC 6 |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | - |
| Recommendation number/s: | No |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriately documented procedure which was effectively implemented in accordance with Regulation 10(2) for assessing annually (or more frequently) the competence of its employees performing building control functions.</p> <p>The BCA had an appropriately documented procedure which was effectively implemented in accordance with Regulation 10(3) which specified the technical requirements for a competence assessment system.</p> <p>However, upon review of competence assessments, the documented reasons for decisions to satisfy Regulation 10(3)(d) did not appear to be adequate, where the competence assessor had not documented relevant or any reasons for decisions in relation to the evidence reviewed. In some cases, the evidence was not documented at the highest category claimed as required by the BCA's QM-10 procedure.</p> <p>GNC 6 to be resolved.</p> | |

REGULATION 11 TRAINING EMPLOYEES DOING A TECHNICAL JOB**Regulation 11(1) and (2)(a)-(d),(f) and (g): the training system**

| | |
|--|---|
| Non-compliance? Y/N | Yes - resolved during assessment |
| Non-compliance number/s: | GNC 7 |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had developed a training system in accordance with Regulation 11(1). Where omissions were detected, they are addressed under their relevant regulation below.</p> <p>The BCA had appropriately documented and effectively implemented its procedure in accordance with Regulation 11(2)(a) to (d) and (f) for making annual (or more frequent) training needs assessments, preparing training plans that specified the training outcomes required, ensuring that employees received the training agreed for them, monitoring and reviewing its employees' application of the training they received, recording employees' qualifications, and experience and training.</p> <p>Regulation 11(2)(g) The BCA's procedure had not documented the ways which the BCOs would record their continuing training information (PDLs) as required by the Regulation. GNC 7 was resolved during the assessment, where the BCA inserted the relevant information into its QM-11 Training Employees procedure, as well creating a new form to allow better recording of learning outcomes for the BCOs to use.</p> <p>Implementation was adequate, where the BCA's employees record their professional development logs using the BOINZ website CPD function.</p> | |

Regulation 11(2)(e): supervising employees doing a technical job under training

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | Yes |
| Number of recommendations: | 1 |
| Recommendation number/s: | R3 |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had appropriately documented and effectively implemented its procedure to supervise its employees doing a technical job under training in accordance with Regulation 11(2)(e).</p> <p>Some examples of supervision records were sighted that had elaborated notes for more substantial buildings however the simpler applications such as solid fuel heaters only had minimal supervision notes. The BCA is recommended to ensure that they document consistent reasons for decisions in the supervision notes.</p> <p>See Recommendation R3.</p> | |

REGULATION 12(1) and (2)(a) to (f) CHOOSING AND USING CONTRACTORS

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had appropriately documented its procedure for choosing and using contractors to perform its building control functions in accordance with Regulation 12(1).</p> <p>The BCA had appropriately documented and effectively implemented its procedures for having a system that covered the requirements listed in Regulations 12(2)(a) to (f).</p> <p>The BCA used the Queenstown Lakes District RFP process for engaging contractors. The process required the prospective contractor to supply relevant information including qualifications, CVs, competency assessments etc. After the records were generated from the council's required RFP process, the BCA added an addendum to the records which documented information to comply with Regulation 12.</p> | |

REGULATION 13(a) and (b) ENSURING TECHNICAL LEADERSHIP

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriately documented system for identifying employees and contractors who were competent to provide technical leadership in accordance with Regulation 13(a) and (b).</p> <p>The BCA assessed their technical leaders under the NCAS, and had given them the appropriate powers and authorities to perform building control functions.</p> | |

REGULATION 14 ENSURING NECESSARY (TECHNICAL) RESOURCES

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had appropriately documented and effectively implemented its procedures for ensuring it had a system for providing, and for ensuring the continuing availability of and continuing appropriateness of the technical information, facilities, and equipment that its employees and contractors needed to perform building control functions. Appropriate calibration records were held in the BCA's folders.</p> | |

REGULATION 15(1)(a) and (b) and (2): KEEPING ORGANISATIONAL RECORDS

| | |
|--|---|
| Non-compliance? Y/N | Yes - resolved during assessment |
| Non-compliance number/s: | GNC 8 |
| Opportunities for improvement? Y/N | Yes |
| Number of recommendations: | 1 |
| Recommendation number/s: | R4 |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had documented its organisational structure in accordance with Regulation 15(1)(a) and (b).</p> <p>The BCA had an appropriate procedure for recording the roles, responsibilities, powers, authorities and any limitation on powers and authorities for its employees and contractors performing building control functions in accordance with Regulation 15(2).</p> <p>Implementation was not always adequate, where the BCA's delegations register recorded the sections of the Act and its powers delegated to its employees for the building control functions however the following sections were missing: 19, 28, 47, 52, 53(2)(b), 58, 63, 90, 103, 104, 165, 166, 238 to 240. GNC 8 was resolved during the assessment, where the BCA had provided an updated delegations register to include the abovementioned missing functions, delegated to the appropriate people in the BCA.</p> <p>The BCA is recommended to remove the notions of "Fencing of Swimming Pools Act" from its job descriptions as the Act had been repealed. See Recommendation R4.</p> | |

REGULATION 16(1) and (2)(a) to (c): FILING APPLICATIONS FOR BUILDING CONSENT

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | Yes |
| Number of recommendations: | 1 |
| Recommendation number/s: | R5 |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriate procedure for allocating every application for building consent, and building consent amendment its own unique identification. The procedure was appropriately implemented in accordance with Regulation 16(1).</p> <p>The BCA had an appropriate procedure for putting information on an applications file and storing it securely and in a way that made it accessible and retrievable. This was appropriately implemented in accordance with Regulation 16(2)(a) to (c).</p> <p>The BCA is recommended to provide a link to its QM-12 to provide more clarify for compliance with Regulation 16(2)(a) as this would be covered within the contractor's contractual agreements. See Recommendation R5.</p> | |

REGULATION 17 ASSURING QUALITY**Regulations 17(1) and (2)(a): A quality assurance system that covers management and operations**

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had developed a Quality Assurance System that covered its Management and Operations. Where omissions were detected they are addressed under their relevant Regulation in this report.</p> | |

Regulation 17(2)(b) and (3): A policy on quality and a quality manager

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriate Quality Policy which included quality objectives, and quality performance indicators for its building control functions at a high level. It was adequately implemented in accordance with Regulation 17(2)(b).</p> <p>The BCA had appointed a Quality Manager, named as Jill Ryan in its Quality Assurance System, in accordance with Regulation 17(3).</p> | |

Regulation 17(2)(c): Ensuring operation within any scope of accreditation

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| Not applicable to this BCA, that is also a TA. | |

Regulation 17(2)(d): Regular management reporting and review, including of the quality system

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriate procedure for reviewing its management system annually (or more frequently) against the expected standards for performance and high level performance indicators from its Quality Policy.</p> <p>This was adequately implemented in accordance with Regulation 17(2)(d), where the BCA met bi-weekly to discuss operational matters as well as the performance indicators set out in its quality objectives.</p> | |

Regulation 17(2)(e) Supporting continuous improvement

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriate procedure for supporting continuous improvement.</p> <p>This was adequately implemented in accordance with Regulation 17(2)(e), where the BCA utilised the Continuous Improvement function in its Promapp system, which allowed requests and suggestions to be made easily from within each user's dashboard. Each improvement request or suggestion was well managed from within the system.</p> | |

Regulation 17(2)(h): Undertaking annual audits

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had an appropriate procedure for undertaking annual audits, and this was adequately implemented in accordance with Regulation 17(2)(h). | |

Regulation 17(2)(i): Identifying and managing conflicts of interest

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had an appropriate procedure in its quality assurance system for identifying and managing conflicts of interest. | |
| It was adequately implemented in accordance with 17(2)(i). The BCA followed the QLDC Conflicts of Interest process and the register was managed as part of the council wide system. | |

Regulation 17(2)(j): Communicating with internal and external persons

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| The BCA had an appropriate procedure in its quality assurance system, for communicating with internal and external persons, and it was adequately implemented in accordance with 17(2)(j). | |

Regulation 17(3A): Complaints about building practitioners

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | Yes |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriately documented and effectively implemented its procedure to ensure that the BCA considered whether to make, and made complaints to relevant occupational or professional authorities about practitioners whenever they appeared to it necessary or desirable in accordance with Regulation 17(3A)(a) to (c).</p> <p>Concerns regrading LBPs were often discussed within the BCA's team meetings, and the meeting minutes would record the LBP's details and the matters discussed.</p> | |

Regulation 17(4): Compliance with a quality assurance system

| | |
|--|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriate procedure for ensuring that its employees and contractors complied with its quality assurance system. This was adequately implemented in accordance with Regulation 17(4).</p> | |

Regulation 17(5): Strategic management reporting and review

| | |
|---|---|
| Non-compliance? Y/N | Yes - resolved during assessment |
| Non-compliance number/s: | GNC 9 |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriate procedure for annual (or more frequent) review of its quality assurance system, and for making appropriate changes in the quality assurance system.</p> <p>Implementation of its procedures was not always adequate, where the BCA had not adequately documented its review of the appropriateness and effectiveness of its Quality Assurance System. GNC 9 was resolved during the assessment, where the BCA provided a more robust minutes document as a result of their strategic review meeting, where the appropriateness and effectiveness of its quality assurance system was recorded.</p> | |

REGULATION 18 TECHNICAL QUALIFICATIONS

| | |
|---|-----------|
| Non-compliance? Y/N | No |
| Non-compliance number/s: | - |
| Opportunities for improvement? Y/N | No |
| Number of recommendations: | 0 |
| Recommendation number/s: | - |
| Number of advisory notes: | 0 |
| Advisory note number/s: | - |
| Observations and comments, including good practice and performance | |
| <p>The BCA had an appropriate procedure, which was adequately implemented for requiring technical qualifications, and establishing circumstances of employees and contractors that would make it unreasonable and impractical for requiring technical qualifications in accordance with Regulation 18(1) to (3).</p> <p>The BCA did not have any employees that were exempt. The employees who did not hold an appropriate qualification were all recorded as working towards a Regulation 18 qualification within the BCA's qualifications register.</p> | |

RECORDS OF NON-COMPLIANCE

| | |
|--|--|
| RECORD OF NON COMPLIANCE #: | GNC 2 |
| Breach of requirement: | Regulation 7(2)(d)(iv) |
| Finding: | General Non-compliance |
| FINDING DETAILS | |
| <p>The BCA's documented procedure for processing of building consent applications (BS-03 cl. 1.5) was not being adequately followed as reasons for decisions to establish compliance with the Building Code were not fully justified or adequately documented.</p> | |
| BCA ACTIONS REQUIRED | |
| <p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p> | |
| IMPORTANT DATES | |
| Plan of action from BCA due by: | 19/11/2021 |
| All action plans accepted by IANZ: | Click or tap to enter a date. |
| Date final evidence of implementation is required from BCA: | 28/01/2022 |
| Final date non-compliance to be cleared by: | 11/02/2022 |
| EVIDENCE | |
| Plan of action <i>(To be provided by BCA):</i> | |
| Proposed evidence of implementation <i>(To be provided by BCA):</i> | |
| Evidence of implementation and discussion: | |
| NON COMPLIANCE CLEARED | |
| Signed: | Date: Click here to enter a date. |

| | |
|--|--|
| RECORD OF NON COMPLIANCE #: | GNC 4 |
| Breach of requirement: | Regulation 7(2)(e) |
| Finding: | General Non-compliance |
| FINDING DETAILS | |
| <p>Within witnessed inspections and via the desktop review, it was apparent that some inspection records did not capture the required level of reason of decision to establish compliance of Regulation 6 (c) and (d) or the BCA's documented procedure BS-05 section 2.2 item 6.</p> <p>Most inspection records reviewed did not capture the required level of written articulation to demonstrate compliance and/or non-compliance.</p> <p>All reports were supported with photographs but most of these were not labelled so for some of the photographs it was unclear what they were establishing in relation to compliance or non-compliance.</p> | |
| BCA ACTIONS REQUIRED | |
| <p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p> | |
| IMPORTANT DATES | |
| Plan of action from BCA due by: | 19/11/2021 |
| All action plans accepted by IANZ: | Click or tap to enter a date. |
| Date final evidence of implementation is required from BCA: | 28/01/2022 |
| Final date non-compliance to be cleared by: | 11/02/2022 |
| EVIDENCE | |
| Plan of action <i>(To be provided by BCA):</i> | |
| Proposed evidence of implementation <i>(To be provided by BCA):</i> | |
| Evidence of implementation and discussion: | |
| NON COMPLIANCE CLEARED | |
| Signed: | Date: Click here to enter a date. |

| | |
|--|--|
| RECORD OF NON COMPLIANCE #: | GNC 5 |
| Breach of requirement: | Regulation 7(2)(f) |
| Finding: | General Non-compliance |
| FINDING DETAILS | |
| <p>The BCA was not implementing an appropriate procedure for the acceptance of CCC applications. The procedure was amended during the assessment and evidence of implementation of the new procedure is required.</p> | |
| BCA ACTIONS REQUIRED | |
| <p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the “Date final evidence of implementation is required from BCA” indicated below.</p> | |
| IMPORTANT DATES | |
| Plan of action from BCA due by: | 19/11/2021 |
| All action plans accepted by IANZ: | Click or tap to enter a date. |
| Date final evidence of implementation is required from BCA: | 28/01/2022 |
| Final date non-compliance to be cleared by: | 11/02/2022 |
| EVIDENCE | |
| Plan of action <i>(To be provided by BCA):</i> | |
| Proposed evidence of implementation <i>(To be provided by BCA):</i> | |
| Evidence of implementation and discussion: | |
| NON COMPLIANCE CLEARED | |
| Signed: | Date: Click here to enter a date. |

| | |
|--|--|
| RECORD OF NON COMPLIANCE #: | GNC 6 |
| Breach of requirement: | Regulation 10(3)(d) |
| Finding: | General Non-compliance |
| FINDING DETAILS | |
| <p>The documented reasons for decisions in the BCA's competence assessments were not adequate where the competence assessor had not documented relevant or any reasons for decisions in relation to the evidence reviewed. In some cases, the evidence was not documented at the highest category claimed as required by the BCA's QM-10 procedure.</p> | |
| BCA ACTIONS REQUIRED | |
| <p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance in the space provided in this report. Please provide details of the records of the evidence that will be supplied to address the non-compliance in the space provided.</p> <p>Once the action plan and proposed evidence has been accepted by IANZ, and implemented by the BCA, please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the "Date final evidence of implementation is required from BCA" indicated below.</p> | |
| IMPORTANT DATES | |
| Plan of action from BCA due by: | 19/11/2021 |
| All action plans accepted by IANZ: | Click or tap to enter a date. |
| Date final evidence of implementation is required from BCA: | 28/01/2022 |
| Final date non-compliance to be cleared by: | 11/02/2022 |
| EVIDENCE | |
| Plan of action <i>(To be provided by BCA):</i> | |
| Proposed evidence of implementation <i>(To be provided by BCA):</i> | |
| Evidence of implementation and discussion: | |
| NON COMPLIANCE CLEARED | |
| Signed: | Date: Click here to enter a date. |

SUMMARY OF RECOMMENDATIONS

Recommendations are intended to assist your BCA to maintain compliance with the Regulations. They are **not** conditions for accreditation but a failure to make changes may result in non-compliance with the Regulations in the future.

It is recommended that:

- R1 Regulation 7(2)(d)(iv)** – The BCA is recommended to ensure the form titles and links within their processing checklists are correct and valid.
- R2 Regulation 7(2)(f) Application for CCCs** – The BCA is recommended to ensure that details within CCC applications submitted by the applicant, indicate relevant information in relation to Specified Systems within the Building.
- R3 Regulation 11(2)(e)** – The BCA is recommended to ensure they document consistent reasons for decisions in the supervision notes.
- R4 Regulation 15(2)** – The BCA is recommended to remove the notions of “Fencing of Swimming Pools Act” from its job descriptions as the Act had been repealed.
- R5 Regulation 16(2)(a)** – The BCA is recommended to provide a link to its QM-12 procedure to provide more clarification for compliance with Regulation 16(2)(a) as this would be covered within contractor’s contractual agreements.

SUMMARY TABLE OF NON-COMPLIANCE

The following table summarises the non-compliance identified with the accreditation requirements in your BCA's accreditation assessment. Where a non-compliance has been identified, a Record of Non-compliance template has been prepared detailing the issue, and to enable you to detail your proposed corrective actions to IANZ. You must update and return a template for each non-compliance identified.

| Regulatory requirement | Non-compliance (Serious / General) | Non-compliance identification number | Breach of regulation 5/6? Enter "Yes" where applicable | | | | | | Resolved On-site? Yes/No | Date Non-compliance to be cleared by (DD/MM/YYYY) | Date Non-compliance cleared (DD/MM/YYYY) | Number of | | Brief comment (one sentence/line only to get to the heart of the issue) |
|------------------------|------------------------------------|--------------------------------------|---|------|------|------|------|------|-----------------------------|--|---|-----------|------------|---|
| | | | 5(a) | 5(b) | 5(c) | 6(b) | 6(c) | 6(d) | | | | Recs. | Adv. notes | |
| 6(A)(1) | Choose item. | | | | | | | | | | | | | |
| 6(A)(2) | Choose item. | | | | | | | | | | | | | |
| Regulation 7 | | | | | | | | | | | | | | |
| 7(1) | Choose item. | | | | | | | | | | | | | |
| 7(2)(a) | General | GNC 1 | | | Yes | | | Yes | | 21/10/2021 | | | | The BCA's consumer information contained topics that required review. |
| 7(2)(b) | Choose item. | | | | | | | | | | | | | |
| 7(2)(c) | Choose item. | | | | | | | | | | | | | |
| 7(2)(d)(i) | Choose item. | | | | | | | | | | | | | |
| 7(2)(d)(ii) | Choose item. | | | | | | | | | | | | | |
| 7(2)(d)(iii) | Choose item. | | | | | | | | | | | | | |
| 7(2)(d)(iv) | General | GNC 2 | | | Yes | | Yes | No | 11/02/2022 | | 1 | | | The BCA's processing procedure (BS-03 cl. 1.5) was not being adequately followed, as reasons for decision to establish compliance was not fully justified or adequately documented. |
| 7(2)(d)(v) | General | GNC 3 | | | Yes | | | Yes | | 20/10/2021 | | | | The BCA had inappropriately provided an additional option in their 11 month letters allowing the customer to "withdraw" their application. There was no provision in the Act for withdrawing building consent applications. |
| 7(2)(e) | General | GNC 4 | | | Yes | | Yes | Yes | No | 11/02/2022 | | | | Some inspection records did not capture the required level of reason of decision to establish compliance of Regulation 6 (c) and (d) or the BCA's documented procedure BS-05 section 2.2 item 6. Most inspection records reviewed did not capture the required level of written articulation to demonstrate compliance and/or non-compliance. All reports were supported with photographs but most of these were not labelled so it was unclear what some of the photographs were establishing in relation to compliance or non-compliance. |
| 7(2)(f) | General | GNC 5 | Yes | Yes | Yes | | | | No | 11/02/2022 | | 1 | | The BCA amended its CCC receipt procedure during the assessment and needs to provide evidence of implementation of its new procedure for acceptance of CCC applications. |
| 7(2)(g) | Choose item. | | | | | | | | | | | | | |
| 7(2)(h) | Choose item. | | | | | | | | | | | | | |
| Regulation 8 | | | | | | | | | | | | | | |
| 8(1) | Choose item. | | | | | | | | | | | | | |
| 8(2) | Choose item. | | | | | | | | | | | | | |
| Regulation 9 | | | | | | | | | | | | | | |
| 9 | Choose item. | | | | | | | | | | | | | |
| Regulation 10 | | | | | | | | | | | | | | |
| 10(1) | Choose item. | | | | | | | | | | | | | |
| 10(2) | Choose item. | | | | | | | | | | | | | |
| 10(3) | General | GNC 6 | | | Yes | | Yes | | No | 11/02/2022 | | | | Competence assessor had not documented relevant or any reasons for decisions in relation to the evidence reviewed. In some cases, the evidence was not documented at the highest category claimed as required by the BCA's QM-10 procedure. |
| Regulation 11 | | | | | | | | | | | | | | |
| 11(1) | Choose item. | | | | | | | | | | | | | |
| 11(2)(a) | Choose item. | | | | | | | | | | | | | |
| 11(2)(b) | Choose item. | | | | | | | | | | | | | |
| 11(2)(c) | Choose item. | | | | | | | | | | | | | |
| 11(2)(d) | Choose item. | | | | | | | | | | | | | |

| Regulatory requirement | Non-compliance (Serious / General) | Non-compliance identification number | Breach of regulation 5/6? Enter "Yes" where applicable | | | | | | Resolved On-site? Yes/No | Date Non-compliance to be cleared by (DD/MM/YYYY) | Date Non-compliance cleared (DD/MM/YYYY) | Number of | | Brief comment (one sentence/line only to get to the heart of the issue) |
|------------------------|------------------------------------|--------------------------------------|---|------|------|------|------|------|-----------------------------|---|--|-----------|------------|---|
| | | | 5(a) | 5(b) | 5(c) | 6(b) | 6(c) | 6(d) | | | | Recs. | Adv. notes | |
| 11(2)(e) | Choose item. | | | | | | | | | | | 1 | | |
| 11(2)(f) | Choose item. | | | | | | | | | | | | | |
| 11(2)(g) | General | GNC 7 | Yes | Yes | | | | Yes | | 21/10/2021 | | | | The BCA's procedure had not documented the ways which the BCOs would record their continuing training information (PDLs). |
| Regulation 12 | | | | | | | | | | | | | | |
| 12(1) | Choose item. | | | | | | | | | | | | | |
| 12(2)(a) | Choose item. | | | | | | | | | | | | | |
| 12(2)(b) | Choose item. | | | | | | | | | | | | | |
| 12(2)(c) | Choose item. | | | | | | | | | | | | | |
| 12(2)(d) | Choose item. | | | | | | | | | | | | | |
| 12(2)(e) | Choose item. | | | | | | | | | | | | | |
| 12(2)(f) | Choose item. | | | | | | | | | | | | | |
| Regulation 13 | | | | | | | | | | | | | | |
| 13(a) | Choose item. | | | | | | | | | | | | | |
| 13(b) | Choose item. | | | | | | | | | | | | | |
| Regulation 14 | | | | | | | | | | | | | | |
| 14 | Choose item. | | | | | | | | | | | | | |
| Regulation 15 | | | | | | | | | | | | | | |
| 15(1)(a) | Choose item. | | | | | | | | | | | | | |
| 15(1)(b) | Choose item. | | | | | | | | | | | | | |
| 15(2) | General | GNC 8 | | | Yes | | | Yes | | 22/10/2021 | | 1 | | The BCA's delegations register missed the following sections: 19, 28, 47, 52, 53(2)(b), 58, 63, 90, 103, 104, 165, 166, 238 to 240. |
| Regulation 16 | | | | | | | | | | | | | | |
| 16(1) | Choose item. | | | | | | | | | | | | | |
| 16(2)(a) | Choose item. | | | | | | | | | | | 1 | | |
| 16(2)(b) | Choose item. | | | | | | | | | | | | | |
| 16(2)(c) | Choose item. | | | | | | | | | | | | | |
| Regulation 17 | | | | | | | | | | | | | | |
| 17(1) | Choose item. | | | | | | | | | | | | | |
| 17(2)(a) | Choose item. | | | | | | | | | | | | | |
| 17(2)(b) | Choose item. | | | | | | | | | | | | | |
| 17(2)(c) | Choose item. | | | | | | | | | | | | | |
| 17(2)(d) | Choose item. | | | | | | | | | | | | | |
| 17(2)(e) | Choose item. | | | | | | | | | | | | | |
| 17(2)(h) | Choose item. | | | | | | | | | | | | | |
| 17(2)(i) | Choose item. | | | | | | | | | | | | | |
| 17(2)(j) | Choose item. | | | | | | | | | | | | | |
| 17(3) | Choose item. | | | | | | | | | | | | | |
| 17(3A)(a) | Choose item. | | | | | | | | | | | | | |
| 17(3A)(b) | Choose item. | | | | | | | | | | | | | |
| 17(3A)(c) | Choose item. | | | | | | | | | | | | | |
| 17(4)(a) | Choose item. | | | | | | | | | | | | | |
| 17(4)(b) | Choose item. | | | | | | | | | | | | | |
| 17(5)(a) | General | GNC 9 | | | Yes | | Yes | Yes | | 22/10/2021 | | | | The BCA had not adequately documented its review of the appropriateness and effectiveness of its Quality Assurance System. |
| 17(5)(b) | Choose item. | | | | | | | | | | | | | |
| Regulation 18 | | | | | | | | | | | | | | |

| Regulatory requirement | Non-compliance (Serious / General) | Non-compliance identification number | Breach of regulation 5/6? Enter "Yes" where applicable | | | | | | Resolved On-site? Yes/No | Date Non-compliance to be cleared by (DD/MM/YYYY) | Date Non-compliance cleared (DD/MM/YYYY) | Number of | | Brief comment (one sentence/line only to get to the heart of the issue) |
|------------------------|------------------------------------|--------------------------------------|---|------|------|------|------|------|-----------------------------|--|---|-----------|------------|--|
| | | | 5(a) | 5(b) | 5(c) | 6(b) | 6(c) | 6(d) | | | | Recs. | Adv. notes | |
| 18(1) | Choose item. | | | | | | | | | | | | | |
| 18(3)(a) | Choose item. | | | | | | | | | | | | | |
| 18(3)(b) | Choose item. | | | | | | | | | | | | | |