

20 March 2014

Mr Peter Laurensen
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Dear Peter

Enclosed is my report arising from the routine reassessment of your Building Consent Authority (BCA), which took place on 11 to 14 March 2014.

I would like to take this opportunity to thank you and your staff for your help and cooperation during the assessment and the hospitality extended to the assessment team.

Please contact me if you have any queries or you wish to comment on this report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Adrienne Woollard'.

Mrs Adrienne Woollard
Assessment Coordinator



BUILDING CONSENT AUTHORITY
ACCREDITATION

ASSESSMENT REPORT

Queenstown Lakes District Council

Routine Reassessment

11 to 14 March 2014

ASSESSMENT REPORT

Organisation Details

Organisation:	Queenstown Lakes District Council
Address:	10 Gorge Road Queenstown 9300
Client Number:	7491
Accreditation Number:	73
Authorised Representative:	Mr Peter Laurenson
Programme:	Building Consent Authority Accreditation

Assessment Team

Assessment Coordinator:	Mrs Adrienne Woollard
Technical Experts:	Ms Tracy Quinton-Boundy Mr John Tait (Wednesday only)

Introduction

This report relates to the routine reassessment of your Building Consent Authority (BCA) which took place on 11 to 14 March 2014 to determine conformance with the requirements of the Building (Accreditation of Building Consent Authorities) Regulations 2006 (Regulations 4 – 18 inclusive) and applicable technical criteria.

The assessment was a sampling exercise and therefore this report is based on the observations made during the assessment.

Legal Requirements

Compliance with all legal requirements, including those relating to health and safety, is the responsibility of your organisation. Where some items relating to legal requirements such as health and safety may have been identified, this does not represent an exhaustive report on your compliance with such legal requirements. Auditing for compliance with legal requirements except those explicitly quoted elsewhere in this report is outside the scope of this assessment.

A copy of this report and information regarding progress towards clearance of Corrective Action Requests (CARs) will be provided to the Ministry of Business, Innovation and Employment in accordance with IANZ's contractual obligations.

Executive Summary

This was the third routine reassessment of the Building Consent Authority of Queenstown Lakes District Council (QLDC). This was previously operated in conjunction with Lakes Environmental Ltd (LEL) however LEL was absorbed into QLDC in July last year and no longer operated as a separate entity although many of the staff and roles remained unchanged.

A number of issues were identified during this assessment and discussed with the BCA, several of which were issues raised during the last assessment that appeared to not have been appropriately addressed. These findings were raised as Corrective Actions Requests (CARs) and are detailed at the conclusion of this report. During the assessment it was difficult to identify the root cause of a number of the identified concerns. The related CARs have therefore been raised requesting the BCA to establish and address the root cause of the issues identified. Continuation of accreditation will be recommended provided that these CARs are successfully cleared by 23 May 2014. Pending the feedback from CAR clearance a revisit is not considered necessary at this stage.

Observations

Regulation 5 Requirements for policies, procedures and systems

The BCA's policies, procedures and systems were documented electronically. In general, the policies, procedures and systems were considered to be appropriate, with some recommendations made for improvement under the relevant regulations.

Document control was reported to be managed electronically however staff had full access to change quality system documents. It is strongly recommended (R1) that access to change documents is allowed only to those staff with that delegated responsibility. It was noted that the Lodgement Checklist had no version number or date of issue when printed. As this form could be used in hard copy by applicants it is also strongly recommended (R2) that a form of version control is added.

Regulation 6 Building consent authority's observance of policies, procedures and systems

The organisation planned to demonstrate effective implementation of its policies, procedures and systems using internal audit. Internal audit is further addressed under Regulation 17(2)(h).

Recording of the BCA's decisions, reasons for decisions, and outcomes of decisions, as required by Regulation 6(b), (c) and (d), was found to be inconsistent, both between staff at each office and between the Queenstown and Wanaka offices. In particular, issues were identified with the recording for reasons for receiving, processing, inspection and certifying decisions. CAR 1 raised at the last assessment requested the BCA to investigate and address the issue to ensure an adequate level of recording of decisions, reasons for decisions, and outcomes of decisions. This issue is again raised as a CAR at this assessment (CAR 1).

Regulation 7 Performing Building Control Functions

Public information was provided by the BCA regarding how to apply and how a building consent application is processed, inspected and certified, as required by Regulation 7(2)(a). The public information was reviewed and found to generally supply the required information.

The BCAs processes for receiving applications, Regulation 7(2)(b), checking their completeness, Regulation 7(2)(c), and lodgement, Regulation 7(2)(d)(i), were reviewed and were found to have been changed since the last assessment. Vetting meetings were no longer carried out by technical staff. This meant that administration staff were responsible for receiving of applications. A number of incomplete applications were observed to have been received. This may have been due to a lack of training of the administration staff or lack of time spent on checking completeness of applications. CAR 2 requests that the BCA's systems ensure that only complete applications are received.

Assessment of application content and allocation to processors is covered by Regulation 7(2)(d)(iii). The BCA reported that it used the building categories described in the National Competency framework for assessment of the content of an application (Regulation 7(2)(d)(ii)). In actual fact buildings were only assessed as Residential (called Res 1) or Commercial (called Com 1). The Building Control Supervisor reported that he checked plans and specifications of buildings and used this check to allocate work to appropriately competent people however he did not record the categorisation that he determined. Processors receiving the work then assessed the work they had received and again categorised the work according to the National Competency framework. As there was some evidence of work being allocated to people who did not hold the appropriate competence and of work being processed inadequately or incompletely CAR 1 requests that the BCA improve its recording in its categorisation process to ensure that work is able to be appropriately allocated and processed.

Processing, Regulation 7(2)(d)(iv), to verify that applications demonstrated compliance with the Building Code was reviewed. Recording of the reasons for processing decisions was found to be inconsistent, with adequate records in some cases, minimal recording in some cases and no records present at all in others. Some examples of inappropriate records included where some lines on the processing checklist had not been completed, N/A was written for appropriate items, items had been ticked as complying when they were not present in the project, no evidence recorded that all of items covered by a checklist question had been considered, items were ticked as complying when the drawings indicated non-compliance, building consents had been granted without a processing record etc.. CAR 1 requests that these issues be addressed.

The BCA's process for granting consent, Regulation 7(2)(d)(v), continued to be generally appropriate although it was noted that one building consent had been issued that inappropriately referred to Residential work.

The BCA had documented a suitable process for identifying and managing consents that became subject to the lapsing provisions of Section 52 of the Building Act (the Act) however this was not consistently implemented. Also, letters had been sent to clients after their building consent had lapsed offering a possible extension of time. This was not appropriate. It was reported that recording of lapsing of consents in NCS had been delayed due to lack of resources to complete the work. **CAR 2** requests that this matter is addressed.

The BCA's processes for planning inspections, as required by Regulation 7(2)(e), continued to be generally appropriate although it is strongly recommended (**R3**) that the BCA obtain agreement with the client regarding specialist inspections before issue of the consent.

Managing and performing inspections, also required by Regulation 7(2)(e), was found to be generally appropriate however, as discussed previously, recording of inspection decisions was inconsistent and sometimes required inspections were not carried out, with no notes recorded as to the acceptability of the project (see **CAR 1**).

In general the process for determining whether a Code Compliance Certificate (CCC), Regulation 7(2)(f), could be issued, for consents for which an application had been received from the owner, continued to be effectively implemented however several examples were viewed where the evidence that would allow the CCC to be issued was not present on the electronic file. In these cases it was unclear whether the information had been requested and misfiled or whether the information had not been provided (maybe a mixture of both?). (See **CAR 1**)

A number of issued CCCs did not meet the requirements of Form 7 of the Building (Forms) Regulations 2004. Missing items included Current Lawfully Established Use and Year First Constructed. This shortfall appeared to be in part because the person receiving the consent application had received it without the required information provided, and also in part because the people issuing CCCs did not allow sufficient time to ensure that all required aspects had been addressed. (See **CAR 2**)

The issued CCC included a list of a number of limitations of CCC. It was noted that from time to time the end of this list was missing and it is suggested that the BCA ensures that if it is going to add the limitations that they are complete and make sense.

While the BCA's had documented a process for making a decision whether to issue a CCC at 24 months this had not been effectively implemented. It was reported that this was due to a lack of resources. (See **CAR 2**)

The processes for issuing Compliance Schedules, as required by Regulation 7(2)(f), had been greatly improved since the last assessment. It is still however strongly recommended (**R4**) that the BCA ensure that it receives sufficient information regarding specified systems at application receipt and ensure final inspection records clearly show that all specified systems have been addressed and site specific Compliance Schedules are issued including the type and (if known) the make.

The BCAs processes for issuing Notices to Fix, as required by Regulation 7(2)(f), were reviewed. No Notices to Fix had been issued in the last two years so no evidence of implementation was available for review.

The BCA's processes for managing enquiries, Regulation 7(2)(g), and complaints, Regulation 7(2)(h), continued to be generally appropriate. Records of enquiries regarding specific building consents were saved in TRIM against the relevant building consent number and complaints were managed in TRIM or by TimeTrack. Although records of complaints were considered to be adequate, there were no readily accessible records of actions taken. A new computer system, TechOne was planned for installation in July 2014. This system was reported to have an excellent system for management of complaints. It is strongly recommended (**R5**) that the BCA gives priority to effective management of complaints once TechOne is installed.

Regulation 8 Ensuring enough employees and contractors

While the BCA had developed processes for ensuring that it had sufficient employees and contractors, compliance with statutory timeframes had dropped below 100% for a significant time during 2013. Timeframes between inspection booking and delivery appeared to be appropriate however a number of administration tasks were either not completed or not adequately performed. This was reported to be due to resourcing issues.

Other measures often used to indicate adequacy of resources include timeliness of internal audit, training and competence assessment. These functions were generally completed according to the allocated timeframes and met the requirements of the regulations although it should be noted that these functions were generally contracted out. There was general evidence that work was not being fully and accurately completed. While there was no specific evidence that this was caused by a lack of resources the assessment team considered that this could be a contributing factor. **CAR 2** requests the BCA to investigate whether it has sufficient resources, as part of addressing the findings detailed.

Regulation 9 Allocating work to competent employees and contractors

The BCAs processes for evaluation of consent content and allocation to processors and inspectors had been amended since the last assessment. As per notes under Regulation 7(2)(d)(ii) and 7(2)(d)(iii). **CAR 1** requests that the BCA improve its recording of decisions and reasons for decisions to ensure that work is appropriately allocated.

Regulation 10 Establishing and assessing competence of employees

The BCA had employed several new staff members since the last assessment. An appropriate method for establishing the competence of applicants was described however as the records were reported to be maintained by the HR department these were not readily available during the assessment. It is therefore recommended (**R6**) that the BCA establish how best to make these records available if required, and possibly for the next assessment to be prepared with copies of any records of establishing applicant competence, should any new staff be employed.

The BCA had undertaken regular competence assessment and good records were available for all staff, including clearly recorded links between the evidence and the competency decisions that were made. The Skills Matrix generally reflected the recorded outcomes of the assessments although some staff were not aware of their limitations to process, inspect and certify building work. It is strongly recommended (**R7**) that the BCA ensure that it does not assess a person as competent to do work that they are yet to undertake.

Regulation 11 Training employees

The BCA was seen to have generally appropriate processes for identifying training needs, making training plans and delivering training, including good TimeTrack records of supervision while under training. It was however noted that while competence assessments were used to establish whether training had been effective these outcomes were not linked back to training records so the BCA was not actively monitoring the effectiveness of training. It is strongly recommended (**R8**) that this occurs. Professional development was recorded in TimeTrack by individuals. While some excellent records were observed, others had no detail regarding the training received. It is strongly recommend (**R9**) that all training records record what was learned.

Regulation 12 Choosing and using contractors

The BCA had appropriately documented procedures for choosing and using contractors that met the requirements of Regulation 12. The BCA used two contractors that were, for the purposes of this assessment, considered to be acting as employees. Another contractor was employed for performing competence assessments of employees. The requirements of Regulation 12 were found to be satisfied.

Regulation 13 Ensuring technical leadership

The organisation had recorded appropriate processes for identifying and empowering technical leaders. Murray Kennedy was appointed as the technical leader as was treated as the "go to" person by the staff. On occasions he referred to other competent people in order to make technical decisions. This was considered to be appropriate.

Regulation 14 Ensuring necessary resources

The BCA's processes for ensuring adequacy of its technical information continued to be generally appropriate although, as the shelves of archived manufacturing standards and information were not identified as being archived information it is strongly recommended (R9) that at a minimum the procedures document this.

The BCA had identified two types of equipment that required calibration. Moisture meters were required to be sent annually for calibration. This was not occurring. The BCA did not hold any thermometers and stated that it required statements of compliance from applicants regarding water temperature at childcare and aged care facilities. This was not as per its documented procedure. CAR 3 requests the BCA to document and implement appropriate procedures for the calibration and use of technical equipment.

Regulation 15 Keeping organisational records

An organisation chart documented relationships between personnel within the BCA and between the BCA and the wider council. This also included appropriate detail of relationships with external organisations.

Position descriptions were reported to identify roles and responsibilities however these were not reviewed during this assessment.

Delegation of authority down to the Building Manager (Peter Laursen) had been documented however it appeared that delegation had not been formally made below Peter's level, although this had been documented in the BCA's manual. CAR 1 requests the BCA to ensure that it has appropriate recorded delegations for employees performing building control functions.

Regulation 16 Filing applications for building consents

The BCA was seen to be using an appropriate means of uniquely recording applications, including those for amendments.

A checklist was used to ensure that relevant information was on an application's file at time of issue of CCC. Since 2012 files had been stored solely in electronic format. On several occasions the electronic files were found to be incomplete. It was unclear whether items missing from a file were not requested, not supplied or had been misfiled since receipt. This resulted in the BCA having inadequate records of the reasons for its decision (see CAR 1). Apart from this issue files were found to be readily accessible and retrievable within the BCA and were stored and managed securely however file backup was not addressed during this assessment.

Regulation 17 Quality System

The BCA's system was appropriately defined as required by Regulation 17(2)(a) and integrated as required by Regulation 17(1).

The BCA's quality policy, Regulation 17(2)(c), was appropriately recorded. The objectives were reviewed annually.

The BCA held regular building team meetings. A standard agenda was used with specific items added as required however the agenda did not include all of the items detailed by the DBH (now MBIE) Regulation 17 guidance booklet. These meetings generally met the requirements of Regulation 17(2)(d) and were in accordance with the documented procedures however it is strongly recommended (R11) that the BCA review its procedure and/or meeting agenda against the guidance document to ensure that all relevant issues are covered during these meetings.

The BCA used two separate processes for continuous improvement (CI) - a standard CI system and audit records that included actions to be taken to address audit findings. These two processes had been recently combined and were loosely considered to meet the requirements of Regulation 17(2)(e) however it was noted that findings from audits and CI items had not been recorded as being addressed. This meant that the CI system was not effective. **CAR 4** requests that the BCA implement an effective continuous improvement system.

This system should include identification of the issue (which may be followed by recording of possible solutions), allocation of actions to a staff member (or contractor), recording of target dates to address the items, action(s) taken (in a timely manner), regular review of progress towards closure of CI items and re-audit to ensure that the issues have been appropriately addressed.

Completion of audits against the 2013 and 2014 audit plans was reviewed. There was no plan to audit Regulation 18 and a small number of audits had not been completed as planned. Audits that were completed were in general found to be of a good quality however the BCA is reminded that just doing an audit does not complete their obligations under this regulation. Part of completing an audit process is to identify any findings, correct those findings and re-audit until the issues have been satisfactorily addressed. The BCA had not considered this part of auditing and subsequently, although audits had in general been completed they were not effective in that actions had not been taken to remedy the issues. See **CAR 4** that also requests the BCA to plan and carry out audits of all building control functions and regulations.

With the merger of Lakes Environmental and Queenstown Lakes District Council a new policy and procedure for reporting conflicts of interest had been introduced. While records indicated that the procedures for documenting declared conflicts of interest (Cols), as required by Regulation 17(2)(i), had been documented they were brief and did not include reference to the appropriate filing of the Col declaration form. Also, management and staff did not have access to the Col register due to issues with privacy. This meant that BCA management and staff did not have an on-going record of whether a Col had been declared, and if so, how it would be managed. It is strongly recommended (**R12**) that the procedure includes completion of the QLDC Col form and (**R13**) that the BCA management has access to the register (or they will have to develop another register for their own use).

Records indicated that the procedures for managing the BCA's communications, both internal and external, as required by Regulation 17(2)(j), continued to be effectively implemented.

Regulation 17(2)(n) requires a BCA to carry out annual Strategic Management Review. Strategic Management Reviews had been completed in March 2012 and April 2013. Brief, but adequate records had been maintained of these reviews.

The person responsible for managing the organisation's quality system was appropriately named as required by Regulation 17(3).

While the BCA had employed two contractors they worked entirely within the BCA's systems and were treated in all respects (except payment) as if they were employees. Regulation 17(4)(b) was therefore considered to not apply.

Regulation 18 Requiring Technical Qualifications

The BCA was reviewed against the requirements of Regulation 18 in November 2013 and was not reviewed again during this assessment.

Conditions of Accreditation


Some instances were identified where the systems or procedures were not in conformity with the stated requirements or applicable technical documents and these are detailed in Corrective Action Request (CAR) Forms numbered 1 to 4. Please complete the appropriate section of each CAR explaining your corrective actions and forward a copy along with any supporting documents to International Accreditation New Zealand for review.

Corrective actions must be implemented and cleared in accordance with the timescale agreed and recorded on each CAR before the continuation of accreditation can be recommended.

Any CAR marked with an asterisk (*) is similar to one raised previously and must be addressed urgently.

Concerns about the technical findings of the report, or its clearance, that cannot be resolved should be submitted in writing to the Chief Executive Officer of International Accreditation New Zealand. The Complaints and Appeals procedure is contained in the International Accreditation New Zealand document "Procedures and Conditions of Accreditation".

Report prepared by: Mrs Adrienne Woollard (Assessment Coordinator)

Signature:  Date: 20 March 2014

Checked by:  Date: 20.3.2014

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006:

CAR No: 1 *

Regulation 6 - Building consent authority's observance of policies, procedures, and systems

A building consent authority must record:

- (b) the decisions it makes under the policies, procedures, and systems required by these regulations; and
- (c) the reasons for the decisions; and
- (d) the outcomes of the decisions

The recording of decisions, reasons for decisions and outcomes for work allocation was inconsistent and in some cases there was no record available of these decisions and/or reasons for decisions.

The recording of decisions, reasons for decisions and outcomes made during building consent processing was inconsistent between staff members and in some cases they were inaccurate or there was no record available of these decisions and/or reasons for decisions.

Recording of inspection decisions was inconsistent and sometimes required inspections were not carried out, with no notes recorded as to the acceptability of the project.

The recording of decisions, reasons for decisions and outcomes for certifying was inconsistent between staff members and in some cases there was an incomplete record available to support these decisions and/or reasons for decisions.

Delegation of authority had not been formally recorded below Peter Laurenson's level, although this had been documented in the BCA's manual.

Action Required:

1. Please first establish and document a BCA-wide standard of appropriate level of recording of reasons for decisions.
2. Once this has been established please provide training regarding recording of reasons for decisions to all appropriate staff.
3. Once training has been implemented please complete an internal audit (or peer review) of receiving, processing, inspection and issue of CCC including a review of the quality and technical accuracy of records.
4. Please provide records of the internal audits, including actions to be taken for any findings, to IANZ.

Agreed clearance date: 23 May 2014

** org wide - definition*
** resolve issue*
Internal audit - summary.

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006:

CAR No: 2

Regulation 8 - Ensuring enough employees and contractors

1. A building consent authority must have a system for ensuring that it has enough employees and contractors to perform its building control functions.
2. A building consent authority must have a system for assessing the need to employ contractors if it does not have enough employees to perform its building control functions

Regulation 11 - Training employees

1. A building consent authority must have a system for training its employees who perform the authority's building control functions by doing a technical job.

Regulation 7 - Performing building control functions

1. A building consent authority must have policies and procedures for performing its building control functions.
2. The policies and procedures must cover the following:
 - (b) Receiving applications for building consents;
 - (c) Checking that the applications comply with the requirements that the Act and any applicable regulations under the Act specify for applications;
 - (d) For applications that comply with the requirements that the Act and any applicable regulations under the Act specify for applications,
 - (i) entering the applications in the building consent authority's building consent processing system; and
 - (ii) assessing the content of the applications; and
 - (iii) allocating the applications to employees or contractors to process; and
 - (iv) processing the applications to establish whether they comply with the requirements that the Act, the building code, and any other applicable regulations under the Act specify for buildings; and
 - (v) granting, refusing to grant, and issuing building consents;
 - (e) planning, performing, and managing inspections;
 - (f) issuing and refusing to issue code compliance certificates, compliance schedules, and notices to fix

Findings

A number of incomplete applications were observed to have been received. It was unclear whether this shortfall was due to a lack of training of the administration staff, a lack of time spent on checking completeness of applications, or some other reason.

The BCA's procedure for identifying and managing consents that became subject to the lapsing provisions of Section 52 of the Act was not consistently implemented. Also, letters had been sent to clients after their building consent had lapsed offering a possible extension of time. It was reported that recording of lapsing of consents in NCS had been delayed due to lack of resources to complete the work.

A number of issued CCCs did not meet the requirements of Form 7 of the Building (Forms) Regulations 2004. Missing items included Current Lawfully Established Use and Year First Constructed. This shortfall appeared to be in part because the person receiving the application had received it without the required information provided, and also in part because the people issuing CCCs did not allow sufficient time to ensure that all required aspects had been addressed.

While the BCA's had documented a process for making a decision whether to issue a CCC at 24 months this had not been effectively implemented. It was reported that this was due to a lack of resources.

*Scaled a
process
→ review*

Action Required

1. Please develop a plan to ensure that the BCA has sufficient appropriately trained resources to complete all of its regulatory requirements in an accurate and timely fashion.
2. Please implement the plan.
3. Please provide evidence of implementation by providing audit records of the following functions:
 - Receiving
 - Lapsing
 - 24 month CCC decision

Note that audit of receiving, processing, inspection and issue of CCC is required under CAR 1

Agreed clearance date: **23 May 2014**

For Building Consent Authority use:

Action taken: (please refer to any attachments)

→ Adm. related.
→

Signed:

Date:

Attachments: Yes / No

Clearance by International Accreditation New Zealand:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006 Clause No:

CAR No: 3

Regulation 14 - Ensuring necessary resources

A building consent authority must have a system for providing the technical information, facilities, and equipment that its employees and contractors need to perform building control functions effectively.

Findings

The BCA had identified two types of equipment that required calibration. Moisture meters were required to be sent annually for calibration. This was not occurring. The BCA did not hold any thermometers and stated that it required statements of compliance from applicants regarding water temperature at childcare and aged care facilities. This was not as per its documented procedure.

Action Required

1. Please review and if required revise the procedures for the calibration and use of technical equipment.
2. Please provide the procedures to IANZ for review and when accepted please implement the procedures and provide evidence of implementation.

Agreed clearance date: **23 May 2014**

For Building Consent Authority use:

Action taken: (please refer to any attachments)

→ Sample
 → copy accepted
 practice

Signed:

Date:

Attachments: Yes / No

Clearance by IANZ:

Signature:

Date:

CORRECTIVE ACTION REQUEST

Building (Accreditation of Building Consent Authorities) Regulations 2006 Clause No: **CAR No: 4**

Regulation: 17 (2) (e) - Assuring Quality - Continuous Improvement

The quality assurance system must cover the following:

- (e) the procedure for continuous improvement in the performance of the building consent authority's functions;
- (h) the procedure for ensuring that an internal audit of every building control function occurs within 12 months of the completion of the last internal audit of the function;

Regulation: 17 (2) (h) - Assuring Quality - Internal Audits

The quality assurance system must cover the following:

- (h) the procedure for ensuring that an internal audit of every building control function occurs within 12 months of the completion of the last internal audit of the function;

Findings

Findings from audits and CI items had not been recorded as being addressed. This meant that the CI system was not working effectively.

There was no plan to audit Regulation 18 and a small number of audits had not been completed as planned.

While audits had in general been completed they were not effective in that actions had not been taken to remedy the identified issues.

Action Required

1. Please develop and implement an effective continuous improvement system. This system should include identification of the issue (rather than recording the solution), allocation of actions to a staff member (or contractor), recording of target dates to address the items, action(s) taken in a timely manner and regular review of CI items.
2. Please provide a copy of the procedure and evidence of its implementation.
3. Please develop procedures to plan at least annual audits of all building control functions and regulations.
4. Please carry out internal audits according to the plan, providing audits of the regulations discussed above, along with an audit of compliance with Regulation 18.

For Building Consent Authority use:

Action taken: (please refer to any attachments)

Signed:

Date:

Attachments: Yes / No

Clearance by IANZ:

Signature:

Date:

RECOMMENDATIONS

Recommendations are intended to assist your organisation in its efforts to maintain an effective quality management system. They are **not** conditions for accreditation.

Note: Strong recommendations relate to issues that could have been raised as Corrective Action Requests. While a formal response to any recommendation is not required, if issues raised as strong recommendations are not addressed they may be raised as CARs at the next assessment.

- R1. To ensure appropriate document control it is **strongly recommended** that access to change documents is only permitted for those staff with that delegated responsibility.
- R2. It is **strongly recommended** that version control is added to the Lodgement Checklist.
- R3. It is **strongly recommended** that the BCA obtain agreement with the client regarding specialist inspections before issue of the consent.
- R4. It is **strongly recommended** that the BCA ensure that it receives sufficient information regarding specified systems at application receipt and ensure final inspection records clearly show that all specified systems have been addressed. It is also strongly recommended that Compliance Schedules are site specific including the type and (if know) the make of each specified system.
- R5. It is **strongly recommended** that the BCA gives priority to effective management of complaints once TechOne is installed.
- R6. It is recommended that the BCA determine how to best make records of establishing applicant competence available if required, and possibly for the next assessment to be prepared with copies of any records of establishing applicant competence, should any new staff be employed.
- R7. It is **strongly recommended** that the BCA ensure that it does not assess a person as competent to do work that they are yet to undertake.
- R8. It is **strongly recommended** that the outcomes of competence assessments used to establish whether training had been effective are linked back to training records so the BCA can actively monitoring the effectiveness of training.
- R9. It is **strongly recommend** that all training records record what was learned.
- R10. It is **strongly recommended** that the procedure for management of resources identifies how archived manufacturing standards and information will be made available to staff. If this includes putting them in shelves with no identification that they are archived, as a minimum the procedure should identify that this is archived information.
- R11. It is **strongly recommended** that the BCA review its procedure for carrying out regular operational review and/or the meeting agenda against the guidance document to ensure that all relevant issues are covered during these meetings.
- R12. It is **strongly recommended** that the BCAs procedure for reporting conflicts of interest includes reference to the appropriate completion and filing of the Col declaration form.
- R13. It is **strongly recommended** that either the BCA management obtains access to the QLDC Col register or alternatively strongly recommended that they develop another register for their own use.