**IQP Annual Report**

Section 110 Building Act 2004

To: Queenstown Lakes District Council

From: *[Your name]*

CC: *[Recipient names]*

Date: *[Pick the date]*

Re BWOF for: 12A IQP Check for *[building name]*

Scope: *[Whole or part of building]*

Specified System:

What is the Compliance Schedule number for this building:

Who performed the checks and maintenance on-site:

Specified System that was checked:

* Age/ type / location
* Do you have a copy of the Compliance Schedule: Yes/No
* Which standard was used to check the system