# **ANZ**

# BUILDING CONSENT AUTHORITY ACCREDITATION ASSESSMENT REPORT

QUEENSTOWN LAKES DISTRICT COUNCIL

#### CONTENTS

INTRODUCTION	3
ACCREDITATION FEEDBACK AND CONTINUING ACCREDITATION	3
NEXT ACCREDITATION ASSESSMENT	4
ASSESSMENT SUMMARY	5
ASSESSMENT OBSERVATIONS	6
RECORD OF NON-COMPLIANCE	26
RECORD OF NON-COMPLIANCE	27
RECORD OF NON-COMPLIANCE	28
RECORD OF NON-COMPLIANCE	29
RECORD OF NON-COMPLIANCE	30
RECORD OF NON-COMPLIANCE	31
RECORD OF NON-COMPLIANCE	32
SUMMARY TABLE OF NON-COMPLIANCE	33

#### INTRODUCTION

This report relates to the accreditation assessment of the Queenstown Lakes District Council Building Consent Authority (BCA) which took place during 8 to 11 October 2019 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 undertaken during the accreditation assessment.

A copy of this report, and subsequent information regarding progress towards clearance of noncompliance/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 mispresents 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.

#### ACCREDITATION FEEDBACK AND 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.

This accreditation assessment found that the BCA was non-compliant with a number of accreditation requirements as detailed below. The non-compliances identified must be addressed before accreditation is continued.

#### Summary of the non-compliances identified during the assessment

Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance tables detailing your proposed corrective actions and forward a copy to IANZ. This plan of action must be provided to IANZ by 22/11/2019.

All non-compliances must be finally addressed and cleared by 21/02/2020. To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe. Please allow at least 10 working days for IANZ to respond to any submitted material.

If you do not agree with the non-compliances identified, please contact the Lead Assessor as soon as possible. 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.

If you have a complaint about the assessment process, please refer to the MBIE accreditation guidance.

#### Summary of the good practice and performance identified during the assessment

This accreditation assessment found the following aspects of the BCA's operations of particular note as good practice and/or performance which should be maintained:

- The BCA had good systems for retaining Building Consent files and associated information. The BCA's Information Technology systems were seen to be effective and user friendly.
- The BCA was using their processing check sheet at an early stage in the application process, which included the applicant using the same check sheet. This was resulting in an improved application process, resulting in fewer requests for information.

#### NEXT ACCREDITATION ASSESSMENT

Unless your BCA undergoes a significant change, requiring some form of interim assessment, or the BCA is unable to clear the identified non-compliances within the agreed timeframe, the next assessment of the BCA is planned for October 2021. You will be formally notified of your next assessment six weeks prior to its planned date.

# ASSESSMENT SUMMARY

ORGANISATION DETAILS				
Organisation:	Queenstown La	akes Dist	rict Cour	ncil
Address for service:	10 Gorge Road			
	Queenstown 93	300		
	New Zealand			
Client Number:	7491			
Accreditation Number:	73			
Chief Executive:	Mike Theelen			
Chief Executive contact details:	Mike.theelen@	qldc.gov	t.nz	
BCA Authorised Representative:	Chris English			
BCA Authorised Representative contact details:	Chris.english@qldc.govt.nz			
BCA Quality Manager:	Jill Ryan			
Number of BCA FTE's	Technical - 20			
	Administration -	- 12		
	FTE Vacancies	- 3		
BCA Activity during the previous 12 months	B	uilding	Consent	ts
	R1 – 485	R2 – 5	85	R3 – 444
	C1 - 200	C2 - 76	6	C3 - 77
	CCCs		-	1658
	New complian	co scho	dulos	189
			ulles	
	BCA Notices t	o Fix		46
ASSESSMENT TEAM				
Lead Assessor:	Peter Wakefield			
Lead Assessor contact details:	pwakefield@ianz.govt.nz			
Technical Expert/s:	Brendan Guyton, Phil Judge			
MBIE observer/s:	Mike Reedy			
IANZ REPORT PREPARATION				
Prepared by:	Peter Wakefield			
Signature:	Phlakepeld,			
Checked by:	Carolyn Osborne			
Signature:	Carolyn Osborne			
Date: 23/10/2019				
ASSESSMENT FINDINGS				
	This assessme	ent:	Last as	ssessment:
Total # of "serious" non-compliances:	0		0	
Total # of "general" non-compliances:	14		17	
Total # of non-compliances outstanding:	7		6	
Number of recommendations: 0 2				
Number of advisory notes:	0		3	
Date clearance plan required from BCA:	22/11/2019			
Date all non-compliances must be finally cleared:	d: 21/02/2020			
Accreditation to continue with non-compliance	Yes			
clearance?				
NEXT ASSESSMENT				
Recommended next assessment type:	Full Assessmer	nt		
Recommended next assessment date:	October 2021			
	1			
COMMENTS				

# **ASSESSMENT OBSERVATIONS**

#### **REGULATION 6A NOTIFICATION REQUIREMENTS**

Non-compliance? Y/N	No	
Non-compliance number/s:	-	
Opportunities for improvement? Y/N	No	
Number of recommendations:	0	
Recommendation number/s:	-	
Number of advisory notes:	0	
Advisory note number/s:	-	
Observations and comments, including good practice and performance		
Procedures for notification of changes within the BCA to MBIE and IANZ addressed requirements.		
Notifications had been sent to MBIE and IANZ as required at appropriate times.		

#### REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS

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

Non-compliance? Y/N	Yes - resolved during the assessment	
Non-compliance number/s:	GNC 1	
Opportunities for improvement? Y/N	No	
Number of recommendations:	0	
Recommendation number/s:	-	
Number of advisory notes:	0	
Advisory note number/s:	-	
Observations and comments, including	good practice and performance	
The BCA had documented information on its website regarding how to apply and how an application was processed, inspected and certified. This information was seen to be incomplete in some cases. The BCA had not always ensured that all required elements of consumer information had been adequately provided.		
Examples included:		
The definition of a Building Consent		
<ul> <li>Section 115 requirements related to the change of use of a building</li> </ul>		
When a consent lapses and the wording around section 93 requirements		
Access for inspectors		
<ul> <li>Conditions which could be listed on a Building Consent, including sections 67, 73, 77 90 and 113</li> </ul>		
People that need to be on-site		
<ul> <li>Required content and detail required of plans and supporting material regarding CCC applications</li> </ul>		
<ul> <li>Statutory timeframe for the process and restarted.</li> </ul>	sing of CCC applications and when the clock may be stopped	
These issues were raised as <b>GNC 1</b> which were all subsequently addressed during the assessment and were resolved on site.		

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 2 (To be resolved), GNC 3 (Resolved on-site)
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

The BCA had generally appropriate procedures for receiving, checking and recording applications.

However, the BCA did not always implement their process for receiving applications according to the documented procedure. E.g. Applications to be received and entered on the day they are received or to a maximum of 48 hours; was not always occurring. **See GNC 2.** 

Also, the BCA's documented procedure (TS-04) for the process related to the "Rejected RFI Letter Sent" was not clear and required clarification. This was resolved on-site during the assessment with an amended procedure and is therefore now closed out. **GNC 3.** 

Applications were appropriately entered into the BCA's system, a unique application number provided, and the clock started.

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA had a suitably documented procedure for assessing applications. This was appropriately implemented.

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

Non-compliance? Y/N	Yes - resolved during the assessment
Non-compliance number/s:	GNC 4
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
	·

#### Observations and comments, including good practice and performance

The BCA had implemented a generally appropriate procedure for allocation of work. Allocation was carried out by the Technical Leader using the BCA's skills matrix.

It was noted that the BCA's documented procedures did not adequately cover the Team Leader responsibilities for the allocation process. This was resolved on-site during the assessment with an amended procedure and is therefore now closed out. **GNC 4.** 

#### Regulation 7(2)(d)(iv): processing building consent applications

Non-compliance? Y/N	Yes - See Record of Non-compliance for details	
Non-compliance number/s:	GNC 5	
Opportunities for improvement? Y/N	No	
Number of recommendations:	0	
Recommendation number/s:	-	
Number of advisory notes:	0	
Advisory note number/s:	-	

#### Observations and comments, including good practice and performance

The BCA had a documented procedure for processing of building consents. Processed consents included appropriate records of decisions, reasons for decisions and outcome of decisions.

The BCA did not always implement their RFI procedures appropriately in relation to the processing clock and its' management in TechOne and Section 48 (2) of the Building Act. **See GNC 5.** 

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

Non-compliance? Y/N	Yes – Partly Resolved on-site, see Record of Non- compliance for details to be resolved
Non-compliance number/s:	GNC 6
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

#### Granting of Building Consents

The BCA did not always ensure that Performance Standards listed on Building Consents for Specified Systems were measureable or correct. **See GNC 6 – To be resolved.** 

Also, the BCA's documented procedure in relation to Heritage Buildings (TS-18) did not adequately cover the requirements of the Building Act. This part of the **GNC 6** has been resolved on-site with an amended procedure and is now closed.

#### Lapsing

The BCA's documented procedure did not correctly cover the process for managing situations for when consented building work did not commence. E.g. the procedure indicated that Building Consents were to be withdrawn which was incorrect. This part of the **GNC 6** has been resolved on-site with an amended procedure and is now closed.

#### Compliance with statutory timeframes

Compliance with the building consent processing timeframes were recorded. The BCA was seen to generally meet statutory timeframes, the engagement of contractors was seen to have addressed the shortcomings.

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

Non-compliance? Y/N	Yes - resolved during the assessment
Non-compliance number/s:	GNC 7
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

Inspections were planned as part of processing.

Site visits were made to observe building inspections being carried out, with the IANZ Technical Expert concluding that the inspections had been completed competently. Inspection records were seen to have been well maintained with appropriate decisions, reasons for decisions and outcomes recorded.

The BCA's documented procedures were incorrect in relation to:

- i. Conditions such as Section 37 RMA issues resulting in an inspection request being declined if a condition on a Building Consent. (TS-30 Para 5.1 item 8.) This part of the **GNC 7** has been resolved on-site with an amended procedure and is now closed.
- ii. Inspection activity and the consideration to inspect or not when relating to a lapsed Building Consent (TS-30 Para 5.1 item 9.) This part of the **GNC 7** has been resolved on-site with an amended procedure and is now closed.

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

Non-compliance? Y/N	Yes – Partly Resolved on-site, see Record of Non- compliance for details to be resolved
Non-compliance number/s:	GNC 8
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

#### Application for a code compliance certificate

The BCA's documented procedure did not adequately define the process for what happens if a CCC application is incomplete. In addition, the documented procedure for CCC application processing incorrectly called for documents to be required that were outside of the Building Act requirements. These parts of **GNC 8** have been resolved on-site with an amended procedure and are now closed.

#### 24 month CCC decision

The BCA had not always implemented its procedure for making a 24 month decision on whether to issue a CCC. E.g. A large number of CCC decisions were yet to be made on Building Consents older than 24 months. **See GNC 8. - To be resolved.** 

#### Compliance with statutory timeframes

CCC processing within the 20 day clock had not been compliant during the middle of 2018. Resources had been applied to address this shortfall. The BCA was seen to be substantially compliant during 2019.

#### Compliance schedules

Compliance Schedules did not always correctly list Performance Standards in that they were either: incorrect, non-measureable, not fully complete or incorrectly referencing appendixes which were only applicable to the location of the specified system. **See GNC 8. - To be resolved.** 

#### Notices to Fix

The BCA had documented an appropriate procedure for issue of Notices to Fix.

NTF forms issued met the requirements of the forms regulations. The BCA was reminded of the need to ensure that Notice to Fix contraventions, clearly capture and record the actual sections of the Building Act that have been contravened, and that the remedy provides for a clear compliance pathway.

#### Regulation 7(2)(g): customer enquiries

Non-compliance? Y/N	No	
Non-compliance number/s:	-	
Opportunities for improvement? Y/N	No	
Number of recommendations:	0	
Recommendation number/s:	-	
Number of advisory notes:	0	
Advisory note number/s:	-	
Observations and comments, including good practice and performance		

Procedures addressed all requirements and enquiries were being appropriately managed using the QLDC RFS system. Enquiries were being passed on to the relevant building control staff for investigation and response, as appropriate.

#### Regulation 7(2)(h): customer complaints

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA had documented its Complaint Policy and made it available to the public on the QLDC website. The BCAs policy, procedures and implementation were seen to be appropriate.

#### **REGULATION 8 ENSURING ENOUGH EMPLOYEES AND CONTRACTORS**

#### **Regulation 8(1): forecasting workflow**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The organisation undertook an annual planning exercise.	
This included review of previous workflow, forecasting upcoming workflow, and ensuring that there was appropriate capacity and capability within the organisation or with the support of contractors.	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

The BCA had an appropriate documented procedure and had undertook an analysis process to consider its capacity and capability and to determine how to address any identified gaps.

Compliance with the building consent, inspection and CCC timeframes were recorded. The BCA was seen to generally meet statutory timeframes, with 5 months in the past 24 not substantially meeting statutory requirements. The engagement of contractors was seen to have addressed these shortcomings.

#### **REGULATION 9** ALLOCATING WORK

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA had a documented procedure which included the utilisation of the BCAs skills matrix for the allocation of work to competent employees.

Implementation of the BCAs procedure appeared to be appropriate.

#### **REGULATION 10 ESTABLISHING AND ASSESSING COMPETENCY OF EMPLOYEES**

#### Regulation 10(1) and (3): assessing prospective employees

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The DCA had decumented an environment presedure for eccepting the competence of presedure	

The BCA had documented an appropriate procedure for assessing the competence of prospective employees.

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 9, GNC 10, GNC 11
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

Competency assessments were seen to have been completed, with records maintained.

However, the BCA's documented procedures did not adequately cover:

- i. Which inputs to the competency assessment process were mandatory or optional. **GNC 9.** This was resolved on-site during the assessment with an amended procedure and is therefore now closed out.
- ii. When a new employee would be required to undergo a competency assessment. **GNC 9.** This was resolved on-site during the assessment with an amended procedure and is therefore now closed out.
- iii. What level of evidence was expected for the competency being assessed, e.g. At highest levels being claimed? **GNC 9.** This was resolved on-site during the assessment with an amended procedure and is therefore now closed out.
- iv. The process for competency assessment when no change to category level was being claimed.
   GNC 9. This was resolved on-site during the assessment with an amended procedure and is therefore now closed out.

In addition, the BCA did not always ensure that all aspects of its competency assessment system were implemented. Namely:

- i. The BCA had not always ensured that competency assessments had recorded correct referencing to NZ Building Code clauses. **See GNC 10.**
- ii. Relevant records (Referencing the section of the Building Act) which related to the scope of competency being claimed had not always been recorded. **See GNC 10.**

The BCA had not always ensured that competency assessments had recorded the competence of staff in relation to the employees understanding of the philosophy and principles of building design and construction. E.g. Technical items which should have been considered during the competency assessment and the outcome of the findings had not always been recorded. **See GNC 11**.

#### REGULATION 11 TRAINING EMPLOYEES DOING A TECHNICAL JOB

#### Regulation 11(1) and (2)(a)-(d),(f) and (g): the training system

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA had documented procedures for the planning of training and the monitoring of training received.

Training needs had been reviewed and training plans updated to reflect training needs identified. Training had been given as planned, or rescheduled when necessary.

BCA staff had maintained records of training events and professional development, appropriately.

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

Non-compliance? Y/N	Yes - resolved during the assessment
Non-compliance number/s:	GNC 12
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

The BCA had a documented system for supervision of employees. The procedure had not always been implemented appropriately; as per the following:

- i. The BCA's procedure QM-11 did not adequately describe the actual practice for supervision for the Regulation 11(2)(e) requirement. This was resolved on-site and addressed with a revised procedure and was therefore closed out. **GNC 12.**
- ii. The BCA's procedure did not adequately cover the requirement that the Supervision records for processing should record the reasoning behind the decisions made during the supervision process. This was resolved on-site and addressed with a revised procedure and was therefore closed out. **GNC 12.**

#### **REGULATION 12 CHOOSING AND USING CONTRACTORS**

Non-compliance? Y/N	Yes - resolved during the assessment
Non-compliance number/s:	GNC 13
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA had documented its procedures for choosing and using contractors.

Contract agreements were in place for each of the contractors being used. The agreements included the scope of work to be undertaken, requirements for adhering to a quality management system, actions to be taken in the event of unsatisfactory performance and performance measuring processes.

The BCAs documented contract with Professional Building Consultants Ltd called for the organisation to maintain its status as an accredited BCA which was incorrect. This was resolved during the assessment with an amended Contract Agreement which indicated that PBC Ltd were to maintain accreditation as an "Accredited Organisation (Building). This GNC is therefore closed out. **GNC 13.** 

#### **REGULATION 13 ENSURING TECHNICAL LEADERSHIP**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

#### 13(a) Identifying competency of individuals to be Technical Leaders

Procedures addressed all requirements. Technical leadership positions were identified on the skills matrix for both processing and inspections. These positions were consistent with the outcomes of the competency assessments. Implementation of procedures was effective.

#### 13(b) Granting Technical Leaders powers and authorities.

Procedures addressed requirements and were effectively implemented.

#### **REGULATION 14 ENSURING NECESSARY (TECHNICAL) RESOURCES**

Non-compliance? Y/N	Yes – Partly Resolved on-site, see Record of Non- compliance for details to be resolved
Non-compliance number/s:	GNC 14
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

Procedures for ensuring necessary technical resources were generally appropriate and well implemented. Facilities and equipment had not always been maintained.

Specifically, the annual calibration of thermometers had not been carried out. E.g. The BCA had stated that thermometers were self-calibrating and had therefore not been calibrated. **See GNC 14.** 

Also, the BCA's calibration procedure for the calibration of thermometers did not cover the calibration method, frequency, or acceptance tolerance. This part of **GNC 14** was addressed during the assessment with a revised calibration procedure and is therefore closed out.

#### **REGULATION 15 KEEPING ORGANISATIONAL RECORDS**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

## Observations and comments, including good practice and performance

The BCA had recorded their structure and lines of accountability on an organisational chart. Roles and responsibilities were recorded in position descriptions.

Powers and authorities were appropriately recorded for all building functions in the QLDC Delegations Register.

#### **REGULATION 16 FILING APPLICATIONS FOR BUILDING CONSENT**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

The BCA had documented its procedure for allocating each application and assigning it a unique number. This was seen to be appropriately implemented.

A number of file records were reviewed and found to contain appropriate information.

Information was retained and managed securely on the QLDC information technology systems using their TechOne ECM software systems.

#### REGULATION 17 ASSURING QUALITY

# Regulations 17(1) and (2)(a): A quality assurance system that covers management and operations

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

The BCA had a well written quality system that covered its management and operations. It was made available to all BCA staff electronically.

A number of non-compliances with the MBIE checklist and guidance were noted. These are detailed elsewhere within this report. Several minor changes were made to the procedures during the assessment. These changes are recorded under the individual regulations as General Non-Conformances which have been resolved on-site during the assessment.

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA had a documented Quality Policy which included quality objectives and quality performance indicators of the BCA functions at a high level.

The BCA had a Quality Manager who was named on the BCA's organisational chart.

# Regulation 17(2)(d) and 17(5): Management reporting and review, including of the quality system

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA undertook regular meetings in the form of Leadership Meetings and Annual Strategic Management Reviews. Minutes of these meetings were kept by the BCA.

An annual BCA Planning exercise had been carried out, in May 2019. Implementation of management reporting, review and records appeared to be appropriate.

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

The BCA used a number of measures to ensure compliance with its quality system, such as in process checking, internal audit and management reviews.

The BCA communicated about its quality system to its employees and contractors.

The measures that the BCA used to ensure compliance with the quality system were found to be appropriate.

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

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

#### Regulation 17(2)(e) Supporting continuous improvement

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The organisation had documented an appropriate procedure for supporting continuous improvement of the organisation's performance. Continuous improvement items were recorded in a Continuous

Implementation of CI actions and CI records was appropriate.

Improvement Register.

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA's procedure for internal audit was found to be appropriate. Internal audits were seen to be comprehensive in nature, with a good level of detail of examples covered. Internal audit records in the form of internal audit reports had been retained.

Follow up on issues raised during internal audits was being implemented appropriately.

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

The BCA had documented a procedure for management of conflicts of interest (COI) which appeared to be appropriate.

Conflicts of interest had been raised by staff where necessary. These were logged onto the QLDC COI Register. Records appeared to have been well maintained. Each COI was recorded, reviewed by management and the method by which the COI was to be managed was held on record.

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

The BCA had documented procedures for communicating with internal and external persons. These appeared to be appropriate and implemented.

Communication examples included, Bi Weekly Management Review Meetings, Technical Meetings, Monthly All Team Meetings and Direct Report Meetings. Local Industry Meetings were also being held.

#### **Regulation 17(3A): Complaints about building practitioners**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

The BCA had developed an appropriate procedure for raising concerns regarding building practitioners and making complaints as required.

No complaints about practitioners had been raised within the past 24 month period.

#### **REGULATION 18 TECHNICAL QUALIFICATIONS**

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

#### Observations and comments, including good practice and performance

The BCA had developed an appropriate procedure for ensuring employees and contractors doing a technical job, held, or were working towards an appropriate qualification.

The circumstances where BCA staff were exempted from holding an appropriate qualification were clearly defined and documented. There were no BCA staff who were exempt from holding an appropriate qualification.

Non-compliance number:	GNC 2								
Breach of regulatory requirement:	Regulation 7(2)(b)								
Finding:	General Non-compliance								
Finding details:	The BCA did not always implement their process for receiving applications according to their documented procedure. E.g. Applications to be received and entered on the day they are received or to a maximum of 48 hours; was not always occurring.								
BCA Actions required:	<ul> <li>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</li> <li>Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).</li> <li>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).</li> </ul>								
IMPORTANT DATES									
Non-compliance to be cleared by:	21/02/2020								
	Due by:	Accepted by IANZ:							
Plan of action from BCA:	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA:	7/02/2020	Click here to enter a date.							
EVIDENCE									
<b>Plan of action:</b> <i>To be provided by BCA</i>									
<b>Evidence of implementation:</b> <i>To be provided by BCA</i>									
Non-compliance cleared? Y/N	Choose an item.								
Signed:									
Date:	Click here to enter a date.								

Non-compliance number:	GNC 5								
•									
Breach of regulatory requirement:	Regulation 7(2)(d)(iv) General Non-compliance								
Finding:	General Non-compliance								
Finding details:	The BCA did not always implement their RFI procedures appropriately in relation to the processing clock and its' management in TechOne and Section 48 (2) of the Building Act.								
BCA Actions required:	Please analyse the cause of th and implement an action plan	e above finding and then develop to address the finding.							
	Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA).								
	Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed <u>no later than</u> the date indicated below (Evidence of implementation from BCA).								
IMPORTANT DATES									
Non-compliance to be cleared by:	21/02/2020								
	Due by:	Accepted by IANZ:							
Plan of action from BCA:	Due by:           22/11/2019	Accepted by IANZ: Click here to enter a date.							
Plan of action from BCA: Evidence of implementation from BCA:									
Evidence of implementation from	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA:	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA: EVIDENCE	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA: EVIDENCE Plan of action:	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA: EVIDENCE Plan of action:	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA: EVIDENCE Plan of action: To be provided by BCA	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA:EVIDENCEPlan of action: To be provided by BCAEvidence of implementation:	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA: EVIDENCE Plan of action: To be provided by BCA Evidence of implementation: To be provided by BCA	22/11/2019 7/02/2020	Click here to enter a date.							

#### Non-compliance number: GNC 6 Breach of regulatory requirement: Regulation 7(2)(d)(v)Finding: General Non-compliance **Finding details:** The BCA did not always ensure that performance standards listed on Building Consents for Specified Systems were measureable or correct. **BCA Actions required:** Please analyse the cause of the above finding and then develop and implement an action plan to address the finding. Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA). Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed no later than the date indicated below (Evidence of implementation from BCA). **IMPORTANT DATES** Non-compliance to be cleared by: 21/02/2020 Due by: Accepted by IANZ: Plan of action from BCA: 22/11/2019 Click here to enter a date. **Evidence of implementation from** 7/02/2020 Click here to enter a date. BCA: **EVIDENCE** Plan of action: To be provided by BCA **Evidence of implementation:** To be provided by BCA Non-compliance cleared? Y/N Choose an item. Signed: Date: Click here to enter a date.

Non-compliance number:	GNC 8								
Breach of regulatory requirement:	Regulation 7(2)(f)								
Finding:	General Non-compliance								
Finding details:	The BCA's procedures and implementation processes did not comply in the following instances:								
	performance Stand incorrect, non-meas incorrectly referenci	<ul> <li>Compliance Schedules did not correctly list performance Standards in that they were either: incorrect, non-measureable, not fully complete or incorrectly referencing appendixes which were only applicable to the location of the specified system.</li> </ul>							
	for making a 24 mor a CCC. E.g. A large	ways implemented its procedure hth decision on whether to issue number of CCC decisions were Building Consents older than 24							
BCA Actions required:	Please analyse the cause of the and implement an action plan	ne above finding and then develop to address the finding.							
	with details of the records of to address the non-complian (Plan of action from BCA). Once the action plan has bee please provide complete evid	ence to demonstrate that the discussion of the discussion of the date indicated							
IMPORTANT DATES									
Non-compliance to be cleared by:	21/02/2020								
	Due by:	Accepted by IANZ:							
Plan of action from BCA:	22/11/2019	Click here to enter a date.							
Evidence of implementation from BCA:	7/02/2020	Click here to enter a date.							
EVIDENCE									
Plan of action:									
To be provided by BCA									
Evidence of implementation:									
-									
To be provided by BCA									
To be provided by BCA Non-compliance cleared? Y/N	Choose an item.								
	Choose an item.								

Non-compliance number:	GNC 10							
Breach of regulatory requirement:	Regulation 10(3)(c)							
Finding:	General Non-compliance							
Finding details:	The BCA had not always ensured that competency assessments had recorded the following:							
	iii. Correct referencing	to NZ Building Code clauses.						
	<ul> <li>Relevant records (Referencing the section of the Building Act) which related to the scope of competency being claimed.</li> </ul>							
BCA Actions required:	Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.							
	with details of the records of	an to IANZ for acceptance, along the evidence that will be supplied nce, by the date indicated below						
	please provide complete ev	been accepted and implemented ridence to demonstrate that the d <u>no later than</u> the date indicated tation from BCA).						
IMPORTANT DATES								
Non-compliance to be cleared by:	21/02/2020							
	Due by:	Accepted by IANZ:						
Plan of action from BCA:	22/11/2019	Click here to enter a date.						
Evidence of implementation from BCA:	7/02/2020	Click here to enter a date.						
EVIDENCE								
Plan of action:								
To be provided by BCA								
Evidence of implementation:								
To be provided by BCA								
Non-compliance cleared? Y/N	Choose an item.							
Signed:								

#### Non-compliance number: GNC 11 Breach of regulatory requirement: Regulation 10(3)(d)(i) Finding: General Non-compliance **Finding details:** The BCA had not always ensured that competency assessments had recorded the competence of staff in relation to the employees understanding of the philosophy and principles of building design and construction. E.g. Technical items which should have been considered during the competency assessment and the outcome of the findings had not always been recorded. **BCA Actions required:** Please analyse the cause of the above finding and then develop and implement an action plan to address the finding. Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA). Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed no later than the date indicated below (Evidence of implementation from BCA). **IMPORTANT DATES** Non-compliance to be cleared by: 21/02/2020 Due by: Accepted by IANZ: Plan of action from BCA: 22/11/2019 Click here to enter a date. Evidence of implementation from 7/02/2020 Click here to enter a date. BCA: **EVIDENCE** Plan of action: To be provided by BCA **Evidence of implementation:** To be provided by BCA Non-compliance cleared? Y/N Choose an item. Signed: Date: Click here to enter a date.

#### GNC 14 Non-compliance number: Breach of regulatory requirement: Regulation 14 Finding: General Non-compliance **Finding details:** The BCA had not always ensured that the annual calibration of thermometers had been carried out. E.g. The BCA had stated that thermometers were self-calibrating and had therefore not been calibrated. **BCA Actions required:** Please analyse the cause of the above finding and then develop and implement an action plan to address the finding. Please provide the action plan to IANZ for acceptance, along with details of the records of the evidence that will be supplied to address the non-compliance, by the date indicated below (Plan of action from BCA). Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed no later than the date indicated below (Evidence of implementation from BCA). **IMPORTANT DATES** Non-compliance to be cleared by: 21/02/2020 Due by: Accepted by IANZ: Plan of action from BCA: 22/11/2019 Click here to enter a date. 7/02/2020 Click here to enter a date. Evidence of implementation from BCA: **EVIDENCE** Plan of action: To be provided by BCA **Evidence of implementation:** To be provided by BCA Non-compliance cleared? Y/N Choose an item. Signed: Date: Click here to enter a date.

### 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.

	Nez	Non-		Breach of regulation 5/6? (Enter Yes where applicable)					Deeskust	Date Non-	Date Non-	Number	r of	
Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes	Brief comment (to get to the heart of the issue)
6(A)(1)	Choose an item.													
6(A)(2)	Choose an item.													
Regulation 7														
7(1)	Choose an item.													
7(2)(a)	General	GNC 1	Yes	Yes					Yes					BCA had not always ensured that all required elements of consumer information had been adequately provided
7(2)(b)	General	GNC 2			Yes				No	21/02/2020				BCA did not always implement their process for receiving applications according to their documented procedure.
7(2)(c)	General	GNC 3	Yes	Yes					Yes					the BCA's documented procedure (TS-04) for the process related to the "Rejected RFI Letter Sent" was not clear and required clarification.
7(2)(d)(i)	Choose an item.													
7(2)(d)(ii)	Choose an item.													
7(2)(d)(iii)	General	GNC 4	Yes	Yes					Yes					BCA's documented procedures did not adequately cover the Team Leader responsibilities for the allocation process.
7(2)(d)(iv)	General	GNC 5			Yes				No	21/02/2020				BCA did not always implement their RFI procedures appropriately in relation to the processing clock and its' management in TechOne and Section 48 (2) of the Building Act.
7(2)(d)(v)	General	GNC 6			Yes				No	21/02/2020				BCA did not always ensure that performance standards listed on Building Consents for Specified Systems were measureable or correct.
7(2)(e)	General	GNC 7	Yes	Yes					Yes					The BCA's documented procedures were incorrect in relation to: Conditions such as Section 37 RMA issues resulting in an inspection request being declined if a condition on a Building Consent. (TS-30 Para 5.1 item 8.) Also, inspection activity and the consideration to inspect or not when relating to a lapsed Building Consent (TS-30 Para 5.1 item 9.)
7(2)(f)	General	GNC 8			Yes				No	21/02/2020				Compliance Schedules did not correctly list performance Standards in that they were either incorrect, non-measureable, not fully complete or incorrectly referencing appendixes which were only applicable to the location of the specified system. Also, the BCA had not always implemented its procedure for making a 24 month decision or Page 33 of 36

		Non-		Brea (Ente	ch of re er Yes wh	gulation ere applic	n <b>5/6?</b> cable)		<b>_</b>	Date Non-	Date Non-	Numbe	r of	
Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes	
														w
7(2)(g)	Choose an item.													
7(2)(h)	Choose an item.													
Regulation 8														
8(1)	Choose an item.													
8(2)	Choose an item.													
Regulation 9														
9	Choose an item.													
Regulation 10														
10(1)	Choose an item.													
10(2)	General	GNC 9	Yes	Yes					Yes					E
10(3)(a)	Choose an item.													+
10(3)(b)	Choose an item.													-
10(3)(c)	General	GNC 10			Yes	Yes	Yes	Yes	No	21/02/2020				E a: B (F re
10(3)(d)	General	GNC 11			Yes	Yes	Yes	Yes	No	21/02/2020				E in pl c
10(3)(e)	Choose an item.													
10(3)(f)	Choose an item.													
Regulation 11														
11(1)	Choose an item.													
11(2)(a)	Choose an item.	1	1		1		1			1		1		1
11(2)(b)	Choose an item.	1												$\square$
11(2)(c)	Choose an item.		1		1	1	1							1

Brie	f comment (to get to the heart of the issue)
whethe	er to issue a CCC.
BCA's cover:	documented procedures did not adequately
i.	Which inputs to the competency assessment process were mandatory or optional.
ii.	When a new employee would be required to undergo a competency assessment.
iii.	What level of evidence was expected for the competency being assessed, e.g. At highest levels being claimed?
iv.	The process for competency assessment when no change to category level was being claimed.
assess Buildin (Refere	had not always ensured that competency ments had recorded Correct referencing to NZ g Code clauses. Also, relevant records encing the section of the Building Act) which to the scope of competency being claimed.
assess in rela	had not always ensured that competency ments had recorded the competence of staff tion to the employees understanding of the ophy and principles of building design and uction.

		Non-		Brea (Ente	ch of re er Yes wh	gulation nere appli	n 5/6? <sub>cable)</sub>			Date Non-	Date Non-	Numbe	r of	
Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes	
11(2)(d)	Choose an item.													
11(2)(e)	General	GNC 12	Yes	Yes					Yes					l a
11(2)(f)	Choose an item.						<u> </u>							$\downarrow$
11(2)(g) Regulation 12	Choose an item.													╞
12(1)	Choose an item.													-
12(1) 12(2)(a)	Choose an item.							+						+
12(2)(b)	Choose an item.													+
12(2)(c)	General	GNC 13	Yes	Yes	Yes				Yes					f
12(2)(d)	Choose an item.													a
12(2)(e)	Choose an item.													
12(2)(f)	Choose an item.													
Regulation 13														
13(a)	Choose an item.													
13(b)	Choose an item.													
Regulation 14				·										
14	General	GNC 14	Yes	Yes	Yes				No	21/02/2020				E E th fr
Regulation 15														
15(1)(a)	Choose an item.													
15(1)(b)	Choose an item.													
15(2)	Choose an item.													
Regulation 16														
16(1)	Choose an item.							-						
16(2)(a)	Choose an item.													_
16(2)(b)	Choose an item.										ļ			$\downarrow$
16(2)(c)	Choose an item.													
Regulation 17														

	Brief comment (to get to the heart of the issue)
	BCA procedure had not always been implemented appropriately; as per the following:
	<ul> <li>The BCA's procedure QM-11 did not adequately describe the actual practice for supervision for the Regulation 11(2)(e) requirement.</li> </ul>
	<li>The BCA's procedure did not adequately cover the requirement that the Supervision records for processing should record the reasoning behind the decisions made during the supervision process.</li>
	BCAs documented contract with a contractor called for the organisation to maintain its status as an accredited BCA which was incorrect.
	BCA had not always ensured that the annual calibration of thermometers had been carried out. BCA's calibration procedure for the calibration of thermometers did not cover the calibration method, frequency, or acceptance tolerance.
_	

	New	Non-		Brea (Ente	<b>ch of re</b> er Yes wh	gulation ere applie	n 5/6? cable)		Destad	Date Non-	Date Non-	Number of		
Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes	Brief comment (to get to the heart of the issue)
17(1)	Choose an item.													
17(2)(a)	Choose an item.													
17(2)(b)	Choose an item.													
17(2)(c)	Choose an item.													
17(2)(d)	Choose an item.													
17(2)(e)	Choose an item.													
17(2)(h)	Choose an item.													
17(2)(i)	Choose an item.													
17(2)(j)	Choose an item.													
17(3)	Choose an item.													
17(3A)	Choose an item.													
17(4)(a)	Choose an item.													
17(4)(b)	Choose an item.													
17(5)(a)	Choose an item.													
17(5)(b)	Choose an item.													
Regulation 18														
18(1)(a)	Choose an item.													
18(1)(b)	Choose an item.													
18(1)(c)	Choose an item.													
18(3)(a)	Choose an item.													
18(3)(b)	Choose an item.													