



This is to certify that

Queenstown Lakes District Council Building Consent Authority

has been assessed in October 2023 by IANZ, on behalf of the Ministry of Business, Innovation and Employment, as a

Building Consent Authority

under the

Building (Accreditation of Building Consent Authorities) Regulations 2006

Accreditation Number: 73

Initial Accreditation Date: 22 January 2009

Chairperson
Accreditation Council

Chief Executive
IANZ



The NZ mark of competence
Tohu Matatau Aotearoa

BUILDING CONSENT AUTHORITY ACCREDITATION INITIAL ASSESSMENT REPORT

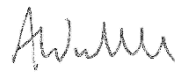

Updated 21/11/2023

Queenstown Lakes District Council

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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											
Responsible Manager:		Chris English											
Responsible Manager Contact Details:		Chris.English@qldc.govt.nz											
Authorised Representative:		Chris English											
Authorised Representative Contact Details:		Chris.English@qldc.govt.nz											
Quality Manager:		Sina Schreiber											
Quality Manager Contact Details:		Sina.Schreiber@qldc.govt.nz											
Number of FTEs		Technical		Admin support									
Total FTEs should = technical FTEs + admin FTEs + vacancies		22.7		7									
		Vacancies (Technical)		Vacancies (Admin)									
		0		1									
Building Consents													
Activity during the previous 12 months							R1	312	R2	530	R3	516	
							C1	114	C2	41	C3	38	
							CCCs				1510		
							New compliance schedules				32		
							BCA Notices to Fix				7		
ASSESSMENT TEAM													
Assessment Date:		24 October 2023 to 27 October 2023											
Lead Assessor:		Adrienne Woollard											
Lead Assessor Contact Details:		awoollard@ianz.govt.nz											
Technical Experts:		Brendan Guyton Rose McLaughlan											
Observers:		Dawson Gilchrist (IANZ) Mike Reedy (MBIE)											
ASSESSMENT FINDINGS													
		This assessment RR:		Last assessment RR:									
Total # of "serious" non-compliances:		0		0									
Total # of "general" non-compliances:		12		9									
Total # of non-compliances outstanding:		9		4									
Recommendations:		25		5									
Advisory notes (not required by the BCA):		0		0									
Date clearance plan required from BCA:		11 December 2023											
Date non-compliances must cleared:		15 March 2024											
NEXT ASSESSMENT													
Recommended next assessment type:		Routine Reassessment											
Recommended next assessment date:		October 2025											
IANZ REPORT PREPARATION													
Prepared by: Adrienne Woollard		Date: 6 November 2023		Signature: 									
Checked by: Lesley Chen		Date: 12 November 2023		Signature: 									

INTRODUCTION

This report relates to the routine accreditation assessment of the **Queenstown Lakes District Council Building Consent Authority (BCA)** which took place on site during **October 2023** to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006* (the Regulations).

This report is based on the document review, witnessing of activities and interviews with the BCA's employees and contractors (if applicable) 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. IANZ may also be required to release this report and assessment documentation if requested under the Official Information Act 1987.

ASSESSMENT SUMMARY

The assessment identified that the BCA had dedicated staff that were working hard to achieve full compliance with the requirements of accreditation. While a number of findings were raised during the assessment, these were generally of a minor nature and a number were resolved during the assessment.

During the assessment the BCA discussed their plans to address the outstanding findings and the assessment team were confident that all findings could be addressed within an appropriate timeframe.

The information reviewed and findings 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.

IDENTIFYING AND NUMBERING OF NON-COMPLIANCES

Non-compliance numbers have been issued to each Regulation and sub Regulation which was assessed and found to be non-compliant, however, where more than one non-compliance is identified within one Regulation or sub-Regulation, then only one finding number is generated.

Regulations 7(2)(d)(v) and 7(2)(f) had been split out into their component parts to enable easy recording and management of the key issues.

STEPS TO ADDRESSING NON-COMPLIANCES IDENTIFIED

**Step
1**

Action plans

Non-compliances raised during the assessment have been summarised and recorded in detail in this report. Analyse the root cause of the finding within the finding tables nested under the relevant regulation, and then develop and implement an action plan to address each finding.

Must be **accepted** within 20 working days of the receipt of this report.

Step 2	<p>IANZ Reviews the action plans provided</p> <p>IANZ will analyse the submitted action plans with the proposed evidence of implementation indicated, and will respond to the BCA accordingly with required improvements and/or acceptance of the plan.</p>	IANZ has a KPI of 10 working days to review and respond.
Step 3	<p>Submitting clearance evidence</p> <p>Upon the acceptance of all action plans, the BCA can proceed to provide clearance evidence to IANZ.</p>	Ideally, a separate email to address each GNC containing all listed proposed evidence.
Step 4	<p>Review of clearance evidence</p> <p>Upon receiving clearance evidence, IANZ will review the appropriateness of the evidence to clear the identified non-compliance(s). Note that where the evidence provided does not provide sufficient assurance that the non-compliance has been addressed then IANZ may request further information to be satisfied, even if supply of that information was not detailed in the original action plan.</p>	IANZ has a KPI of 10 working days to review and respond to each piece of clearance evidence provided.
Step 5	<p>Last date for information submission</p> <p>The BCA must provide its final clearance information in sufficient time to allow for review, revision and resubmission of the information before the last date for final information submission provided.</p>	If insufficient or incomplete information is received by the last date for information submission, the BCA must apply for an extension of time (if relevant). Alternatively, an initial notice of possible revocation of accreditation may be issued.
Step 6	<p>Final clearance</p> <p>The BCA must clear all identified non-compliances.</p>	Within 3 months of the issuing of this report (unless an extension is granted, or a finding is conditionally cleared waiting for future information).

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.

Please note that failure to provide timely objective evidence that identified non-compliances have been effectively and sustainably resolved may result in a recommendation to revoke accreditation.

If you have a complaint about the assessment process, please refer to 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 Risk Decision table is displayed below for reference.

High risk	<p>A non-functioning BCA - depending on extent and type of risk and agreed management method.</p> <p>E.g. there is a pattern of failure to follow a policy, procedure or system (PPS) by a single or multiple employees, and/or that the PPS had not been consistently and effectively implemented.</p>	Some form of monitoring within 6 months
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Medium risk	The BCA is not currently compliant and is unlikely to demonstrate substantial compliance at the next assessment, or there was a failure to implement PPS over two or more assessment cycles.	1 year
Low risk	“Normal” risk (the BCA is likely to remain substantially compliant over the next two years).	2 years
Extra Low risk	The BCA is almost fully compliant and likely to remain that way.	Reduced monitoring at next 2 yearly assessment

The main reasons for considering this risk category were:

- This assessment identified 12 general non-compliances and no serious non-compliance. Of these 3 were able to be cleared during the assessment (with parts of others also addressed) and the BCA appeared to have a clear plan to address the remaining findings.
- The BCA had a good history of effective use of their audit and continuous improvement systems to address identified and upcoming issues.
- The BCA appeared to be appropriately resourced, with a dedicated quality manager and well managed systems. There was good awareness and reporting of the BCA's resources and the reasons why any consents exceeded the statutory timeframes.

NEXT ACCREDITATION ASSESSMENT

As your BCA has been categorised as low risk, 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 2025**.

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

ABBREVIATIONS

the Act	the Building Act 2004
AOB	Accredited Organisation Building
BCA	Building Consent Authority
BCO	Building Control Officer
the Code	the Building Code
CCC	Code Compliance Certificate
Consent	Building Consent
CI	Continuous improvement
Col	Conflict of Interest
Forms Regulations	Building (Forms) Regulations 2004
GNC	General Non-compliance
IANZ	International Accreditation New Zealand
MBIE	Ministry of Business, Innovation and Employment
LBP	Licensed Building Practitioner
NCAS	National Competence Assessment System
NTF	Notice to Fix
the Regulations	Building (Accreditation of Building Consent Authorities) Regulations 2006
RFI	Request for Further Information
SNC	Serious Non-compliance

ASSESSMENT OBSERVATIONS AND RECORDS OF NON-COMPLIANCE

Regulation 6A(1) A system for notification

Observations and comments, including good practice and performance

The BCA had appropriately documented its system for notifying the building consent accreditation body and the Ministry of any of the matters listed within Regulation 6A(1) within 20 working days of the matter taking place.

The BCA had not needed to make any notifications in the past 24 months, so no evidence of implementation was available for review.

Regulation 7(2)(a) Providing consumer information

Observations and comments, including good practice and performance

The BCA had appropriate consumer information on its website regarding how to apply for a consent, and how an application was processed, inspected, and certified in accordance with Regulation 7(2)(a).

Regulation 7(2)(b) Receiving building consent applications

Observations and comments, including good practice and performance

The BCA had documented its procedure for receiving applications in BS-01, in accordance with Regulation 7(2)(b).

The procedure did not fully explain the process the BCA should undertake when the Further Information process was not being fulfilled by the applicant (i.e., when required information is not provided). The BCA is therefore recommended to document this in its procedure (Section 4.1).

See Recommendation R1

The BCA is also recommended to clarify in its procedure and on the Form 2 that if all of the Code clauses have not been selected correctly on the Form 2 that the BCA will also consider the Code clauses provided on the "processing checklist" completed by the applicant and submitted with the application.

See Recommendation R2

Implementation was not always adequate, where within the commercial Building Consents reviewed, some of the Form 2 applications, the Specified Systems and/or the Performance Standards information were not completed correctly. Furthermore, this was not addressed during Checking (vetting) and nor was it discussed within the processing record. This resulted in some misalignment between the application and the draft Compliance Schedule (issued with the Form 5).

Refer to GNC 1 below regarding checking (vetting) of the application for completeness.

Regulation 7(2)(c) Checking building consent applications

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for checking applications, in accordance with

Regulation 7(2)(c).

The BCA checked received applications to ensure they were complete. While this process was generally well managed, within the commercial Building Consents reviewed, some of the Form 2 applications, the Specified Systems and/or the Performance Standards information were not completed correctly, and this was not identified during checking of the application.

See GNC 1

General Non-compliance No. 1: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 7(2)(c)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
Within the commercial Building Consents reviewed some of the Form 2 applications were not completed correctly in relation to the selection of the Specified Systems and/or the Performance Standards and this was not identified during checking of the application.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Click or tap to enter a date.		
Final date evidence of implementation can be accepted from BCA:					1 March 2024		
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 ANY DISCUSSIONS:							
Date ORG (Initials)							
Date ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:				Date: Click or tap to enter a date.			

Regulation 7(2)(d)(i) Recording building consent applications

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for recording applications in accordance with Regulation 7(2)(d)(i).

Received applications were received and seen to be appropriately recorded into the BCA's system.

Regulation 7(2)(d)(ii) Assessing building consent applications

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for assessing applications in accordance with Regulation 7(2)(d)(ii).

The BCA used the NCAS categories to assess and categorise applications for building consent. Applications were seen to be appropriately categorised.

Regulation 7(2)(d)(iii) Allocating building consent applications

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for allocating applications, in accordance with Regulation 7(2)(d)(iii).

Applications were seen to be appropriately allocated to employees and contractors as per the competencies documented on the Skills Matrix.

Regulation 7(2)(d)(iv) Processing building consent applications

Observations and comments, including good practice and performance

The BCA had documented its procedure for processing building consent applications to establish whether the applications complied with the requirements of the Act, the Building Code, and any other applicable regulations under the Act specified for buildings in BS-03. However, the procedure did not fully cover how to manage building work already undertaken (with or without an issued consent) which may require a certificate of acceptance (s.42).
This was raised as GNC 2 and this part was resolved during the assessment with a revised procedure (BS-03 section 1.3).

Procedure BS-03 section 1.7 indicated that the 10/20 day clock would only be started if the response to a RFI was "Sufficient". Discussion with the BCA in relation to the definition of "Sufficient" determined that the BCA had a different understanding than that provided within the MBIE guidance. The procedure and its implementation therefore require revision to align with the accepted understanding of clock management for an RFI response and training provided to staff.
See GNC 2

Within the review of processing records, one was identified where the processor was working outside of their competency and therefore required supervision however, the required supervision was not recorded (the building elements being assessed were within the BCO's competency, but the category of the building was not). The BCA had not documented its consideration of a reason why the BCO could still undertake the processing without supervision. It is recommended that the BCA ensure effective implementation of the procedure is documented.
See Recommendation R3

General Non-compliance No. 2: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 7(2)(d)(iv)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
Procedure BS-03 section 1.7 indicated that the 10/20 day clock would only be started if the response to a RFI was "Sufficient". Discussion with the BCA in relation to the definition of "Sufficient" determined							

that the BCA had a different understanding than that provided within the MBIE guidance. The procedure therefore requires revision to align with the accepted understanding of clock management for an RFI response.	
Once documented, appropriate training is to be provided to staff to ensure effective implementation.	
IMPORTANT DATES	
Date this action plan was accepted by IANZ:	Click or tap to enter a date.
Final date evidence of implementation can be accepted from BCA:	1 March 2024
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 ANY DISCUSSIONS:	
Date ORG (Initials)	
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Click or tap to enter a date.

Regulation 7(2)(d)(v) Granting and issuing building consents and Compliance with Form 5
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for granting and issuing consents, in accordance with Regulation 7(2)(d)(v).</p> <p>Some building consents were seen to be issued where the named issuer did not align with the signature of the person issuing the consent. Other consents were observed to have been issued by a contractor where issuing of building consents was outside of their contract scope.</p> <p>See GNC 3</p> <p>Some examples of issued building consents had the conditions incorrectly listed within the “construction documentation” section rather than the “conditions” section of the form.</p> <p>See GNC 3</p> <p>Within the commercial Building Consents reviewed some had the following issues in relation to the draft Compliance Schedule issued with the Form 5:</p> <ul style="list-style-type: none"> • Draft Compliance Schedules were seen to include a statement ‘This compliance schedule is issued by Queenstown Lakes District Council under Section 51 of the Building Act 2004 for inclusion with the building consent.....’ This wording was not appropriate as a Compliance Schedule should not be issued until the building work is complete. Also, Section 51 is not the appropriate section for the issue of a Compliance Schedule, so this statement is not considered to be fully appropriate. • In some examples the year of the standard within the draft Compliance Schedule differed from that on the Form 2 application, Specified System form provided to support the form 2, and/or the Fire report design. There was no record for the consideration of the different requirements. • In some examples the Specified Systems listed on the Form 2 were not included within the draft Compliance Schedule (and no explanation was provided within the processing record).

- One example indicated a new Compliance Schedule was required when the scope of the work was for amending an existing Compliance Schedule.
- One example indicated that the existing Compliance Schedule was unaltered, but the scope of the building consent was for a new building with new Specified Systems.

In summary, some issued building consents did not fully describe the building work applied for, or made an incorrect, incomplete, or inappropriate reference.

See GNC 3

The BCA's Issued Form 5s were issued with an attached Draft Compliance Schedule. However, the Draft Compliance Schedule was not listed as an attachment on the Form 5. For clarity the BCA is recommended to list it as an attachment.

See Recommendation R4

Record of Work documentation was requested via an advice note rather than being "required documentation". The BCA is recommended to reformat the Form 5 for ease of understanding by applicants of the documentation required at CCC stage.

See Recommendation R5

In some cases, the Draft Compliance Schedule did not fully describe the relevant Performance Standard. The BCA is recommended to include the relevant year, amendment number, and the relevant part/section of the document more clearly in the description of the Performance Standard.

See Recommendation R6

General Non-compliance No. 3: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 7(2)(d)(v)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<p>Some building consents were seen to be issued where the named issuer did not align with the signature of the person issuing the consent.</p> <p>Other consents were observed to have been issued by a contractor where issuing of building consents was outside of their contract scope. – Resolved AW 21/11/2023</p> <p>Some examples of issued building consents had the Conditions incorrectly listed within the "construction documentation" section rather than the "Conditions" section of the form.</p> <p>Within the Commercial Building Consents reviewed some had the following issues in relation to the draft Compliance Schedule issued with the Form 5; Draft Compliance Schedules were observed to contain a statement 'This compliance schedule is issued by Queenstown Lakes District Council under Section 51 of the Building Act 2004 for inclusion with the building consent.....' A Compliance Schedule should not be issued until the building work is completed so this statement was not appropriate. Also, Section 51 is not the appropriate section for the issue of a Compliance Schedule, so this statement is not considered to be fully appropriate.</p> <p>Some issued building consents did not fully describe the building work applied for, or made an incorrect, incomplete, or inappropriate reference in relation to specified systems and/or their performance standards.</p>							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Click or tap to enter a date.		
Final date evidence of implementation can be accepted from BCA:					1 March 2024		
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 ANY DISCUSSIONS:	
21/11/2023 IANZ AW	The BCA provided evidence of all contractors having contracted agreement to grant and issue consents. This information was reported to be available during the assessment but not presented to the assessment team.
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Click or tap to enter a date.

Regulation 7(2)(d)(v) Lapsing building consents	
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for lapsing of Building Consents, in accordance with Regulation 7(2)(d)(v).</p> <p>The BCA was observed to actively monitor consents as they approached their lapsing date and to record the lapse within their system within a few days of the lapsing occurring.</p>	

Regulation 7(2)(d)(v) Compliance with statutory timeframes for granting and issuing building consents	
Observations and comments, including good practice and performance	
<p>The BCA's compliance with the statutory timeframe for granting and issuing building consents within 20 working days was seen to be ranging from a low of 52% to a high of 100% compliance. The BCA was seen to actively monitor its compliance with the 10/20 day clock and to take positive action to address any identified issues. The BCA had experienced a dip in its compliance during June 2023 but was observed to be actively working to address the identified issues and to achieve full compliance.</p>	

Regulation 7(2)(e) Planning, performing and managing inspections	
Observations and comments, including good practice and performance	
<p>The BCA had documented its procedure for planning, performing, and managing inspections in accordance with Regulation 7(2)(e). The BCAs procedure for inspecting building work did not cover the process for carrying out non-standard inspections. See GNC 4</p> <p>The BCAs procedure for planning and performing inspections did not address the need for site observations or PS4s and how these were requested, received, and recorded during the inspection process. See GNC 4</p> <p>The BCA's procedure stated that it would not measure the water temperature of residential buildings</p>	

(except maybe early childhood and aged care facilities) and that it could rely on the heating units being the correct temperature to be satisfied on reasonable grounds that the water temperature at sanitary fixtures complied with the requirements. Water heating units are required to be maintained at a minimum of 65 degrees so this procedure was not appropriate to demonstrate that water at sanitary fixtures was at 55 degrees or below.
See GNC 4

In order to achieve better consistency between inspectors, the BCA is recommended to define in its inspection procedure or a work instruction what items are to be checked at each inspection, e.g., where is moisture checked? How many readings should be taken?
See Recommendation R7

Inspections were adequately planned as part of processing.

Inspectors were not routinely testing water temperature in order to be satisfied that water would not present a scalding risk.
See GNC 4

It is recommended that inspectors ensure that they record LBP details during site inspections.
See Recommendation R8

Where work was covered by an engineer’s PS4 the BCA was not being called to make a decision whether there was any work not covered by the engineer’s inspection. It is therefore recommended that the BCA considers its current process not to attend site if an engineer is carrying out the inspection and considers also inspecting the work to ensure that no aspects are missed.
See Recommendation R9

In some cases, minor variations were not clearly described as to what work was covered by the variation. It is recommended that the BCA ensure that minor variations clearly describe the variation. E.g., rather than “revised bracing”, be more specific regarding which brace was revised.
See Recommendation R10

General Non-compliance No. 4: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 7(2)(e)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input checked="" type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<p>The BCA’s procedure for inspecting building work did not cover the process for carrying out non-standard inspections.</p> <p>The BCAs procedure for planning and performing inspections did not address the need for site observations or PS4s and how these were requested, received, and recorded during the inspection process.</p> <p>The BCA’s procedure stated that it would not measure the water temperature of residential buildings (except maybe early childhood and aged care facilities) and that it could rely on the heating units being the correct temperature to be satisfied on reasonable grounds that the water temperature at sanitary fixtures complied with the requirements. Water heating units are required to be maintained at a minimum of 65 degrees so this procedure was not appropriate to demonstrate that water at sanitary fixtures was at 55 degrees or below.</p> <p>Inspectors were not routinely testing water temperature in order to be satisfied that water would not present a scalding risk.</p>							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:						Click or tap to enter a	

	date.
Final date evidence of implementation can be accepted from BCA:	1 March 2024
PLAN OF ACTION (To be provided by BCA)	
PROPOSED EVIDENCE OF IMPLEMENTATION (To be provided by BCA):	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
Date ORG (Initials)	
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Click or tap to enter a date.

Regulation 7(2)(f) Application for code compliance certificates
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for receiving and considering applications for a Code Compliance Certificate in accordance with Regulation 7(2)(f).</p> <p>Applications for CCC were seen to be accepted with the 20 day clock started appropriately. However, the BCA did not always ensure that Form 6 was completed in full; where the work contained Specified Systems as the required declaration regarding Specified Systems had been removed from the Form 6 template.</p> <p>See GNC 5A</p> <p>Examples were noted where incomplete Form 6 information had been supplied in relation to specified systems and this had not been recognised by the BCA.</p> <p>See GNC 5A</p>

General Non-compliance No. 5A: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 7(2)(f)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<p>The BCA did not always ensure that Form 6 was completed in full; where the work contained specified systems as the required declaration regarding Specified Systems had been removed from the Form 6 template.</p> <p>Incomplete Form 6 information had been supplied in relation to Specified Systems and this had not been recognised by the BCA.</p>							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:						Click or tap to enter a date.	
Final date evidence of implementation can be accepted from BCA:						1 March 2024	

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 ANY DISCUSSIONS:	
Date ORG (Initials)	
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Click or tap to enter a date.

Regulation 7(2)(f) Preparing and issuing code compliance certificates
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for the preparation and issuing of Code Compliance Certificates in accordance with Regulation 7(2)(f).</p> <p>Some issued Form 7s (Code Compliance Certificates) did not include: -</p> <ul style="list-style-type: none"> contact details for the owner / agent (e.g., phone numbers, mailing address, email address) the words 'First point of contact'.... Or 'contact details' for the contact person) <p>This was raised as GNC 5B. The BCA prepared examples with the correct information for review during the assessment. This was accepted and this GNC was cleared.</p> <p>The BCA is recommended to ensure that details within CCC applications submitted by the applicant include relevant information for the Specified Systems within the Building, and the required documentation is provided for each specified system.</p> <p>See Recommendation R11</p>

Regulation 7(2)(f) 24-month CCC decisions
Observations and comments, including good practice and performance
<p>The BCA had documented 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. The procedure was not fully appropriate and was not fully/appropriately implemented as follows:</p> <ul style="list-style-type: none"> The BCA was not starting the CCC clock at 24 months and was not monitoring compliance with the clock for applications where no CCC application had been received at 24 months. The BCA was requiring the applicant to apply for CCC after 24 months whereas the Act requires a decision to be made whether to issue or refuse CCC where an application has not been received. The reasons for refusing CCC were not recorded or communicated to the applicant (while not a legal requirement to communicate to the applicant the MBIE Guidance suggests a requirement under natural justice to do so). If a lapse extension had been granted, then the BCA was not making a 24 month decision. In effect this was providing an extension of time for CCC however this was not agreed with the owner as required by the Act. The BCA was sending a CCC reminder at 24 months and then allowing the applicant a month to apply for an extension, whereas the intention of the Act is for the 20 working days to be for the

BCA to make a decision whether to use or refuse, rather than time for the applicant to provide extra information.
See GNC 5C

The BCA was observed to offer multiple extensions of time on a consent without recording consideration of the effect of the applications. Where the applicant applies for an extension of time the BCA is recommended to consider offering one 12 month extension without consideration of the effect of the extension and then applying appropriate consideration to any further extensions and recording that consideration.
See Recommendation R12

General Non-compliance No. 5C: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 7(2)(f)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<p>The BCA’s 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 was not fully/appropriately documented and implemented as follows:</p> <ul style="list-style-type: none"> • The BCA was not starting the CCC clock at 24 months and was not monitoring compliance with the clock for applications where no CCC application had been received at 24 months. • The BCA was requiring the applicant to apply for CCC after 24 months whereas the Act requires a decision to be made whether to issue or refuse CCC where an application has not been received. • The reasons for refusing CCC were not recorded or communicated to the applicant (while not a legal requirement to communicate to the applicant the Guidance suggests a requirement under natural justice to do so). • If a lapse extension had been granted, then the BCA was not making a 24 month decision. In effect this was providing an extension of time for CCC however this was not agreed with the owner as required by the Act. • The BCA was sending a CCC reminder at 24 months and then allowing the applicant a month to apply for an extension, whereas the intention of the Act is for the 20 working days to be for the BCA to make a decision whether to use or refuse, rather than time for the applicant to provide extra information. 							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Click or tap to enter a date.		
Final date evidence of implementation can be accepted from BCA:					1 March 2024		
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 ANY DISCUSSIONS:							
Date ORG (Initials)							
Date ORG (Initials)							

NON COMPLIANCE CLEARED	
Signed:	Date: Click or tap to enter a date.

Regulation 7(2)(f)	Compliance with statutory timeframes for code compliance certificates
Observations and comments, including good practice and performance	
<p>The BCA's compliance with the statutory timeframe for issuing Code Compliance Certificates within 20 working days was seen to be ranging between 96% and 100%, however, the figures for building consents that reached 24 months were not included within these figures and a number of these had exceeded 20 working days.</p> <p>This issue has been identified as part of GNC 5C</p>	

Regulation 7(2)(f)	Compliance schedules
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for preparation and issuing of Compliance Schedules.</p> <p>A number of the reviewed Compliance Schedules contained systems that had not been listed on the corresponding Draft Compliance Schedule and/or the Performance Standard(s) had changed (typically the year of the standard or version), however, there were no amendments / minor variations or reasons for decisions recorded for these changes.</p> <p>Issued Compliance Schedules did not appear to capture reporting requirements, either under each specified system or elsewhere in the Compliance Schedule.</p> <p>Type (and make where known) were not always listed in the Compliance Schedule where this information had been provided to the BCA.</p> <p>Other one-off issues were also noted that indicated that issued Compliance Schedules were not fully consistent with the requirements. These included:</p> <ul style="list-style-type: none"> • One issued Compliance Schedule was labelled as a Draft Compliance Schedule. • Reference was made to the Compliance Schedule handbook as a standard where this is only intended to provide guidance. <p>See GNC 5D</p> <p>Suggestions for possible improvement of Compliance Schedules included:</p> <ul style="list-style-type: none"> • It is recommended that the BCA adds a summary list of the Specified Systems within the Compliance Schedule. • It is recommended that references to a document, (e.g., a Standard, Acceptable Solution etc.) both within the Performance Standard and the inspection and maintenance requirements, are specific regarding the relevant part or section of the document. <p>See Recommendation R13</p>	

General Non-compliance No. 5D: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 7(2)(f)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)

FINDING DETAILS	
<p>A number of the reviewed Compliance Schedules contained systems that had not been listed on the corresponding Draft Compliance Schedule and/or the Performance Standard(s) had changed (typically the year of the standard or version), however, there were no amendments / minor variations or reasons for decisions recorded for these changes.</p> <p>Issued Compliance Schedules did not appear to capture reporting requirements. Reporting requirements were not clearly articulated either under each Specified System or elsewhere in the Compliance Schedule.</p> <p>Type (and make where known) were not always listed where this information had been provided to the BCA.</p> <p>Other one-off issues were also noted that indicated that issued Compliance Schedules were not fully consistent with the requirements. These included:</p> <ul style="list-style-type: none"> • One issued compliance schedule was labelled as a draft compliance schedule. • Reference was made to the Compliance Schedule handbook as a standard where this was only intended to provide guidance. 	
IMPORTANT DATES	
Date this action plan was accepted by IANZ:	Click or tap to enter a date.
Final date evidence of implementation can be accepted from BCA:	1 March 2024
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 ANY DISCUSSIONS:	
Date ORG (Initials)	
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Click or tap to enter a date.

Regulation 7(2)(f) Notices to fix	
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for issuing Notices to fix in accordance with Regulation 7(2)(f).</p> <p>The BCA did not have any BCA related notices to fix to review. Several TA related Notices to Fix were reviewed. It was noted that these did not always contain all the information required by the Forms Regulations. It is suggested that the BCA reviews any BCA Notices to Fix against the Form Regulations before issue.</p>	

Regulation 7(2)(g) Customer inquiries

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for receiving and managing customer inquiries about building control functions in accordance with Regulation 7(2)(g).

The BCA was observed to be receiving inquiries in a variety of forms and responding in a timely manner (within 24 to 48 hours).

Regulation 7(2)(h) Customer complaints

Observations and comments, including good practice and performance

The BCA had documented its procedure for receiving and managing customer complaints about building control functions. However, while general information was provided, the procedure was not specific regarding how the BCA would ensure appropriate levels of objectivity and fairness to all parties and provide remedies proportionate to the issues raised. It is recommended that more specific detail is added to the procedure regarding these aspects.

See Recommendation R14

Regulation 8(1) Forecasting workflow

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure to forecast its workflow in accordance with Regulation 8(1).

The BCA had reviewed its previous workload patterns and, taking into account predicted internal and external factors such as economic changes, had forecast the number of full-time equivalent staff that it needed at each level of competency and determined where it had any gaps that it would need to fill with contracted processors and/or inspectors.

Regulation 8(2) Identifying and addressing capacity and capability needs

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure to identify and address capacity and capability needs on an ongoing basis, and in accordance with Regulation 8(2).

The BCA carried out an annual analysis of their performance against statutory requirements and acted as required to address any shortfall. Good records were maintained of this process.

Regulation 9 Allocating work

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure to allocate work in accordance with Regulation 9.

Work was seen to be generally allocated to competent people as listed on the Skills Matrix however, one example was noted where work was allocated to a person that did not hold the appropriate competence and supervision of the work was not recorded.

Refer to Recommendation R3

Regulation 10(1) Assessing prospective employees

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for establishing the competence of a person who applied to it for employment as an employee performing building control functions, in accordance with Regulation 10(1).

Regulation 10(2) Assessing employees performing building control functions

Observations and comments, including good practice and performance

The BCA had documented its procedure for assessing annually (or more frequently) the competence of its employees performing building control functions. The procedure (QMS – 001 QM-10 on page 28) indicated that the BCAs procedure was “based” on NCAS but did not clearly document the variations to NCAS that were observed during this assessment. For example, the BCA did not rely on the Candidate Evidence Form of NCAS to be completed. It was also not clear regarding a requirement to assess competence at the highest level.

This issue was raised as GNC 6 and was resolved during the assessment by a change to the procedure.

Regulation 10(3)(a) to (f) Competence assessment system

Observations and comments, including good practice and performance

The BCA had documented its procedure which specified the technical requirements for a competence assessment system.

Competence assessments reviewed generally met the requirements of this Regulation. A few anomalies were noted. These included:

- Within one example the competency assessor only recorded evidence of certification in relation to the issuing of a “draft” Compliance Schedule. This documentation was not considered to be certification under the Act.
- A consent was referenced where an issued Compliance Schedule was referenced as evidence of competence without sufficient supporting evidence described within the competency record.
- One competence assessment did not include work at the highest level of competence.
- The procedure stated that where there was to be no change in level, the assessment will focus on legislative and product changes since the last competency assessment. This consideration did not appear to be fully reflected in some of the records.

It is recommended that the BCA ensure that consideration of relevant evidence is clearly documented within competence assessment records.

See Recommendation R15

Regulation 11(1) The training system

Observations and comments, including good practice and performance

The BCA had developed a training system in accordance with Regulation 11(1). Where omissions were detected, they were addressed under their relevant Regulation in this report.

Regulation 11(2)(a) Making annual (or more frequent) training needs assessments

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for making annual (or more frequent) training needs assessments in accordance with Regulation 11(2)(a).

The BCA was observed to carry out annual training needs assessments for each of their technical staff.

Regulation 11(2)(b) Preparing training plans that specify the training outcomes required

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for preparing training plans that specified the training outcomes required, in accordance with Regulation 11(2)(b).

The BCA prepared training plans for each technical staff member and recorded (among other things) the planned training, the training objective, date planned for, and how the application of any training would be monitored and reviewed. On some occasions the method for monitoring of training was not specific to the training event. It is therefore recommended that the BCA ensure that for each planned training event they document a clear process for monitoring of the application of that training.

See Recommendation R16

Regulation 11(2)(c) Ensuring that employees receive the training agreed for them

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for ensuring that employees received the training agreed for them in accordance with Regulation 11(2)(c).

The BCA was monitoring required training and ensuring that training was provided as required. The date of completed training was noted in the training spreadsheet in an unlabelled column. It is recommended that for clarity a specific column is inserted into the spreadsheet to use to record the date the training is completed.

See Recommendation R17

Regulation 11(2)(d) Monitoring and reviewing employees' application of the training they have received, including by observing relevant activities
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for monitoring and reviewing employees' application of the training they had received, including by observing relevant activities, in accordance with Regulation 11(2)(d).</p> <p>In many cases the records of monitoring the application of training were incomplete and/or no reasons for decisions were recorded. In some cases, the record of monitoring the application of training was not as per the plan but this had not been recognised and no reason for the difference had been recorded in the spreadsheet.</p> <p>See GNC 7</p>

General Non-compliance No. 7: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 11(2)(d)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input checked="" type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<p>In many cases the records of monitoring the application of training were incomplete and/or no reasons for decisions were recorded.</p> <p>In some cases, the record of monitoring the application of training was not as per the plan but this had not been recognised and no reason for the difference had been recorded in the spreadsheet.</p>							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:						Click or tap to enter a date.	
Final date evidence of implementation can be accepted from BCA:						1 March 2024	
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 ANY DISCUSSIONS:							
Date ORG (Initials)							
Date ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:				Date: Click or tap to enter a date.			

Regulation 11(2)(e) Supervising employees doing a technical job under training
Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure to supervise its employees doing a technical job under training. It recorded that supervision records would record what was supervised and why they were satisfied. Outcomes would be recorded on building consent application, processing checksheets, inspection records, and supervision evaluation records.

Three inspection records were selected where supervision was required. One inspection record noted that supervision was not undertaken, whilst the other two did not note that supervision was required (nor was there a field for this on the template). No records of supervision were therefore available for inspection work carried out under indirect supervision.

See GNC 8

The BCOs advised that the only action that occurred to indicate inspection supervision was the BCO undertaking the inspection ticked a prompt in the inspection record. This was not considered to provide sufficient detail regarding the supervision.

See GNC 8

Within the review of processing records, one was identified where the required supervision was not recorded (the building elements being assessed were within the BCO's competency, but the category of the building was not). The BCA had not documented the consideration of why the BCO could process the building consent application without supervision.

See GNC 8

General Non-compliance No. 8: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 11(2)(e)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input checked="" type="checkbox"/> 6(b)	<input checked="" type="checkbox"/> 6(c)	<input checked="" type="checkbox"/> 6(d)
FINDING DETAILS							
There were no records of supervision for inspection work carried out under indirect supervision.							
Where processing work had been undertaken without the required supervision, the BCA had not documented its consideration of why the BCO could undertake work without supervision.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Click or tap to enter a date.		
Final date evidence of implementation can be accepted from BCA:					1 March 2024		
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 ANY DISCUSSIONS:							
Date ORG (Initials)							
Date ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:				Date: Click or tap to enter a date.			

Regulation 11(2)(f) Recording employees' qualifications, experience and training

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for recording employees' qualifications, experience, and training in accordance with Regulation 11(2)(f).

Records of employees' qualifications, experience, and training were all maintained. A selection of records was reviewed and found to contain appropriate information.

Regulation 11(2)(g) Recording continuing training information

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for recording continuing training information in accordance with Regulation 11(2)(g).

Good records of continuing training were observed, with consistent and numerous entries noted.

Regulation 12(1) A system for choosing and using contractors to perform its building control functions

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for choosing and using contractors to perform its building control functions in accordance with Regulation 12(1).

The BCA utilised a number of contractors, mostly working within the BCA's Quality System.

Regulation 12(2)(a) Establishing contractors' competence

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure to establish contractors' competence in accordance with Regulation 12(2)(a).

All contractors were existing so there were no records to review of establishing a new contractor's competence.

Regulation 12(2)(b) Engaging contractors

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for engaging contractors in accordance with Regulation 12(2)(b).

While all contractors were existing, a contractor evaluation form had been completed when renewing

contractors' contracts. These recorded appropriate information regarding the scope of work and requirements of the contractor, but did not include consideration of qualifications and competence that was considered separately. The BCA may wish to consider adding these considerations to the contractor evaluation form.

Regulation 12(2)(c) Making written or electronic agreements with contractors

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for making written or electronic agreements with contractors in accordance with Regulation 12(2)(c).

A number of contracts were reviewed and found to be appropriate.

Regulation 12(2)(d) Recording contractors' qualifications

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for recording contractors' qualifications in accordance with Regulation 12(2)(d).

The BCA maintained appropriate records of its contractor's qualifications.

Regulation 12(2)(e) Monitoring and reviewing contractors' performance

Observations and comments, including good practice and performance


The BCA had appropriately documented its procedure for monitoring and reviewing contractors' performance in accordance with Regulation 12(2)(e).

The BCA undertook annual reviews of its contractor's performance. These contained appropriate detail except they did not recognise that contractors were undertaking work outside of their contracted scope where contractors were observed to be granting and issuing building consents on behalf of the BCA.

See GNC 9

General Non-compliance No. 9: Action Plan accepted Cleared 21/11/2023

Breach of requirement:	Regulation 12(2)(e)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
The BCA's annual contractor performance reviews did not recognise or make comment that contractors were granting and issuing building consents on behalf of the BCA outside of their contracted scope.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:						Click or tap to enter a date.	
Final date evidence of implementation can be accepted from BCA:						1 March 2024	

PLAN OF ACTION (To be provided by BCA)	
PROPOSED EVIDENCE OF IMPLEMENTATION (To be provided by BCA):	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
21/11/2023 IANZ AW	The BCA provided evidence of documentation that clarified that the contractor's scope included granting and issuing. Note that this information was reported to be available during the assessment but not presented to the assessment team.
NON COMPLIANCE CLEARED	
Signed: 	Date: 21 November 2023

Regulation 12(2)(f)	Annually (or more frequently) assessing contractors' competence
Observations and comments, including good practice and performance	
<p>The BCA had documented its procedure for annually (or more frequently) assessing contractors' competence in accordance with Regulation 12(2)(f). The procedure stated that if the contractor was accredited then the BCA didn't need competence assessments to be provided. This did not take into account contractors that were accredited to work under their own system but were working in the BCA's system (especially in relation to Regulation 10(3)(f)).</p> <p>This issue was raised as GNC 10 and resolved during the assessment by the BCA amending the procedure to clarify how and when competence of contractors would be assessed.</p> <p>It is recommended that the BCA checks to ensure that sufficient detail is provided in contractor competence assessments regarding Regulation 10(3)(f) in relation to the contractor's work within the BCA's system.</p> <p>See Recommendation R18</p>	

Regulation 13(a)	Identifying employees and contractors who are competent to provide technical leadership
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for identifying employees and contractors who were competent to provide technical leadership in accordance with Regulation 13(a).</p> <p>The BCA was identifying technical leaders and recording an assessment of them with regards to their technical leadership skills. It is recommended that the BCA ensures that the evidence that is recorded within the measuring of technical leadership is relevant to their technical leadership skills, and provide details regarding what was assessed and what evidence was used to come to the conclusion that the technical leaders were able to perform the required function(s).</p> <p>See Recommendation R19</p>	

Regulation 13(b) Giving the employees and contractors the powers and authorities to enable them to provide the leadership

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for giving its employees and contractors powers and authorities to enable them to provide technical leadership in accordance with Regulation 13(b).

Appropriate authorities for technical leaders were described in the BCA's procedures.

Regulation 14 Ensuring necessary (technical) resources

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure 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.

The BCA was seen to provide appropriate technical resources including computer and phone equipment, reference resources and moisture meters.

The BCA had two thermometers (one in each office). This was considered to be insufficient to allow each inspector to have a thermometer readily accessible to measure water temperature when required. It is recommended that the BCA consider sourcing more thermometers so that each inspector has ready access to a calibrated thermometer.

See Recommendation R20

Regulation 15(1)(a) A building consent authority must record its organisational structure

Observations and comments, including good practice and performance

The BCA had appropriately documented its organisational structure in accordance with Regulation 15(1)(a).

Regulation 15(1)(b) A building consent must record in the structure its reporting lines and relationships with external parties

Observations and comments, including good practice and performance

The BCA had appropriately documented in the structure, the reporting lines and accountabilities, and, the relationships the authority had with external organisations, in accordance with Regulation 15(1)(b).

Regulation 15(2) A building consent authority must record roles, responsibilities, powers, authorities and any limitation on powers and authorities

Observations and comments, including good practice and performance

The BCA had appropriately documented the roles and responsibilities for its employees performing building control functions in job descriptions.

Powers and authorities for its employees and contractors performing building control functions were documented in the Council's Delegations Manual and contractor's contracts. The BCA may wish to consider whether it would be an advantage for Team Leaders to also have delegated authority for processing and issue of building consent.

Regulation 16(1)

A system for giving every application for a building consent its own uniquely identified file

Observations and comments, including good practice and performance

The BCA was seen to allocate every application for building consent its own unique identification, naming them as BCYYxxxx etc. Building consent amendments were named as the corresponding AMYYxxxx1 (for the first amendment).

Regulation 16(2)(a)

System for ensuring that all information relevant to an application for a building consent is put on the application's file

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for ensuring that all information relevant to an application for a building consent was put on the application's file in accordance with Regulation 16(2)(a).

All required information was found to be available on the application's files.

Regulation 16(2)(b)

System for ensuring that all information relevant to an application for a building consent is kept in a way that makes it readily accessible and retrievable

Observations and comments, including good practice and performance

The BCA ensured that all information relevant to an application for a building consent was kept in a way that made it readily accessible and retrievable, in accordance with Regulation 16(2)(b).

All required documents were found to be easily accessible and retrievable in the BCA's system.

Regulation 16(2)(c)

System for ensuring that all information relevant to an application for a building consent is stored securely

Observations and comments, including good practice and performance

The BCA had not documented a specific procedure for ensuring that all information relevant to an application for a building consent was stored securely in accordance with Regulation 16(2)(c) as file storage and security was managed by the Council's IT department. The IT department provided a

statement regarding the security of the BCA files.

Security of files were seen to be protected in a number of ways including password protection, security training and maintaining secure backups.

Regulation 17(1) A quality assurance system that covers management and operations and covers the policies, procedures and systems described in regulations 5 to 16 and 18

Observations and comments, including good practice and performance

The BCA had developed a quality assurance system that covered its management and operations. The quality assurance system covered the policies, procedures, and systems described in regulations 5 to 16 and 18.

Where omissions were detected, they were addressed under their relevant Regulation in this report.

Regulation 17(2)(b) The policy on quality

Observations and comments, including good practice and performance

The BCA had appropriately documented its quality policy in its procedure QM-02. This included quality objectives, and quality performance indicators for its building control functions, in accordance with Regulation 17(2)(b).

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

Observations and comments, including good practice and performance

The BCA had appropriately documented its 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 in its QM-09 procedure.

The BCA undertook bi-weekly quality meetings and an annual strategic management review meeting.

Regulation 17(2)(e) Supporting continuous improvement

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for supporting continuous improvement (CI) in accordance with Regulation 17(2)(e).

The BCA was seen to maintain comprehensive continuous improvement records, with good links to supporting and clearance information provided.

The procedure currently required all changes to the manual to go through the CI process. It is suggested in order to provide more efficiency the BCA could choose to amend its CI process to allow

minor changes to typos and grammar without seeking further approval.

Regulation 17(2)(h) Undertaking annual audits

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for ensuring that an internal audit of every building control function occurred annually (or more frequently) in accordance with Regulation 17(2)(h).

While all required audits had been undertaken, in some cases the auditors were auditing their own work, which is not appropriate as it often leads to existing issues not being identified. It is therefore recommended that the BCA ensures that auditors do not audit their own work.

See Recommendation R21

While the sample size audited appeared to be appropriate, the procedure did not record a minimum sample size. It is recommended that the auditing procedure indicates what sample size will be selected for each of the different types of audits undertaken by the BCA.

See Recommendation R22

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

Observations and comments, including good practice and performance

The BCA had documented its procedure in its quality assurance system for identifying and managing conflicts of interest, in accordance with 17(2)(i). While the policy was appropriate for employees, it did not refer to management of conflicts of interest for contractors (although this was included in the procedure). It is recommended that the policy is amended to also cover conflicts of interest for contractors.

See Recommendation R23

Conflicts of interest were seen to have been appropriately reported, recorded, and managed.

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

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure in its quality assurance system for communicating with internal and external persons, in accordance with 17(2)(j).

A variety of means of communication were seen to be used effectively, including emails, face to face discussion, use of the website, meeting minutes and reports.

Regulation 17(3) A quality manager

Observations and comments, including good practice and performance

The BCA had appointed a Quality Manager, named as Sina Schreiber in QM-01, in accordance with Regulation 17(3).

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Regulation 17(3A) Concerns and complaints about building practitioners

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure to ensure that the BCA considered concerns raised about practitioners and decided whether to make, and made complaints to relevant occupational or professional authorities about practitioners, who were practitioners of or within an occupation or profession, in accordance with Regulation 17(3A)(a).

The BCA had recorded reported concerns about practitioners and discussed these at BCA Management Meetings. The BCA is recommended to consider maintaining a spreadsheet of all reported concerns and complaints about practitioners to allow previous records to be more easily located and reviewed.

See Recommendation R24

Regulation 17(4)(a) A system for ensuring that its employees comply with the authority's quality assurance system

Observations and comments, including good practice and performance

The BCA had documented procedures for ensuring that its employees complied with the authority's quality assurance system in a number of locations throughout the manual.

The BCA used its audits and competence assessments to ensure that its employees complied with the authority's quality assurance system.

Regulation 17(4)(b) A system for ensuring that its contractors comply with a nominated quality assurance system

Observations and comments, including good practice and performance

The BCA had documented its procedure for ensuring that its contractors complied with either the authority's quality assurance system or the contractor's quality assurance system. However, the BCA had not documented how it would ensure that contractors working within the BCA's system were to be appropriately trained and inducted into their system.

See GNC 11

There were no records available of contractor induction into the BCA's quality system.

See GNC 11

General Non-compliance No. 11: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 17(4)(b)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
The BCA's procedure for ensuring that its contractors complied with either the authority's quality							

assurance system or the contractor's quality assurance system did not document how it would ensure that contractors working within the BCA's system were to be appropriately trained and inducted into their system.	
There were no records available of contractor training or induction into the BCA's quality system.	
IMPORTANT DATES	
Date this action plan was accepted by IANZ:	Click or tap to enter a date.
Final date evidence of implementation can be accepted from BCA:	1 March 2024
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 ANY DISCUSSIONS:	
Date ORG (Initials)	
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Click or tap to enter a date.

Regulation 17(5)(a) Strategic management reporting and review

Observations and comments, including good practice and performance

The BCA had documented its system for annually (or more frequently) reviewing its quality assurance system, however, the procedure was not sufficiently specific regarding the assessment of the appropriateness and effectiveness of the defined items.

This was raised as part of GNC12 and resolved during the assessment by the BCA amending the procedure.

The meeting minutes were not sufficiently specific regarding the appropriateness and effectiveness of the required items.

This was raised as part of GNC12 and resolved during the assessment by the BCA amending the meeting minutes to provide a better focus on the appropriateness and effectiveness of the required items.

Regulation 17(5)(b) Strategic management reporting and review

Observations and comments, including good practice and performance

The BCA had appropriately documented its system for annually (or more frequently) making appropriate changes in the quality assurance system in accordance with Regulation 17(5)(b) and 17(2)(e).

The BCA used its auditing and continuous improvement systems to ensure that any required changes to the quality system were identified and actioned.

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Regulation 18(1) Technical qualifications

Observations and comments, including good practice and performance

The BCA had appropriately documented its system for ensuring that each employee and contractor who performed the authority's building control functions by doing a technical job held an appropriate technical qualification or was working towards one (unless exempted from the requirements).

The BCA recorded the qualifications of its employees on the Technical Qualifications Register. All technical staff members were seen to hold an appropriate qualification or be working towards one of the listed qualifications.

One staff member had deferred their study for a year. It was not clear whether they were considered to be "working towards" their qualification during the period that they had deferred. It is therefore recommended that the BCA document their policy with regards to deferment of study.

See Recommendation R25

Regulation 18(3) Technical qualifications

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for establishing circumstances of employees and contractors that would make it unreasonable and impractical to require technical qualifications in accordance with Regulation 18(3)(a) and (b).

There were currently no employees exempted from the requirement to hold an appropriate technical qualification.

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)(b)** The receiving procedure did not fully explain the process the BCA should undertake when the Further Information process was not being appropriately fulfilled by the applicant. The BCA is therefore recommended to document this in its procedure (Section 4.1).
- R2 Regulation 7(2)(b)** The BCA is recommended to clarify in its receiving procedure and on the Form 2 that if all of the Code clauses have not been selected correctly on the Form 2 that the BCA will also consider the Code clauses provided on the “processing checklist” completed by the applicant and submitted with the application.
- R3 Regulation 7(2)(d)(iv)** It is recommended that the BCA ensure that effective implementation of the processing procedure is documented, especially where supervision is required.
- R4 Regulation 7(2)(d)(v)** The BCA indicated in the body of relevant Form 5s that the Draft Compliance Schedule was issued with the Building Consent (Form 5). The Draft Compliance Schedule was not listed as an attachment to the consent. For clarity the BCA is recommended to list it as an attachment.
- R5 Regulation 7(2)(d)(v)** Record of Work documentation was requested via an advice note rather than being required documentation. The BCA is recommended to reformat the Form 5 for ease of understanding by applicants of the documentation required to be provided to the BCA at CCC stage.
- R6 Regulation 7(2)(d)(v)** In some cases, the Draft Compliance Schedule did not fully describe the relevant Performance Standard. The BCA is recommended to include the relevant year, amendment number, and the relevant part/section of the document more clearly in the description of the Performance Standard.
- R7 Regulation 7(2)(e)** The BCA is recommended to define in its inspection procedure or a work instruction what items are to be checked at each inspection, in order to ensure consistency between inspectors e.g., where is moisture checked? How many readings should be taken?
- R8 Regulation 7(2)(e)** It is recommended that inspectors ensure that they record appropriate LBP details during site inspections.
- R9 Regulation 7(2)(e)** Where work was covered by an engineer’s PS4 the BCA was not being called to make a decision whether there was any work not covered by the engineer’s inspection. It is therefore recommended that the BCA reconsiders its current process not to attend site if an engineer is carrying out the inspection and considers also inspecting the work to ensure that no aspects are missed.
- R10 Regulation 7(2)(e)** In some cases, minor variations were not clearly described as to what work was covered by the variation. It is recommended that the BCA ensure that minor variations clearly describe the variation. E.g., rather than “revised bracing”, be more specific regarding which brace was revised.
- R11 Regulation 7(2)(f) (Preparing and issuing CCCs)** The BCA is recommended to ensure that details within CCC applications submitted by the applicant include all relevant information for the Specified Systems within the Building and that the required documentation is provided for each Specified System.

- R12 Regulation 7(2)(f) (24-month CCC decisions)** The BCA was observed to offer multiple extensions of time on a consent without recording consideration of the effect of the applications. Where the applicant applies for an extension of time the BCA is recommended to consider whether it could offer one 12 month extension without consideration of the effect of the extension and then apply appropriate consideration to any further extensions and recording that consideration.
- R13 Regulation 7(2)(f) (Compliance Schedules)** Suggestions for possible improvement of Compliance Schedules included:
- It is recommended that the BCA adds a summary list of the Specified Systems within the Compliance Schedule.
 - It is recommended that references to a document, both within the performance standard and the inspection and maintenance requirements, are specific regarding the relevant part or section of the document.
- R14 Regulation 7(2)(h)** The complaints procedure was not specific regarding how the BCA would ensure appropriate levels of objectivity and fairness to all parties and provide remedies proportionate to the issues raised. It is recommended that more specific detail is added to the procedure regarding these aspects.
- R15 Regulation 10(3)** Competence assessments reviewed generally met the requirements of this Regulation. A few anomalies were noted. These included:
- Within one example the competency assessor only recorded evidence in relation to the issuing a “draft” Compliance Schedule. This documentation was not considered to be evidence of “certification” under the Act.
 - A consent was referenced where the BCO had issued a Compliance Schedule but the measure of competence for issuing the Compliance Schedule was not described correctly within the competency record.
 - One competence assessment did not include work at the highest level of competence.
 - The procedure stated that where there was to be no change in level, the assessment would focus on changes since the last competency assessment (e.g. legislative and product changes). This did not appear to be fully reflected in some of the records.
- It is recommended that the BCA ensure that consideration of relevant evidence is clearly documented within the competence assessment records.
- R16 Regulation 11(2)(b)** On some occasions the planned method for monitoring of training recorded in training plans was not specific to the training event. It is therefore recommended that the BCA ensure that for each planned training event they document a clear plan for monitoring of the application of the training.
- R17 Regulation 11(2)(c)** The date of completed training was noted in the training spreadsheet in an unlabeled column. It is recommended that for clarity a specific column is inserted into the spreadsheet to use to record the date the training is completed.
- R18 Regulation 12(2)(f)** It is recommended that the BCA checks to ensure that sufficient detail is provided in contractor competence assessments regarding Regulation 10(3)(f) in relation to the contractor’s work within the BCA’s system.
- R19 Regulation 13(a)** It is recommended that the BCA ensures that the evidence that is recorded within the measuring of technical leadership is relevant to their technical leadership skills and provide details regarding what was assessed and what evidence was used to come to the conclusion that the technical leaders were able to perform the required function(s).
- R20 Regulation 14** The BCA had two thermometers (one in each office). This was considered to be insufficient to allow each inspector to have a thermometer readily accessible to measure water temperature when required. It is recommended that the BCA consider sourcing more thermometers so that each inspector has ready access to a calibrated thermometer.

- R21 Regulation 17(2)(h)** In some cases the auditors were auditing their own work, which is not appropriate as it often leads to existing issues not being identified. It is therefore recommended that the BCA ensures that auditors do not audit their own work.
- R22 Regulation 17(2)(h)** While the sample size audited appeared to be appropriate, the procedure did not record a minimum sample size. It is recommended that the auditing procedure indicates what sample size will be selected for each of the different types of audits undertaken by the BCA.
- R23 Regulation 17(2)(i)** The BCA's policy for identifying and managing conflicts of interest did not refer to management of conflicts of interest for contractors (although this was included in the procedure). It is recommended that the policy is amended to also cover conflicts of interest for contractors.
- R24 Regulation 17(3A)** The BCA is recommended to consider maintaining a spreadsheet of all reported concerns and complaints about practitioners to allow previous records to be more easily located and reviewed.
- R25 Regulation 18(1)** One staff member had deferred their study for a year. It was not clear whether they were considered to be "working towards" their qualification during the period that they had deferred. It is therefore recommended that the BCA document their policy with regards to deferment of study.

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 "Y" 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
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendation	Advisory Note	
6(A)(1)	Choose item.													
6(A)(2)	Choose item.													
Regulation 7														
7(1)	Choose item.													
7(2)(a)	Choose item.													
7(2)(b)	Choose item.										R1, R2			
7(2)(c)	General	GNC 1			Y			No	1/3/2024					
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	Y	Y	Y			No	1/3/2024		R3			
7(2)(d)(v)	General	GNC 3			Y			No	1/3/2024		R4, R5, R6			
7(2)(e)	General	GNC 4	Y	Y	Y		Y	No	1/3/2024		R7, R8, R9, R10			
7(2)(f)	General	GNC 5	Y	Y	Y			No	1/3/2024		R11, R12, R13			
7(2)(g)	Choose item.													
7(2)(h)	Choose item.										R14			
Regulation 8														
8(1)	Choose item.													
8(2)	Choose item.													
Regulation 9														
9	Choose item.													
Regulation 10														
10(1)	Choose item.													
10(2)	General	GNC 6	Y	Y				Yes		27/10/2023				
10(3)(a)	Choose item.										R15		Regulations 10(3)(a) to (f) is considered as ONE GNC only regardless of which sub regulation(s) the GNC(s) are applied to.	
10(3)(b)														
10(3)(c)														
10(3)(d)														
10(3)(e)														
10(3)(f)														
Regulation 11														
11(1)	Choose item.													
11(2)(a)	Choose item.													
11(2)(b)	Choose item.										R16			
11(2)(c)	Choose item.										R17			
11(2)(d)	General	GNC 7			Y		Y	No	1/3/2024					
11(2)(e)	General	GNC 8	Y	Y	Y	Y	Y	No	1/3/2024					
11(2)(f)	Choose item.													
11(2)(g)	Choose item.													
Regulation 12														

Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of Regulation 5/6? Enter "Y" 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	
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendation	Advisory Note		
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)	General	GNC 9			Y			No	1/3/2024						
12(2)(f)	General	GNC 10	Y	Y				Yes		27/10/2023	R18				
Regulation 13															
13(a)	Choose item.										R19				
13(b)	Choose item.														
Regulation 14															
14	Choose item.										R20				
Regulation 15															
15(1)(a)	Choose item.														
15(1)(b)	Choose item.														
15(2)	Choose item.														
Regulation 16															
16(1)	Choose item.														
16(2)(a)	Choose item.														
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.										R21, R22				
17(2)(i)	Choose item.										R23				
17(2)(j)	Choose item.														
17(3)	Choose item.														
17(3A)(a)	Choose item.										R24			Regulations 17(3A)(a) to (c) is considered as ONE GNC only regardless of which sub regulation(s) the GNC(s) are applied to.	
17(3A)(b)															
17(3A)(c)															
17(4)(a)	Choose item.														
17(4)(b)	General	GNC 11	Y	Y	Y			No	1/3/2024						
17(5)(a)	General	GNC 12	Y	Y	Y			Yes		27/10/2023					
17(5)(b)	Choose item.														
Regulation 18															
18(1)	Choose item.										R25				
18(3)(a)	Choose item.													Regulations 18(3)(a) and (b) is considered as ONE GNC only regardless of which sub regulation(s) the GNC(s) are applied to.	
18(3)(b)															