



The NZ mark of competence  
Tohu Matatau Aotearoa

## **BUILDING CONSENT AUTHORITY ACCREDITATION ASSESSMENT REPORT**

### **FINAL ASSESSMENT REPORT WITH ALL GNCS CLEARED**

**Updated 26/05/2025**

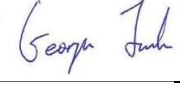
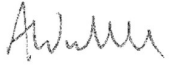
**Rangitikei District Council**

<b>IANZ – ALL FINDINGS CLEARED</b>	
<b>INITIALS:</b>	GJ
<b>DATE:</b>	26 May 2025

## CONTENTS

CONTENTS .....	2
BCA AND ASSESSMENT DETAILS .....	3
INTRODUCTION .....	4
ASSESSMENT SUMMARY .....	4
CONTINUING ACCREDITATION .....	4
IDENTIFYING AND NUMBERING OF NON-COMPLIANCES .....	4
STEPS TO ADDRESSING NON-COMPLIANCES IDENTIFIED .....	5
RISK ASSESSMENT .....	6
NEXT ACCREDITATION ASSESSMENT .....	6
RISK AT THE END OF THE ASSESSMENT CLEARANCE PROCESS .....	7
ABBREVIATIONS .....	7
ASSESSMENT OBSERVATIONS AND RECORDS OF NON-COMPLIANCE .....	8
General Non-compliance No. 1: Action Plan accepted ✓ Cleared 14/04/2025 .....	8
General Non-compliance No. 2: Action Plan accepted ✓ Cleared 08/05/2025 .....	9
General Non-compliance No. 3: Action Plan accepted ✓ Cleared 28/04/2025 .....	12
General Non-compliance No. 4: Action Plan accepted ✓ Cleared 09/05/2025 .....	14
General Non-compliance No. 5: Action Plan accepted ✓ Cleared 01/05/2025 .....	16
General Non-compliance No. 6A: Action Plan accepted ✓ Cleared 26/05/2025 .....	17
General Non-compliance No. 6B: Action Plan accepted ✓ Cleared 26/05/2025 .....	20
General Non-compliance No. 6C: Action Plan accepted ✓ Cleared 05/05/2025 .....	24
General Non-compliance No. 7: Action Plan accepted ✓ Cleared 14/04/2025 .....	27
General Non-compliance No. 8: Action Plan accepted ✓ Cleared 15/05/2025 .....	28
General Non-compliance No. 9: Action Plan accepted ✓ Cleared 15/05/2025 .....	31
General Non-compliance No. 10: Action Plan accepted ✓ Cleared 07/05/2025 .....	34
General Non-compliance No. 11: Action Plan accepted ✓ Cleared 07/05/2025 .....	36
General Non-compliance No. 12: Action Plan accepted ✓ Cleared 14/04/2025 .....	39
General Non-compliance No. 13: Action Plan accepted ✓ Cleared 15/04/2025 .....	43
General Non-compliance No. 14: Action Plan accepted ✓ Cleared 07/05/2025 .....	44
General Non-compliance No. 15: Action Plan accepted ✓ Cleared 09/05/2025 .....	45
General Non-compliance No. 16: Action Plan accepted ✓ Cleared 14/04/2025 .....	48
SUMMARY OF RECOMMENDATIONS .....	51
SUMMARY OF ADVISORY NOTES .....	53
SUMMARY TABLE OF NON-COMPLIANCE .....	54

## BCA AND ASSESSMENT DETAILS

ORGANISATION DETAILS							
<b>Organisation:</b>		Rangitikei District Council					
<b>Address for service:</b>		46 High Street, Marton 4710					
<b>Client Number:</b>	7466	<b>Accreditation Number:</b>	39				
<b>Chief Executive:</b>		Carol Gordon					
<b>Chief Executive Contact Details:</b>		carol.gordon@rangitikei.govt.nz					
<b>Responsible Manager:</b>		Mr Johan Cullis					
<b>Responsible Manager Contact Details:</b>		johan.cullis@rangitikei.govt.nz					
<b>Authorised Representative:</b>		Mr Johan Cullis					
<b>Authorised Representative Contact Details:</b>		johan.cullis@rangitikei.govt.nz					
<b>Quality Assurance Manager:</b>		Mr Johan Cullis					
<b>Quality Assurance Manager Contact Details:</b>		johan.cullis@rangitikei.govt.nz					
<b>Number of FTEs</b>	<b>Technical</b>	3	<b>Support functions</b>	1			
Total FTEs should = technical FTEs + admin FTEs + vacancies	<b>Vacancies (Technical)</b>	1	<b>Vacancies (Support)</b>	0			
<b>Activity during the previous 12 months</b>		<b>Building Consents (excl. Amendments)</b>					
		<b>R1</b>	168	<b>R2</b>	12	<b>R3</b>	3
		<b>C1</b>	10	<b>C2</b>	4	<b>C3</b>	
		<b>National Multi-use Approvals</b>				4	
		<b>Amendments (Total)</b>				33	
		<b>CCCs</b>				197	
		<b>New compliance schedules</b>				5	
		<b>BCA Notices to Fix</b>				0	
ASSESSMENT TEAM							
<b>Assessment Dates:</b>		18 February 2025 to 20 February 2025					
<b>Lead Assessor:</b>		Georgina Jackson					
<b>Technical Expert:</b>		Steven Williams					
<b>Observer:</b>		N/A					
ASSESSMENT FINDINGS							
		<b>This assessment (RR):</b>		<b>Last assessment (RR):</b>			
<b>Total # of "serious" non-compliances:</b>		0		0			
<b>Total # of "general" non-compliances:</b>		16		10			
<b>Total # of non-compliances outstanding:</b>		16		10			
<b>Recommendations:</b>		20		4			
<b>Advisory notes:</b>		5		5			
<b>Date all action plans must be accepted:</b>		4 April 2025					
<b>Date all non-compliances must be cleared:</b>		6 June 2025					
NEXT ASSESSMENT							
<b>Recommended next assessment type:</b>		Routine Reassessment					
<b>Recommended next assessment month:</b>		February 2027					
IANZ REPORT PREPARATION							
<b>Prepared by:</b> Georgina Jackson	<b>Date:</b> 3 March 2025	<b>Signature:</b> 					
<b>Checked by:</b> Adrienne Woollard	<b>Date:</b> 6 March 2025	<b>Signature:</b> 					

## INTRODUCTION

This report relates to the routine accreditation assessment of the **Rangitikei District Council Building Consent Authority (BCA)** which took place on site during **February 2025** to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006*.

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

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

## ASSESSMENT SUMMARY

The assessment identified that the Rangitikei District Council BCA had an approachable and engaged team, who handled communications professionally and were consistently helpful to the IANZ team.

It was noted that the BCA team was conducting a particularly thorough weekly meeting, where sighted minutes indicated that workloads were being actively monitored and changes such as continuous improvement or audit updates were being discussed. The BCA's compliance with statutory timeframe requirements also demonstrated a positive outcome of this monitoring.

A new administrative staff member had begun at the BCA in November 2024, and it was noted that good training material had been created to assist with less frequent processes, such as lapsing and 24-month decisions.

During the assessment, the team actively participated in discussions regarding how they might improve upon their quality management system, with good questions raised during meetings.

There were, however, some outstanding issues, including 16 non-compliances raised. A number of these issues would have been expected to have been picked up during the BCA's internal audits, indicating gaps in the auditing process. These issues are detailed below. The outstanding non-compliances must be addressed in order for accreditation to continue.

## CONTINUING ACCREDITATION

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

## IDENTIFYING AND NUMBERING OF NON-COMPLIANCES

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

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

## STEPS TO ADDRESSING NON-COMPLIANCES IDENTIFIED

<b>Step 1</b>	<b>Action plans</b> Non-compliances raised during the assessment have been summarised and recorded in detail in this report. BCA to analyse the root cause of the finding within the finding tables nested under the relevant regulation, and then develop and document an action plan to address each finding (including documenting the evidence that will be submitted to address the finding).	Required to be <b>submitted</b> within <b>10 working days</b> of the receipt of this report.
<b>Step 2</b>	<b>IANZ Reviews the action plans provided</b> IANZ will analyse the submitted action plans with the proposed evidence of implementation indicated, and will respond to the BCA accordingly with required improvements and/or acceptance of the plan.	IANZ has a KPI of <b>10 working days</b> to review and respond. Action plans and proposed evidence required to be <b>accepted</b> within <b>20 working days</b> of the receipt of this report.
<b>Step 3</b>	<b>Submitting clearance evidence</b> Upon the acceptance of all action plans, the BCA can proceed to provide clearance evidence to IANZ.	BCA to submit a separate email to address each GNC, ideally containing all listed proposed evidence.
<b>Step 4</b>	<b>Review of clearance evidence</b> Upon receiving clearance evidence, IANZ will review the appropriateness of the evidence to clear the identified non-compliance(s). Note that where the evidence provided does not provide sufficient assurance that the non-compliance has been addressed then IANZ may request further information to be satisfied, even if supply of that information was not detailed in the original action plan.	IANZ has a KPI of <b>10 working days</b> to review and respond to each piece of clearance evidence provided.
<b>Step 5</b>	<b>Last date for information submission</b> The BCA must provide its final clearance information in sufficient time to allow for review, revision and resubmission of the information before the last date for final information submission provided.	If insufficient or incomplete information is received by the last date for information submission, the BCA must apply for an extension of time (if relevant). Alternatively, an initial notice of possible revocation of accreditation may be issued.
<b>Step 6</b>	<b>Final clearance</b> The BCA must clear all identified non-compliances.	<b>Within 3 months</b> of the issuing of this report (unless an extension is granted or a finding is conditionally cleared waiting for future information).

If you do not agree with the non-compliances identified, or if you need further time to address non-compliances, please get in touch with 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 formally request an extension of the timeframe. These will only be granted for unpredictable and unmanageable reasons.

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

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

## RISK ASSESSMENT

The BCA's risk, both to the Territorial Authority, as a BCA and also as an organisation accredited by IANZ was assessed using the following criteria:

<b>High risk</b>	<b>A non-functioning BCA</b> - depending on extent and type of risk and agreed management method. E.g. there is a pattern of failure to follow multiple policies, procedures and systems (PPS) and/or that multiple PPS have not been consistently and effectively implemented.	<b>Some form of monitoring within 6 months</b>
<b>Medium risk</b>	<b>The BCA is not currently compliant and is unlikely to demonstrate substantial compliance at the next assessment</b> if significant actions are not taken to address the identified issues, especially where there was <b>a failure to implement PPS over two or more assessment cycles</b> .	<b>1 year</b>
<b>Low risk</b>	<b>“Normal” risk</b> (the BCA is likely to remain substantially compliant over the next two years).	<b>2 years</b>
<b>Extra Low risk</b>	<b>The BCA is almost fully compliant and likely to remain that way.</b>	<b>Reduced monitoring at next 2 yearly assessment</b>

Consideration, as at the end of the on-site assessment phase of this assessment has determined that the BCA is considered to pose a **Low Risk**. The main reasons for considering this risk category were:

- The BCA was seen to be appropriately resourced to manage their workload, with contractual agreements in place to meet capacity and capability requirements.
- 16 GNCs were raised, however some of these were seen as being likely to be resolved through simple steps such as updating the BCA's procedures.
- There were no serious concerns raised regarding the BCA's technical output, particularly when considering the BCA's normal scope of work.
- The BCA was seen to have a team that was engaged with the accreditation process and they actively participated in discussions regarding how they would resolve the non-compliances raised.

## NEXT ACCREDITATION ASSESSMENT

As part of the clearance process, IANZ will consider if the clearance material demonstrates full compliance with the accreditation requirements and the likelihood of the BCA to remain substantially compliant moving forward. Based on this, IANZ will undertake a further review of the Risk category of your BCA at the end of the clearance process. This further review will determine the timing of your next assessment.

Currently, if your BCA does not undergo a significant change, requiring some form of interim assessment, and the BCA is able to clear the identified non-compliances within the agreed timeframe, the next assessment of the BCA is planned as a **Routine Reassessment** for **February 2027**.

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

## RISK AT THE END OF THE ASSESSMENT CLEARANCE PROCESS

Consideration, as at the end of the assessment process has determined that the BCA is considered to pose a **Low Risk**. The main reasons for determining this risk category were:

- All GNCs were cleared within the clearance timeframe, with no extensions required.
- The BCA was seen to be appropriately resourced to manage their workload, with contractual agreements in place to meet capacity and capability requirements.


## ABBREVIATIONS

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

## ASSESSMENT OBSERVATIONS AND RECORDS OF NON-COMPLIANCE

Regulation 6A(1) A system for notification
<b>Observations and comments, including good practice and performance</b>
<p>The BCA had documented its system for notifying the building consent accreditation body and the Ministry of any of the matters listed within Regulation 6A(1) within 20 working days of the matter taking place, however, the BCA's documented procedure did not state that the BCA notifies MBIE and the accreditation body where the BCA's "quality assurance manager" departs or is replaced, as required.</p> <p><b>GNC 1 – To be resolved.</b></p> <p>The BCA had made one 6A Notification within the assessment period, which related to a reduction in technical staff. This notification was seen to comply with the BCA's documented procedure and had been filed appropriately.</p>

### General Non-compliance No. 1: Action Plan accepted ✓ Cleared 14/04/2025

<b>Breach of requirement:</b>	Regulation 6A(1)						
<b>Breach of requirement:</b>	Regulation(s)	✓ 5(a)	✓ 5(b)	<input type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<p>The BCA's documented procedure did not state that the BCA would notify MBIE and the accreditation body where the BCA's "quality assurance manager" departs or is replaced.</p>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						31 March 2025	
<b>Final date evidence of implementation can be accepted from BCA:</b>						23 May 2025	
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Review QM section - Notify Building Accreditation Body and MBIE							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
Provide revised QM section to include "quality assurance manager"							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>7/04/2025</b> IANZ (GJ)	BCA provided updated procedure QM section - 'Notify Building Accreditation body & MBIE'. IANZ to review.						
<b>14/04/2025</b> IANZ (GJ)	IANZ reviewed updated procedure. Procedure considered to be appropriate.						
<b>NON COMPLIANCE CLEARED</b>							
<b>Signed:</b> 				<b>Date:</b> 14 April 2025			

Regulation 7(2)(a) Providing consumer information
<b>Observations and comments, including good practice and performance</b>



The BCA provided consumer information regarding how to apply for a consent, and how an application was processed, inspected and certified, however, the BCA's consumer information did not fully meet requirements, as below:

- Although Minor Variations were explained, there was no specific information as to what the applicant would be required to do for the BCA to agree to the change.
- Notices to Fix were mentioned but there was no further information regarding this, such as who, what, when or why.
- The consumer information discussed a 'Stop Work Instruction'. To stop work the BCA must identify a breach of the Act, with a Notice to fix. The "stop work instruction" cannot be legally enforced and so is not appropriate.

#### **GNC 2 – To be resolved.**


The BCA is also recommended to revise its consumer information relating to the following:

- At a high level, how the application is assessed against the relevant Act and associated Regulations.
- The Form 6 requires that Building Consents with specified systems will require evidence of a specified systems capability, however this was not adequately indicated (as a requirement of acceptance of the application) on the relevant consumer information page.
- S112, S115, S116 and S116A as links to the Act and general MBIE guidance do not provide fully adequate information on what the BCA will require to process these types of building consents.
- Removing the disclaimer that "The information on this website is not all inclusive".

#### **Recommendation R1.**

### **General Non-compliance No. 2: Action Plan accepted ✓ Cleared 08/05/2025**

<b>Breach of requirement:</b>	<b>Regulation 7(2)(a)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input checked="" type="checkbox"/> <b>5(a)</b>	<input checked="" type="checkbox"/> <b>5(b)</b>	<input type="checkbox"/> <b>5(c)</b>	<input type="checkbox"/> <b>6(b)</b>	<input type="checkbox"/> <b>6(c)</b>	<input type="checkbox"/> <b>6(d)</b>
<b>FINDING DETAILS</b>							
<p>The BCA's consumer information did not fully meet requirements, as below:</p> <ul style="list-style-type: none"> <li>• Although Minor Variations were explained, there was no specific information as to what the applicant would be required to do for the BCA to agree to the change.</li> <li>• Notices to Fix were mentioned but there was no further information regarding this, such as who, what, when or why.</li> <li>• The consumer information discussed a 'Stop Work Instruction'. To stop work the BCA must identify a breach of the Act, with a Notice to fix. The "stop work instruction" cannot be legally enforced and so is not appropriate.</li> </ul>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						<b>31 March 2025</b>	
<b>Final date evidence of implementation can be accepted from BCA:</b>						<b>23 May 2025</b>	
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Revise public information and change or remove information on website							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
Inform IANZ when website updated for consideration							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>31/03/2025</b> <b>IANZ (GJ)</b>	This action plan is accepted, however the BCA is encouraged to provide links to the relevant website pages for clarity.						
<b>11/04/2025</b> <b>IANZ (GJ)</b>	BCA provided the following: - Updated procedure – QM - Determine notice to Fix						

	- Links to updated public information on RDC website
<b>14/04/2025</b> IANZ (GJ)	IANZ sent material to TE for review.
<b>20/04/2025</b> IANZ TE (SW)	<p>The minor variations description and instructions are appropriate.</p> <p>NTF: Procedure on Inspection is appropriate except the definition that “A notice to fix is a formal notice issued by the Building Consent Authority advising that certain works have not been carried out in accordance with the Building Code.”</p> <p>While the information goes on to say that NTF’s can apply to other things it would be more accurate to state that a notice to fix can be issued where there is a breach of the Building Act 2004.</p> <p>The stop work instruction has been removed.</p>
<b>2/05/2025</b> IANZ (GJ)	<p>On 1/5/2025, BCA provided update to Public information - <a href="https://www.rangitikei.govt.nz/services/building-consents-information/consents/inspection-bookings">https://www.rangitikei.govt.nz/services/building-consents-information/consents/inspection-bookings</a></p> <p>Sent to TE for review.</p>
<b>6/5/2025</b> IANZ TE (SW)	The BCA has revised their consumer information to include a more accurate definition of a notice to fix to address the red text above. GNC Cleared.
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b> 	<b>Date:</b> 8 May 2025

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

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

The BCA had appropriately documented its procedure for receiving applications in accordance with Regulation 7(2)(b).

The BCA was seen to be appropriately receiving and accepting complete applications.

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

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

The BCA had appropriately documented its procedure for checking applications in accordance with Regulation 7(2)(c).

Examples of received applications were seen to be vetted using a vetting checklist within the Simpli portal.

The BCA is advised to include the date vetting occurred on the vetting checksheet.

**Advisory Note A1.**

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

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

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

Once a building consent application was received and considered to be complete, a record would be created in the BCA's MagiQ system (where a unique identifier would be generated). At this point, the Simpli portal file submissions relating to the application would be pulled through into the BCA's GoGet system.

**Regulation 7(2)(d)(ii) Assessing building consent applications****Observations and comments, including good practice and performance**

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

Applications were seen to have been appropriately assessed using the building categories documented within the NCAS.

**Regulation 7(2)(d)(iii) Allocating building consent applications****Observations and comments, including good practice and performance****Regulation 7(2)(d)(iv) Processing building consent applications****Observations and comments, including good practice and performance**

The BCA had documented its procedure for processing building consent applications to establish whether the applications complied with the requirements of the Act, the Building Code, and any other applicable regulations under the Act specified for buildings. These were mostly appropriate, except:

- The BCA did not have documented processes for processing building consents with BuiltReady Modular Components or Codemark Product Certificate, as required.
- The BCA's procedure for processing building consent amendments was not adequately detailed. There were specific details observed in the implementation of processing amendments that were not documented in the procedure (i.e. the Naming conventions, the raising of warning memos on the parent consent and issuing of documents).

**GNC 3 – To be resolved.**

Regarding the BCA's documented processing procedure, it was found that requirements of Regulation 7(2)(d)(iv) had been addressed in GoGet but was not fully described in the BCA's Simpli QMS in Promapp. It is recommended that the BCA conducts a review to ensure all procedures are cohesive.

**Recommendation R2.**

There have been changes to acceptable solutions that had not yet been incorporated into the BCA's processing prompts in GoGet. Examples included water temperatures in G12, Smoke detection for residential houses in F7, and H1 requirements for thermally broken glazing. In addition, there were two different checklists provided for C/AS2 (including one for pre-2021), which might be confusing. The BCA is therefore recommended to review the current processing prompts in GoGet.

**Recommendation R3.**

Within sighted processing checklists, it was not always possible to assess whether something was assessed and then had been excluded intentionally or if this was missed by accident. The BCA is recommended to complete the processing checklist by identifying non-applicable items, such as using the 'N/A' on the checklist.


**Recommendation R4.**

The BCA is recommended to revise their documented procedure regarding building consents concerning the subdivision of buildings under S116A, to include relevant prompts in their GoGet system.

**Recommendation R5.**

### General Non-compliance No. 3: Action Plan accepted ✓ Cleared 28/04/2025

<b>Breach of requirement:</b>	<b>Regulation 7(2)(d)(iv)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input checked="" type="checkbox"/> <b>5(a)</b>	<input checked="" type="checkbox"/> <b>5(b)</b>	<input type="checkbox"/> <b>5(c)</b>	<input type="checkbox"/> <b>6(b)</b>	<input type="checkbox"/> <b>6(c)</b>	<input type="checkbox"/> <b>6(d)</b>
<b>FINDING DETAILS</b>							
<ul style="list-style-type: none"> <li>The BCA did not have documented processes for processing building consents with BuiltReady Modular Components or Codemark Product Certificate, as required.</li> <li>The BCA's procedure for processing building consent amendments was not adequately detailed. There were specific details observed in the implementation of processing amendments that were not documented in the procedure (i.e. the Naming conventions, the raising of warning memos on the parent consent and issuing of documents).</li> </ul>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						<b>31 March 2025</b>	
<b>Final date evidence of implementation can be accepted from BCA:</b>						<b>23 May 2025</b>	
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Review QM- in relation to reg 7(2)(d)(iv) – Processing applications							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
Provide IANZ with changed QM reflecting documented processes for Built ready modular components certificate and detail in more depth processing of amendments in relation to naming conventions, the raising of warning memos on parent consent and issue of documents. Please note Codemark is already in the BCA QM and the inclusion of built ready into the existing procedure will be submitted for consideration.							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>7/04/2025</b> <b>IANZ (GJ)</b>	BCA provided updates to: <ol style="list-style-type: none"> <li>1. QM – Process an amendment to building consent</li> <li>2. QM – Process building consent applications</li> <li>3. QM- File applications for building consents</li> <li>4. QM – Assess expert opinion</li> </ol> IANZ sent to TE for review.						
<b>10/04/2025</b> <b>IANZ TE (SW)</b>	4 files were provided to meet the proposed evidence indicated in the action plan: <ol style="list-style-type: none"> <li>1) Process an amendment to a BC;</li> <li>2) Process BC applications;</li> <li>3) File Applications for BC; and</li> <li>4) Assess Expert Opinion -to address the Codemark.</li> </ol>						

	The evidence provided does meet the requirements of the proposed evidence of implementation, however there is no evidence of any implementation nor is there evidence or training to share the revised processes with the team,
14/04/2025 IANZ (GJ)	IANZ stated to BCA that “The provided documentation has been considered to be acceptable (as standalone items). However, during the review it has been identified that (while it is acknowledged that the BCA is a close team), evidence to validate the procedure being understood and implemented appropriately is needed in order to fully clear this finding. Would you be able to please look into what evidence the BCA could provide for us to validate the procedural update? E.g. An example showing the BCA's GoGet checklists having been updated and how these changes were communicated, or an example (or two) showing the relevant considerations being made as per the procedure?”
15/04/2025 IANZ (GJ)	BCA provided: <ol style="list-style-type: none"> <li>1. Amendment process for adding memo to parent</li> <li>2. Memo showing amendment examples</li> <li>3. BC 180183 Goget Processing summary</li> <li>4. BC 220251 Goget Processing summary</li> <li>5. BC 230208 Goget process summary</li> <li>6. BC 230233 Goget Process summary</li> <li>7. BC 240005 Goget Process Summary</li> <li>8. BC 240020 Goget Process Summary</li> <li>9. BC 240062 Goget Process summary</li> </ol> <p>IANZ sent to TE for review.</p>
20/04/2025 IANZ TE (SW)	<p>The BCA has provided 7 processing summaries. Two of these include MultiProof which the BCA considers is evidence to demonstrate an ability to process Built Ready modular construction consenting. This is a bit of a stretch however until there are “live” BuiltReady certs, it is adequate. The other 5 processing samples show consideration of Codemark Certificates in processing. Although notes are brief, they are adequate and meet the documented procedure. It can also be noted that most of the processing summaries provided pre-date the accreditation assessment, demonstrating that this purely a procedural GNC as an unwritten procedure (common practice) had been implemented.</p> <p>Further the BCA provided evidence for the amendment procedure; 2 memos being raised on building consents that have amendments and they provided an instruction on how memos are applied in their GoGet processing system in accordance with the procedure.</p> <p>Collectively this material now demonstrates appropriate procedures and appropriate implementation for amendments and Codemark certificates. I expect Built Ready will make it into the GoGet checklist with some specific prompts once they are encountered.</p> <p><b>GNC Clear.</b></p>
<b>NON COMPLIANCE CLEARED</b>	
Signed: 	Date: 28 April 2025

**Regulation 7(2)(d)(v)****Granting and issuing building consents and Compliance with Form 5****Observations and comments, including good practice and performance**

The BCA had appropriately documented its procedure for granting and issuing consents, in accordance with Regulation 7(2)(d)(v).

In sighted examples, building consents (Form 5) had been issued without correctly identifying the Contact Person where the owner was a group entity and identifying the First Point of Contact as an individual with complete details.

**GNC 4 – To be resolved.**

In sighted examples, building consents (Form 5) had been issued without listing all of the attachments included in the consent documentation package (i.e. missing roading form, siting form, inspection types form).


**GNC 4 – To be resolved.**

The BCA was seen to have been attaching a S37 Certificate (also known as a Form 4) to the issued building consent. It is advised that the BCA includes the words “Form 4” on this certificate, to ensure the form fully aligns with the Building (Forms) Regulations 2004.

**Advisory Note A2.**

#### General Non-compliance No. 4: Action Plan accepted ✓ Cleared 09/05/2025

<b>Breach of requirement:</b>	<b>Regulation 7(2)(d)(v)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<ul style="list-style-type: none"> <li>Some building consents (Form 5) had been issued without correctly identifying the Contact Person where the owner is a group entity and identifying the First Point of Contact as an individual with complete details.</li> <li>Some building consents (Form 5) had been issued without listing all of the attachments included in the consent documentation package (i.e. missing roading form, siting form, inspection types form).</li> </ul>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						<b>2 April 2025</b>	
<b>Final date evidence of implementation can be accepted from BCA:</b>						<b>23 May 2025</b>	
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Discuss at weekly meeting with RO and BCO's to ensure these matters are identified and included.							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
Undertake an audit sample after discussion/training provide IANZ with copy of audit and sample of completed Form 5 ( <b>3 examples to be provided</b> ).							
<b>A training plan will be submitted with relevant extract of BCA meeting minutes.</b>							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>31/03/2025</b> <b>IANZ (GJ)</b>	The proposed plan of action and proposed evidence of implementation are mostly appropriate, however could the BCA also: <ul style="list-style-type: none"> <li>Please provide evidence to demonstrate the training/communication relating to these matters (e.g. minutes of discussion or training points to outline what was covered). <b>A training plan will be submitted with relevant extract of BCA meeting minutes.</b></li> <li>Please specify the number of examples to be provided as part of the audit the BCA plans to conduct (at least three please), in order to demonstrate appropriate implementation. <b>3 examples to be provided</b></li> </ul>						
<b>2/04/2025</b> <b>IANZ (GJ)</b>	BCA addressed above questions in <b>Red</b> above. IANZ added this into 'proposed evidence of implementation' section. Action plan accepted.						

<b>2/05/2025</b> <b>IANZ (GJ)</b>	BCA submitted: <ul style="list-style-type: none"> <li>• Updated QM procedure</li> <li>• Training Plans for the BCO's showing training occurred was sent in for GNC 6</li> <li>• Snip of the minutes stating training occurred</li> <li>• Evidence of implementation</li> <li>• Audit done for this regulation</li> </ul>
<b>5/05/2025</b> <b>IANZ (GJ)</b>	IANZ sent above material to TE for review.
<b>07/05/2025</b> <b>IANZ TE</b> <b>(SW)</b>	Evidence includes 3 samples, some internal auditing and a training brief. The samples appropriately clear the "Point of Contact" finding (Part 1 of the GNC)
<b>8/05/2025</b> <b>IANZ (GJ)</b>	TE provided feedback to IANZ. Discussed the second item with TE and the provided material is considered to meet minimum requirements and so is appropriate to clear this GNC.  However, IANZ recommend looking over the templated Form 5 and amending this, as currently it indicates that a Form 6 is required to book an inspection, which is not appropriate. IANZ also recommend that the BCA amends the means of compliance in brackets below this, as this was not accurate. These both could result in a non-compliance for the BCA in the future if this is not followed up.
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b> 	<b>Date: 9 May 2025</b>

## Regulation 7(2)(d)(v) Lapsing building consents

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

The BCA had appropriately documented its procedure for lapsing of Building Consents, in accordance with Regulation 7(2)(d)(v).

The BCA was seen to have created training material which outlined the steps taken to report on and then record lapsing building consents. This document was seen to demonstrate a particularly effective training methodology of the BCA's newest staff member, who was seen to be conducting this task.

Sighted examples of lapsed building consents were seen to have been recorded appropriately. Only one recent example of an application for an extension to the lapse date was available to view and it was found that in this example the decision, reason for decision and relevant correspondence had all been recorded appropriately.

In one example sighted, the BCA was seen to have marked a consent as 'withdrawn' in their system. The BCA cannot 'withdraw' a consent once this has been issued. In addition, correspondence regarding this action was unable to be located and the BCA did not appear to have a clear process regarding how they would manage requests to withdraw consents. As this was a one-off example and staff were able to explain that consents could not be 'withdrawn' and would still lapse as per Section 52 of the Act, this has only been raised as a recommendation that the BCA considers and documents how they would manage any requests to withdraw a consent, while ensuring that the BCA complies with Section 52.

#### **Recommendation R6.**



## Regulation 7(2)(d)(v) Compliance with statutory timeframes for granting building consents

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

The BCA's compliance with the statutory timeframe for granting building consents within 20 working days was seen to be averaging around 99%, which was considered to be substantially compliant.

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

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

The BCA had documented its procedure for planning, performing and managing inspections in accordance with Regulation 7(2)(e). However, the documented inspections procedure required that inspectors fail the inspection when the LBP for restricted building work was not known. During implementation it was observed that this part of the procedure had not been followed. Further, there were no prompts found on the inspections checklists to encourage compliance with this part of the procedure.

#### **GNC 5 – To be resolved.**

The BCA is recommended to improve inspection records to include a succinct summary by routinely listing information such as the site contact, status of job, any previous inspection details and specific instructions around the next inspection.

#### **Recommendation R7.**

The BCA is recommended to include photos on site notices, to provide a more robust inspection record.

#### **Recommendation R8.**

While the BCA did not currently perform remote inspections, the BCA is advised to consider the possible benefit of creating an appropriate procedure for conducting these should they need to in the future.

#### **Advisory Note A3.**

The BCA is advised to remove the requirement for “completed saw cuts” from the pre-pour inspection checklist, as this would always result in a failed inspection since concrete is cut after it is poured.

#### **Advisory Note A4.**

During site observations the inspectors experienced intermittent faults with taking photos with their tablet, which led to photos being taken on a phone and then added to GoGet in the office. This can make the attachment of photos to site notices challenging. The BCA is advised to re-evaluate current IT equipment used for inspections.

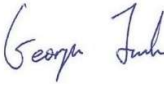
#### **Advisory Note A5.**

At the time of the assessment, inspections were seen to have been undertaken within two days of booking.

### General Non-compliance No. 5: Action Plan accepted ✓ Cleared 01/05/2025

<b>Breach of requirement:</b>	<b>Regulation 7(2)(e)</b>					
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c) <input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>						
The documented inspections procedure required that inspectors fail the inspection when the LBP for restricted building work was not known. It was observed that this part of the procedure had not been						




followed. Further, there were no prompts found on the inspections checklists to encourage compliance with this part of the procedure.	
<b>IMPORTANT DATES</b>	
<b>Date this action plan was accepted by IANZ:</b>	<b>31 March 2025</b>
<b>Final date evidence of implementation can be accepted from BCA:</b>	<b>23 May 2025</b>
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>	
Review inspection checklist	
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>	
Provide IANZ with new checklist and sample of the checklist of failed inspections if LBP is unknown.	
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>	
<b>11/04/2025</b> IANZ (GJ)	BCA provided 4x checklists of inspections.
<b>14/04/2025</b> IANZ (GJ)	IANZ sent examples to TE for review.
<b>1/05/2025</b> IANZ TE (SW)	The BCA has provided 4 samples of inspections showing that they are now recording the LBP (or other relevant stakeholder -plumber etc) in the inspection record. In one case, only the first name of the person was recorded but a simple register search showed the identity, so considering this is a single sample and the record was able to be found this is not an issue, the GNC is cleared.
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b> 	<b>Date: 1 May 2025</b>

<b>Regulation 7(2)(f)(i)</b>	<b>Application for code compliance certificates</b>
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA had appropriately documented its procedure for receiving and considering applications for a Code Compliance Certificate in accordance with Regulation 7(2)(f)(i).</p> <p>In sighted examples, it was observed that CCC applications were not accepted until all “required items” had been received. This requirement was beyond the requirements of s92 of the Act and so was not appropriate. It should also be noted that S93 (4) allows for suspension of the CCC statutory clock once the application has been accepted while waiting for further reasonable information.</p> <p><b>GNC 6A – To be resolved.</b></p>	

### General Non-compliance No. 6A: Action Plan accepted ✓ Cleared 26/05/2025

<b>Breach of requirement:</b>	<b>Regulation 7(2)(f)(i)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
CCC applications were not accepted until all “required items” had been received. This requirement was beyond the requirements of s92 of the Act and so was not appropriate.							
<b>IMPORTANT DATES</b>							

<b>Date this action plan was accepted by IANZ:</b>		<b>2 April 2025</b>
<b>Final date evidence of implementation can be accepted from BCA:</b>		<b>23 May 2025</b>
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>		
6a – Review QM		
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>		
6a- Provide copy of relevant section of QM		
<p>Training plan to be submitted with evidence on BCO Training records and extract of BCA meeting minutes.</p> <p>3 examples to be provided.</p>		
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>		
<b>31/03/2025</b> IANZ (GJ)	<p>While updates to the BCA's QM is likely to contribute to the clearance of this finding, evidence of implementation will also be required, such as the following suggestions:</p> <ul style="list-style-type: none"> <li>- Evidence to demonstrate communication/training relating to this issue to ensure relevant staff understand this (e.g. minute meetings demonstrating an understanding of the updated QM and/or training notes and attendance records). Training plan to be submitted with evidence on BCO Training records and extract of BCA meeting minutes</li> <li>- Actual examples to be provided (with any relevant supporting evidence such as stat clock stop/starts) demonstrating appropriate implementation. Please specify how many examples can be expected for this. 3 examples to be provided</li> </ul> <p>Please address the above two points within the action plan/proposed evidence of implementation.</p> <p>Please also be aware of the advisory point in the section above this GNC, regarding the statutory clock management with relation to this task.</p>	
<b>2/04/2025</b> IANZ (GJ)	BCA addressed above questions in Red above. IANZ added this into 'proposed evidence of implementation' section. Action plan accepted.	
<b>2/05/2025</b> IANZ (GJ)	<p>BCA provided the following on 1/5/2025:</p> <ul style="list-style-type: none"> <li>• Updated QM procedure</li> <li>• Training Plans for the BCO's showing training occurred</li> <li>• Snip of the minutes for 2/5/25 stating training occurred 1/5/25</li> <li>• Evidence of implementation</li> </ul> <p>IANZ sent above material to TE for review.</p>	
<b>7/5/2025</b> IANZ TE (SW)	<p>5 examples of consents were provided, each example includes an RFI letter and a consent status report.</p> <p>In each case the BCA has demonstrated they can list items they require (in order to assist them making a compliance decisions) and stop the CCC clock.</p> <p>However, examples provided show the clock being started and stopped by admin officers without the assessed technical competence to make the CCC decision. Where is the record from the technical officer saved? It is not clear whether Jeannette O'Leary has the assessed competence to complete CCC Certifying as it does not feature in her refresh assessment by John Hudson (refer comments in email sent 8/5/2025 for GNC 8). 24/5/25 SW - Cleared with GNC 8</p> <p>The training management records and training briefing notes are acceptable however further revision or communication may be required with staff as the remaining issues are sorted.</p> <p>The procedure requires further refinement;</p>	

	<p>Currently reads;  <b>What if the CCC application (including supporting information, certificates, evidence and documentation) is incomplete?</b>  <i>Request further information (where it does not contain or is not accompanied by all of the relevant information). This will result in stopping the clock on the 20 working day time-frame to issue a CCC as outlined in BA04 section 93 until such time as all required information has been received</i>  <i>- Reject CCC application (where it does not contain or is not accompanied by all of the relevant information) and/or</i>  <i>- Return CCC application (where it does not contain or is not accompanied by all of the relevant information)</i></p> <p>There are 3 outputs detailed for the same input, how does an officer choose the appropriate output?  If a CCC application is RFI because it lacks documentation required by s92 there will be no 20 day stat clock, as the application is not accepted and therefore the clock is not started and therefore cannot be stopped.  What is the difference between the reject and return options and how are issues communicated to the applicant?  24/5/25 SW - The revised procedure now explains the difference between the 3 options and a clear decision path for BCO's</p>
8/05/2025 IANZ (GJ)	<p>IANZ sent TE feedback to BCA.  Could you please review the queries raised and respond accordingly. Please be aware that (depending on the responses), to demonstrate appropriate implementation moving forward, the BCA may be required to provide further evidence of communication / training / examples.</p>
19/05/2025 IANZ (GJ)	<p>BCA provided the following:</p> <ol style="list-style-type: none"> <li>1. Update QM -Issue or refuse to issue CCC</li> <li>2. CCC application spreadsheet</li> <li>3. 24 Month decision spreadsheet</li> </ol> <p>BCA also provided explanations to queries raised by IANZ.  IANZ sent to TE for review</p>
24/05/25 IANZ TE (SW)	<p>Dated comments above to address red text.</p> <p>A revised procedure, and two running spreadsheets has been provided. The spreadsheets are for CCC Decisions at 24 months and CCC decisions for applications received, reasons for decisions, a date of decision and the initials of the technical officer are now all appropriately accorded- this process happens during the weekly BCA meeting.</p> <p>GNC is cleared.</p>
<b>NON COMPLIANCE CLEARED</b>	
Signed: 	Date: 26 May 2025

**Regulation 7(2)(f)(i)****Preparing, issuing and refusing to issue code compliance certificates****Observations and comments, including good practice and performance**

The BCA had documented its procedure for the preparation and issuing of Code Compliance Certificates, however the BCA did not have documented processes for processing Code Compliance Certificates with BuiltReady Modular Components.

**GNC 6B – To be resolved.**

The documented CCC Refusal procedure was not sufficiently robust to ensure consistent outcomes when deciding to refuse a CCC and recording the reasons for doing so. In examples sighted, the decision to refuse had been made by an administrator without the assessed competence and without a recorded decision by a technical officer of why the CCC was to be refused.

**GNC 6B – To be resolved.**

The BCA's CCC statutory clock system was not seen to be appropriately managed, as there was inadequate recording of the RFI's that can be asked for further reasonable information under s93(4) of the Act. For example, if a completed CCC Application is received, along with any required energy works certificates, then the clock must start. If after that date the final inspection fails, the clock can be paused by sending an RFI to stop the clock while the re-work or further information is gathered. It was difficult to calculate with accuracy how the clock was affected as the clock had been stopped and restarted without appropriate reasons recorded.

**GNC 6B – To be resolved.**

Issued Code Compliance Certificates did not include the appropriate wording when the building consent included specified systems and a compliance schedule, as in sighted examples the Compliance Schedule was seen to be listed as an attachment, but the Form 7 did not indicate that the specified systems in the building were capable of performing to the performance standards set out in the building consent. In addition, the 'Date first constructed' records were not accurate, in that they were recorded as 'unknown', when the applicant had provided accurate dates of when the building had been first constructed.

**GNC 6B – To be resolved.**

The BCA is recommended to use language consistent with the Act in regard to CCC decision making. While the BCA had a clear process for gathering and reviewing evidence in order to issue a Code Compliance Certificate, the final statement was simply "Approve to Issue Code Compliance Certificate" when this would be more consistent with S94 of the Act by making a statement regarding being satisfied on reasonable grounds that the building work complies with the building consent.

**Recommendation R9.**


### General Non-compliance No. 6B: Action Plan accepted ✓ Cleared 26/05/2025

<b>Breach of requirement:</b>	<b>Regulation 7(2)(f)(i)</b>					
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<b>✓ 5(a)</b>	<b>✓ 5(b)</b>	<b>✓ 5(c)</b>	<b>✓ 6(b)</b>	<b>✓ 6(c)</b> <input type="checkbox"/> <b>6(d)</b>
<b>FINDING DETAILS</b>						
<ol style="list-style-type: none"> <li>1. The BCA did not have documented processes for processing Code Compliance Certificates with BuiltReady Modular Components (as required by the accreditation checklist).</li> <li>2. The documented CCC Refusal procedure was not sufficiently robust to ensure consistent outcomes when deciding to refuse a CCC and recording the reasons for doing so.</li> <li>3. The decision to refuse CCC was made by an administrator who did not hold appropriate assessed competence, and without a recorded decision by a technical officer of why the CCC was to be refused.</li> <li>4. The BCA's CCC statutory clock system was not seen to be appropriately managed, as there was inadequate recording of requests for further reasonable information under s93(4) of the Act. It was difficult to calculate with accuracy how the clock was affected, as the clock has been stopped and restarted without appropriate reasons recorded.</li> <li>5. Issued Code Compliance Certificates did not include appropriate wording when the building consent included specified systems and a compliance schedule. The Compliance Schedule was seen to be listed as an attachment, but the Form 7 did not indicate that the specified systems in the building were capable of performing to the performance standards set out in the building consent.</li> </ol>						

6. The 'Date first constructed' records on issued CCCs were not accurate, in that they were recorded as 'unknown', when the applicant had provided accurate dates of when the building had been first constructed.	
<b>IMPORTANT DATES</b>	
<b>Date this action plan was accepted by IANZ:</b>	<b>2 April 2025</b>
<b>Final date evidence of implementation can be accepted from BCA:</b>	<b>23 May 2025</b>
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>	
6b- Review QM & SOC Checklist, staff training	
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>	
6b- Provide examples of letters, soc checklist, reviewed relevant section of QM, learning logs and completed form 7.	
Will provide a training plan to show implementation of training and extract of BCA meeting minutes.	
Regarding point 3 - 5 Examples of letters and snip of relevant BCA meeting minutes	
Regarding point 4 - 5 snips of clock management from GoGet in relation to 5 examples above	
Regarding point 5 – Expecting 2 examples within the clearance period.	
Regarding point 6 - 5 examples to be provided	
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>	
<b>31/03/2025 IANZ (GJ)</b>	<p>The proposed plan of action and evidence of implementation is accepted for parts 1 and 2 of this GNC. However, this is not yet fully appropriate for points 3-6, as below:</p> <ul style="list-style-type: none"> <li>- Could you please clarify what evidence of appropriate implementation will be provided to address point 3 (e.g. examples and how many)? <b>5 Examples of letters and snip of relevant BCA meeting minutes</b></li> <li>- Could you please clarify what evidence of implementation will be provided to address point 4 (E.g. screenshots of clock management/recording of requests for further reasonable information. How many)? <b>5 snips of clock management from GoGet in relation to 5 examples above</b></li> <li>- Regarding point 5 could you please clarify how many examples are expected to be provided? If the BCA does not have an appropriate example within the clearance period, how will be BCA demonstrate that this will be implemented appropriately moving forward? <b>1 example so far, with potentially another 1 next week</b></li> <li>- Regarding point 6, could you please clarify how many examples will be provided? <b>5 examples</b></li> </ul> <p>As a note, please ensure that evidence to demonstrate communication/training relating to these issues provides sufficient information to demonstrate what was covered, such as information within the learning logs to be provided (as per the proposed evidence of implementation above). <b>Will provide a training plan to show implementation of training and extract of BCA meeting minutes.</b></p>
<b>2/04/2025 IANZ (GJ)</b>	BCA addressed above questions in <b>Red</b> above. IANZ added this into 'proposed evidence of implementation' section. Action plan accepted.
<b>2/05/2025 IANZ (GJ)</b>	<p>BCA sent the following on 1/5/2025:</p> <ul style="list-style-type: none"> <li>• Letters</li> <li>• SOC Checklists</li> <li>• Training Plans x 3 and evidence of training conducted with snip of meeting minutes</li> <li>• Documentation required relating to Modular Components and satisfied on reasonable grounds</li> <li>• CCC examples x 6</li> </ul> <p>IANZ sent above material to TE for review.</p>

<b>07/05/2025</b> <b>IANZ TE</b> <b>(SW)</b>	<p>1. is cleared – snips have been provided of the CCC checklist or SoC that include a prompt to consider BuiltReady Certs.</p> <p>2– Are there any changes to the procedure to address the finding? While there is evidence of implementation, we haven't been provided an updated procedure, which also affects the validation of item 3 (implementation). The procedure provided with GNC 6A only discusses send refusal notification at the "24 month post granting stage". There is still no clarity on who is making the decisions and how they are prompted. Does 4.0 c of the procedure also apply to refusals? If so, why is there a separate section - 6.0 about refusing CCC's? 24/5/25 SW - Revised procedure provided with GNC 6A appropriate.</p> <p>3 Refusing a CCC is a technical decision to be completed by an assessed (as competent) officer. The meeting minutes provided are not an appropriate record of an assessed officer making a decision, recording the decision and recording the reasons for that decision. The minutes do not state who is making the decision to refuse the CCC. How is the refused CCC recorded in GoGet? Is the SOC being used to record a refuse decision? 24/5/25 SW - This is addressed in conjunction with GNC 6A, the revised process includes the discussion at the meeting and then a running record of the decision the reason the date and the technical officer who made/ supervised the decision.</p> <p>4. RFIs examples during CCC have been provided. Although no examples of the clock starting and stopping during the process were provided, I am confident that it is appropriate as it is all going through GoGet so this part is cleared. However, for information, with reference to the examples, please consider that it is not appropriate to request an amendment at the conclusion of building work. Amendments are required prior to the work being undertaken, so suggest an amendment to remove the work that does not comply with the consent then the BCA can issue a CCC, then the TA requests a COA for the work that differed. Likewise, the absence of a siting certificate at the completion of a job (after allowing work to continue) might not be reason alone to prevent a Code Compliance Certificate - consider what building code clauses are assessed by the siting certificate.</p> <p>5. Single example provided – CCC for 240002. The form 7 suggests that specified systems were included in the consent, but no new or revised Compliance Schedule is listed as being attached. Was there a new / revised compliance schedule? Was it attached with the CCC? 24/5/25 SW - Cleared with training and revised process</p> <p>6. 5 examples are provided but without a description of work on the CCC or access to the BCA's system, I am unable to validate if these CCC's are accurate. Could you please clarify the nature of work for 250034, 240155, and 240027. 24/5/25 SW - Snips of processing provided, uses reflect descriptions ie Drainage consent = Ancillary Use</p> <p>In addition, but not relating to the text above - Training Records were reviewed for all three technical officers and the training material word document was briefly reviewed. The training focused on the specifics of clearing the GNC's by IANZ rather than the background legislation or requirements. It is suggested that further discussions in the team meetings on the root cause of the finding, rather than confirmation of the BCA's tweaks to address the GNC. For example, Form 7's GNC, consider discussion on where the Form 7 comes from, what items are modified by the officer, why things are important etc, like the date on the CCC being used as the start of the clock for the 10 year 'longstop' period under s393(2).</p>
<b>8/05/2025</b> <b>IANZ (GJ)</b>	<p>IANZ sent TE feedback to BCA and added the below:</p> <p>Could you please review the points raised and respond to each of the outstanding items as appropriate?</p>



	Some points may only require a procedure or some supplementary evidence to answer the above but please be aware that (depending on the response), to demonstrate appropriate implementation moving forward, the BCA may be required to provide further evidence of communication / training / examples. Please just let me know if you have any questions.
<b>19/05/2025 IANZ (GJ)</b>	BCA provided the following: <ol style="list-style-type: none"> <li>1. Updated QM</li> <li>2. Description BC 250034, 240155 and 240027</li> <li>3. SOC 20250326- BC 240002</li> <li>4. Snip of updated training plan</li> <li>5. Snip of BCO training plan x 3</li> </ol> BCA also provided explanations to queries raised by IANZ. IANZ sent to TE for review
<b>24/05/25 IANZ TE (SW)</b>	The BCA has provided snips of training for each technical officer, BJ, DD, and JO and a record from the team minutes of the training taking place. The revised process has been provided as per 6A. Snips from the processing system have been provided with appropriate descriptions of work so that I can reassess the evidence from round 1. The descriptions of work match the classified use. <b>Green text inserted above to address each outstanding item.</b> <b>GNC cleared.</b>
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b> 	<b>Date: 26 May 2025</b>

## Regulation 7(2)(f)(i) 24-month CCC decisions

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

The BCA had documented its procedure for making a 24-month decision on whether to issue or refuse to issue a Code Compliance Certificate where no application for Code Compliance Certificate had been received. However, the BCA's 21-month reminder letter for upcoming 24-month CCC decisions stated that "If we do not hear from you by (*date*), the Rangitikei District Council Building Consent Authority will decide not to issue a CCC for the building project at that time." This is not appropriate, as at that time the BCA should consider whether the building work complies with the building consent (along with the other matters set out in section 94) based on the information available to the BCA, which may have changed within this time period.

**GNC 6C – To be resolved.**

This same point was also reflected inappropriately within the BCA's documented procedure under point 1(d) of the procedure "Issue or refuse to issue code compliance certificates" which indicates that in this scenario "the outcome will be that the BCA will refuse to issue the CCC".

**GNC 6C – To be resolved.**

The BCA was seen to be appropriately monitoring their 24-month CCC decisions through generated weekly reports, as well as the BCA's weekly team meetings, to ensure these decisions were being made within the required 20 working days of the consents granted date 2-year anniversary. As the BCA had not always explicitly stated whether these CCC decisions had been made within 20 working days (for 24-month CCC decisions), the BCA is recommended to make this clearer within their monitoring records to ensure this requirement is consistently being met and to include these statistics in their CCC timeframe compliance statistics.


**Recommendation R10.**

In sighted examples of the BCA making a decision to refuse to issue CCC at 24 months from the granted date of the consent, the BCA had stated their decision within their 24-month CCC decision letters sent to customers. However, reasons for the BCA's decision to refuse CCC were not clearly outlined within these letters. It is recommended that the BCA takes all reasonable steps to notify the

building owner of its reasons to refuse to issue CCC, such as including this within their letters (while ensuring these comply with section 94).

**Recommendation R11.**

### General Non-compliance No. 6C: Action Plan accepted ✓ Cleared 05/05/2025

<b>Breach of requirement:</b>	<b>Regulation 7(2)(f)(i)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input checked="" type="checkbox"/> <b>5(a)</b>	<input checked="" type="checkbox"/> <b>5(b)</b>	<input checked="" type="checkbox"/> <b>5(c)</b>	<input type="checkbox"/> <b>6(b)</b>	<input type="checkbox"/> <b>6(c)</b>	<input type="checkbox"/> <b>6(d)</b>
<b>FINDING DETAILS</b>							
<p>1. The BCA's 21-month reminder letter for upcoming 24-month CCC decisions stated that "If we do not hear from you by <i>(date)</i>, the Rangitikei District Council Building Consent Authority will decide not to issue a CCC for the building project at that time." This was not appropriate, as at that time the BCA should consider whether the building work complies with the building consent (along with the other matters set out in section 94) based on the information available to the BCA, which may have changed within this time period.</p> <p>2. This same point was also reflected inappropriately under the BCA's documented procedure under point 1(d) of the procedure "Issue or refuse to issue code compliance certificates" which indicated that in this scenario "the outcome will be that the BCA will refuse to issue the CCC".</p>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>					<b>2 April 2025</b>		
<b>Final date evidence of implementation can be accepted from BCA:</b>					<b>23 May 2025</b>		
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Review QM and Letter template							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
Provide copy of Letter ( <b>4 examples to be provided</b> ) and relevant section of QM.							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>31/03/2025</b> IANZ (GJ)	This proposed action plan/evidence of implementation is accepted for point 2.  Regarding point 1, while proposed action plan/evidence of implementation will contribute to the clearance of this point, could the BCA please provide further evidence of this being implemented (e.g. actual examples and how many). <b>4 examples to be provided.</b>						
<b>2/04/2025</b> IANZ (GJ)	BCA addressed above questions in <b>Red</b> above. IANZ added this into 'proposed evidence of implementation' section. Action plan accepted.						
<b>2/05/2025</b> IANZ (GJ)	On 1/5/2025, BCA sent updated procedure and 4x examples of reminder letters. IANZ to review.						
<b>5/05/2025</b> IANZ (GJ)	IANZ reviewed 4x examples of 21 month reminder letters and updated section of QM. Material considered to be appropriate. GNC 6C cleared.						
<b>NON COMPLIANCE CLEARED</b>							
<b>Signed:</b> 					<b>Date: 4 May 2025</b>		

**Regulation 7(2)(f)(i)**

**Compliance with statutory timeframes for code compliance certificates**



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

The BCA's compliance with the statutory timeframe for issuing or refusing Code Compliance Certificates within 20 working days was seen to be averaging around 99%, which was considered to be substantially compliant.

**Regulation 7(2)(f)(ii) Compliance schedules****Observations and comments, including good practice and performance**

The BCA had appropriately documented its procedure for preparation and issuing of Compliance Schedules in accordance with Regulation 7(2)(f)(ii).

The BCA was seen to have appropriately implemented its procedure for preparation and issuing of Compliance Schedules, however the BCA is recommended to revise the process for finalising of Compliance Schedules, to ensure one of the two BCO's with technical competence has reviewed the content before it is issued.

**Recommendation R12.**

**Regulation 7(2)(f)(iii) Notices to fix****Observations and comments, including good practice and performance**

The BCA had appropriately documented its procedure for issuing Notices to fix in accordance with Regulation 7(2)(f)(iii).

There were no new Notices to Fix issued for BCA matters, therefore the assessment team was not able to review the effectiveness of the implementation to the BCA's procedures.

**Regulation 7(2)(g) Customer inquiries****Observations and comments, including good practice and performance**

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

Inquiries were able to be received face to face (at the BCA's public counter), by email, by phone and through the BCA's service request system. Sighted examples were seen to have been appropriately responded to within two working days, as per the BCA's documented procedure. Appropriate records had been made to show the workflow of inquiries to relevant staff, as well as the relevant actions taken.

**Regulation 7(2)(h) Customer complaints****Observations and comments, including good practice and performance**

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

Complaints were recorded and managed through the BCA/TA Compliment and Complaint Register, held in SharePoint. Only example of a complaint against the BCA had been recorded for the period assessed. This example included good explanatory comments and was seen to have been recorded, investigated and responded to appropriately.

## Regulation 8(1) Forecasting workflow

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

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

The BCA was seen to have undertaken an appropriate annual planning exercise, with clear explanations regarding capacity and capability considerations (including calculations), decisions and reasons for decisions. However, the BCA's documented procedure indicated that the file for this exercise would be located in a different (but similarly located) folder to where this was found. The BCA is recommended to investigate this and update their storage location/procedure to align these.

**Recommendation R13.**

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

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

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

Capacity and capability needs were seen to be monitored as part of the weekly BCA meetings and annual strategic management review. Following the identification of capacity or capability needs during these meetings and review, the BCA had outlined actions taken. Where gaps were identified, the BCA had utilised contractors to meet capacity and capability requirements.

## Regulation 9 Allocating work

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


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

The BCA's documented procedure stated that 'Contractor competencies and qualifications are recorded in the BCA's skills and technical leadership matrix'. This was appropriate; however, it was found that for the BCA's processing contractor, only one staff member from the contracting organisation (who did not have evidence of competency to perform building control functions) had been recorded on the matrix.

**GNC 7 – To be resolved.**

Other than the above, the processing and inspection work reviewed was seen to have been appropriately allocated to competent personnel or to staff working under appropriate supervision.

**General Non-compliance No. 7: Action Plan accepted ✓ Cleared 14/04/2025**

<b>Breach of requirement:</b>	<b>Regulation 9</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<p>The BCA's documented procedure stated that 'Contractor competencies and qualifications are recorded in the BCA's skills and technical leadership matrix'. This was appropriate; however, it was found that for the BCA's processing contractor, only one staff member from the contracting organisation (who did not have evidence of competency to perform building control functions) had been recorded on the matrix.</p>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						<b>2 April 2025</b>	
<b>Final date evidence of implementation can be accepted from BCA:</b>						<b>23 May 2025</b>	
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Review QM- Allocate Work							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
<p>Provide copy of revised section of QM to ensure the wording makes it clear that the contractors competency matrix will be kept in the same folder as the BCA matrix but for clarity they are and remain two separate documents.</p> <p>Both 'BCA skills and technical leadership matrix' and 'contractor competency matrix' will be provided as evidence.</p>							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>31/03/2025</b> IANZ (GJ)	<p>This action plan and proposed evidence of implementation is mostly appropriate (regarding keeping the BCA and contractor competency matrices as separate documents), however in order to validate this fully and ensure competencies are recorded appropriately, could the BCA also please provide copies of the:</p> <ul style="list-style-type: none"> <li>- BCA Skills and Technical Leadership Matrix; and</li> <li>- Contractor competency matrix. <b>This is now done and waiting for action plan to be accepted and then this can be submitted, for clarity yes both documents will be provided as evidence.</b></li> </ul>						
<b>2/04/2025</b> IANZ (GJ)	BCA addressed above questions in <b>Red</b> above. IANZ added a paraphrase of this into 'proposed evidence of implementation' section. Action plan accepted.						
<b>7/04/2025</b> IANZ (GJ)	<p>BCA provided:</p> <ol style="list-style-type: none"> <li>1. Rangitikei District Council BCA Skills Matrix</li> <li>2. NPL skill matrix</li> </ol> <p>IANZ sent to TE for review. IANZ then requested BCA to also send updated version of procedure 'QM – Allocate work'.</p>						
<b>8/04/2025</b> IANZ (GJ)	BCA provided new version of 'QM – Allocate work' procedure. Sent to TE for review.						
<b>10/4/2025</b> IANZ TE (SW)	<p>The evidence provided includes a modified procedure, a copy of the revised skills matrix for the BCA and another skills matrix for their contractor. The procedure is logical, easy to understand and addresses the finding. GNC Cleared.</p>						
<b>NON COMPLIANCE CLEARED</b>							
<b>Signed:</b> 				<b>Date:</b> 14 April 2025			

### Regulation 10(1) Assessing prospective employees

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

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

No new technical staff had joined the BCA since the previous assessment.

### Regulation 10(2) Assessing employees performing building control functions

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

The BCA had appropriately documented its procedure for assessing annually (or more frequently) the competence of its employees performing building control functions in accordance with Regulation 10(2).

All BCA technical staff had been competency assessed, and all assessments were current at the time of this assessment.

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

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

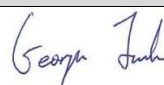
The BCA had appropriately documented its procedure which specified the technical requirements for a competence assessment system.

Upon review, it was found that competency assessments lacked the appropriate depth of evidence required to determine the level of competence which had been determined. Specifically, there was no referenced evidence to demonstrate competence in Certifying 10(3)(d)(iii) for building consents, Code Compliance Certificates and Compliance Schedules. In addition, some performance indicators relied upon quiz answers that were not sufficiently robust.

**GNC 8 – To be resolved.**

### General Non-compliance No. 8: Action Plan accepted ✓ Cleared 15/05/2025

<b>Breach of requirement:</b>	Regulation 10(3)(a) – (f)					
<b>Breach of requirement:</b>	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c) <input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>						
Competency assessments lacked the appropriate depth of evidence required to determine the level of competence which had been determined. Specifically, there was no referenced evidence to demonstrate competence in Certifying 10(3)(d)(iii) for building consents, Code Compliance Certificates and Compliance Schedules. In addition, some performance indicators relied upon quiz answers that were not sufficiently robust.						
<b>IMPORTANT DATES</b>						
<b>Date this action plan was accepted by IANZ:</b>				<b>31 March 2025</b>		

Final date evidence of implementation can be accepted from BCA:		23 May 2025
PLAN OF ACTION (To be provided by BCA)		
Review competency assessments and include lacking information		
PROPOSED EVIDENCE OF IMPLEMENTATION (To be provided by BCA):		
Submit reviewed assessments for consideration.		
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:		
2/05/2025 IANZ (GJ)	On 1/5/2025, BCA submitted 3x competency assessments for review. Sent to TE for review.	
7/05/2025 IANZ TE SW	The BCA has provided 3 addenda prepared by John Hudson in order to address the finding raised. On first pass, these are well written and appropriate, however; The first addenda (Bryan Jacobsen) has not been scanned in full the document must be double sided but has only be scanned as single sided. The second addenda (Derek Dykstra) is missing a page – i.e. finishes at 6 of 7. The third addenda (Janette O'Leary) has been provided with a more recent competency assessment than that reviewed during the IANZ visit. The addenda provided does not cover CCC or inspections, as the new competency assessment by Neil Gerrish dated Dec 2024 does not include these. However, Jeanette has been inspecting and issuing CCC under her November 2023 competency assessment (due to the revised 2-year time frame) in accordance with the skills matrix. It would therefore be appropriate for John Hudson to complete a more thorough review to include Jeanettes current work.	
8/05/2025 IANZ (GJ)	Sent TE feedback to BCA.	
9/05/2025 IANZ (GJ)	BCA re-submitted first and second addenda. BCA provided explanation for the third addenda.	
12/05/2025 IANZ (GJ)	Sent re-submissions to TE for review.	
14/05/2025 IANZ TE (SW)	Three full addenda have now been provided by a new competency assessor; John Hudson, these documents are attached to the BCO's most recent competency assessment to address the finding. The BCA has also adequately clarified one of the officers competence status in that their current competency is demonstrated by using three documents, a competency assessment from late 2023, a competency assessment from late 2024 and the addenda. GNC can be cleared.	
NON COMPLIANCE CLEARED		
Signed: 		Date: 15 May 2025

## Regulation 11(1) The training system

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

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

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

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

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

The BCA undertook annual training needs assessments for their employees conducting building control functions. Records of these had been appropriately maintained and captured in training plans. Considerations of training needs included those identified from competence assessments, internal audits, BCA team meetings, legislative changes and refresher training prompts.

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

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

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

The BCA's training plans had been completed for each BCA staff member conducting technical work. These included training needs identified and timeframes for training to be undertaken, together with the desired outcomes and how training was to be monitored and reviewed.

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

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

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

BCA staff training was seen to have been received as per planned timeframes.

#### **Regulation 11(2)(d) Monitoring and reviewing employees' application of the training they have received, including by observing relevant activities**

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

The BCA had appropriately documented its procedure for monitoring and reviewing employees' application of the training they had received, including by observing relevant activities, in accordance with Regulation 11(2)(d).

Examples of evidence of the monitoring and review of the application of training were sighted and were considered to be appropriate. These included items such as quizzes, competency assessments, supervision records and examples of completed work.

The BCA is recommended to ensure that the planned method of monitoring and review is specific to the outcome desired. Where it was identified that no further monitoring or review is required, the BCA should state this (or where this is not possible, a record of the reason for the change should be recorded) as this was not very clear in some examples sighted.

**Recommendation R14.**

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

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

The BCA had appropriately documented its procedure to supervise its employees doing a technical job under training in accordance with Regulation 11(2)(e).

Sighted examples of inspection supervision records were not appropriate. Observations included a list of outstanding GoGet supervision memos to be completed for supervision records. In addition, sighted supervision memos had been signed off several months after the inspection occurred (often when the CCC was being considered) which meant that it was then too late to address any identified issues with the building. Furthermore, supervision had also not been appropriately recorded as direct or indirect.

**GNC 9 – To be resolved.**

### General Non-compliance No. 9: Action Plan accepted ✓ Cleared 15/05/2025

<b>Breach of requirement:</b>	<b>Regulation 11(2)(e)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<ol style="list-style-type: none"> <li>1. Sighted examples of inspection supervision records were not appropriate. Observations included a list of outstanding GoGet supervision memos to be completed for supervision records.</li> <li>2. Sighted supervision memos had been signed off several months after the inspection occurred (often when the CCC was being considered).</li> <li>3. Supervision had not been appropriately recorded as either direct or indirect.</li> </ol>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>					<b>2 April 2025</b>		
<b>Final date evidence of implementation can be accepted from BCA:</b>					<b>23 May 2025</b>		
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Discuss at weekly meeting – Supervise employees under training							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
<p>Complete inspection records, memos completed in a timely manner and record direct or indirect and provide copies for IANZ consideration.</p> <ul style="list-style-type: none"> <li>- Regarding point 1 - <span style="color: red;">Show snip from Goget showing no outstanding memos. In Goget before signing off supervision Memo, BCO brought up inspection audit report, checked this, then signed off supervision memo, provide 3 examples of this process.</span></li> <li>- Regarding point 2 - <span style="color: red;">Changed process and updated peer review checklists, these will be done at the time of the inspection under peer review, evidence of 3 inspections to be provided.</span></li> <li>- Regarding point 3 - <span style="color: red;">3 direct records and provide a copy of the peer review template to show that the supervision will be recorded as direct or indirect.</span></li> </ul>							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>31/03/2025 IANZ (GJ)</b>	This plan of action and proposed evidence of implementation are mostly appropriate. However, could you please address the following:						



	<ul style="list-style-type: none"> <li>- Regarding point 1, could you please provide evidence to demonstrate that supervision records are brought up to date (or clarify if this is what was meant as part of by 'complete inspection records', as per the proposed evidence)? <b>Show snip from Goget showing no outstanding memos. In Goget before signing off supervision Memo, BCO brought up inspection audit report, checked this, then signed off supervision memo, provide 3 examples of this process</b></li> <li>- Regarding point 2, the proposed evidence appears to imply that evidence will demonstrate that memos are done in a timely manner, (e.g. providing dates of the inspection and dates of the supervision record to validate this). Could you please clarify how this is proposed to be demonstrated? <b>Changed process and updated peer review checklists, these will be done at the time of the inspection under peer review, evidence of 3 inspections to be provided</b></li> <li>- Regarding point 3, could you please specify how many examples of direct supervision records and how many examples of indirect supervision records will be provided? <b>3 direct records and provide a copy of the peer review template to show that the supervision will be recorded as direct or indirect</b></li> </ul>
<b>2/04/2025</b> <b>IANZ (GJ)</b>	BCA addressed above questions in <b>Red</b> above. IANZ added a paraphrase of this into 'proposed evidence of implementation' section. Action plan accepted.
<b>2/05/2025</b> <b>IANZ (GJ)</b>	BCA submitted: <ul style="list-style-type: none"> <li>• Updated QM procedure</li> <li>• Snip showing no outstanding supervision memos</li> <li>• Inspection records and peer reviews done for 3 inspections. (please note the inspection peer review for BC240145 did not save for some IT glitch reason and so Bryan redid the peer reviews today for those 2 inspections)</li> </ul>
<b>5/05/2025</b> <b>IANZ (GJ)</b>	IANZ sent above material to TE for review.
<b>07/05/2025</b> <b>IANZ TE</b> <b>(SW)</b>	<p>The BCA has provided an updated procedure and 3 examples which includes an audit report of an inspection and an "accompanying peer review inspection"</p> <p>In 2 cases, the inspection audit report was produced on the same day as the inspection and but the third includes a weekend gap between inspection undertaken and supervision inspection. The evidence does satisfy the requirements of the agreed action plan.</p> <p>For consideration - The "supervision inspection report approach will require some future refinement as supervision notes tend to add more value as a long answer than a tick box exercise. The feedback states further training needed but does not explain what the further training is and BC code clauses not satisfied or not relevant is on a pass state – does this mean Jeannette correctly identified that it wasn't relevant?</p> <p><b>Please provide evidence to support the implementation of the revised procedure in regard to 5.0 b NOTE: Where work has been carried out under supervision, the relevant consent number is recorded on the building officer's training plan.</b></p>
<b>8/05/2025</b> <b>IANZ (GJ)</b>	Sent feedback to BCA. Please provide evidence of implementation as requested by TE.
<b>13/05/2025</b> <b>IANZ (GJ)</b>	BCA provided training plan for Janette on 12/05/2025. Sent to TE for review on 13/05/2025.
<b>14/05/2025</b> <b>IANZ TE</b> <b>(SW)</b>	The training plan requested above has been provided demonstrating that the implementation reflects the procedure. GNC can be cleared.
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b> _____ <b>Date:</b> Select a date	

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

Observations and comments, including good practice and performance



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

BCO's qualifications, known experience and completed training records were sighted for all employees performing a technical job. Relevant supporting documents were located within individual folders in the BCA's R Drive.

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

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

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

Continuous professional development entries were seen to be recorded within sighted training plans, with monitoring being noted as a 'general review'. Upon discussion with BCA staff, it was established that the BCA had considered these continuous professional development entries as not requiring further monitoring or review (as opposed to identified training needs, which did). The BCA is recommended to consider separating continuous professional development entries from recorded training needs, to make this clearer.

**Recommendation R15.**

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

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

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

The BCA had not engaged any new contractors since the last assessment, so there was no evidence of choosing a new contractor to review.

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

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

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

The BCA had not engaged any new contractors since the last assessment; however, the BCA was seen to have obtained up to date copies of competency assessments and qualifications from their existing contractor that was conducting building control work.

### **Regulation 12(2)(b) Engaging contractors**

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

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

The BCA had not engaged any new contractors to perform building control functions since the last assessment, so there was no evidence of engaging contractors to review.

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

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

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

The BCA had an updated and appropriate contractual agreement with its contractor that was conducting building control work. This agreement was specific to the tasks which the contractor was undertaking and included appropriate detail for the described scope of work.

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

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

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

The BCA had requested and filed its contractors' qualifications and competencies as per its documented procedure. All contracted staff held an appropriate qualification.

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

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

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


The BCA's documented procedure stated "Monitor and review performance against the defined standards documented in the contract at least annually". While contractors were seen to be monitored through the weekly BCA meeting minutes, records of the annual monitoring and reviews contractors' performance against the defined standards documented in their contract (e.g. timeliness, accuracy, customer focused, complaint, value with reasons for these decisions) were unable to be located.

**GNC 10 – To be resolved.**

### General Non-compliance No. 10: Action Plan accepted ✓ Cleared 07/05/2025

<b>Breach of requirement:</b>	<b>Regulation 12(2)(e)</b>					
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input checked="" type="checkbox"/> 6(b)	<input checked="" type="checkbox"/> 6(c) ✓ 6(d)
<b>FINDING DETAILS</b>						

Records of the annual monitoring and review of contractors' performance against the defined standards documented in their contract (e.g. timeliness, accuracy, customer focused, complaint, value with reasons for these decisions) were not able to be located.	
<b>IMPORTANT DATES</b>	
<b>Date this action plan was accepted by IANZ:</b>	<b>2 April 2025</b>
<b>Final date evidence of implementation can be accepted from BCA:</b>	<b>23 May 2025</b>
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>	
Undertake new audit under Reg 12 – The internal audit last undertaken did not list the standards of contract, and just referred to the QM.	
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>	
<p>The new audit will specifically mention standards in the contract than just generally referring as complying with the QM to provide clarity and submitted to IANZ for consideration.</p> <p>The Strategic Management Reviews is where the review of contractors performance will be undertaken. Strategic Management Review has now been added into the Audit Schedule for July, the audit is done after this, to clarify the review will be more detailed under this section of the SMR and copy will be provided as part of the audit.</p> <p><i>This can be done as a pre snippet (Just relevant section of future SMR) or the current SMR (Dated 2024).</i></p>	
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>	
<b>31/03/2025 IANZ (GJ)</b>	<p>The proposed plan of action/evidence of implementation doesn't appear to state that monitoring and review of contractor's performance will be conducted. Is conducting this task what was meant by 'audit'? Please clarify and revise the action plan as appropriate to clarify this. Strategic Management Review has now been added into the Audit Schedule for July, the audit is done after this, to clarify the review will be more detailed under this section of the SMR and copy will be provided as part of the audit.</p> <p>Conducting an audit of Reg 12 (as per Regulation 17(2)(h)) is an activity that is conducted <b>after</b> the required activity has already been conducted and is not a replacement for the actual task of monitoring and reviewing. In other words, the BCA needs to conduct their monitoring and review against the defined standards in the contract being considered (as per 12(2)(e)) <b>first</b> and then after the monitoring/review is completed, the auditor then conducts an audit of the work done (to meet requirements of 17(2)(h)), which is a separate activity. See above in red, for clarity the SMR is were the review of contractors performance will be undertaken</p>
<b>2/04/2025 IANZ (GJ)</b>	<p>BCA addressed above questions in Red above on 2/4/2025. IANZ added this into 'proposed evidence of implementation' section.</p> <p>IANZ enquired with the BCA on the timeframe for the evidence, with strategic management review not scheduled until July. BCA advised "<i>this can be done as a pre snippet (Just relevant section of future SMR) or the current SMR(Dated 2024)</i>". This has been added in <i>italics</i> by IANZ to the proposed evidence of implementation. This action plan is accepted.</p>
<b>5/05/2025 IANZ (GJ)</b>	<p>BCA provided:</p> <ol style="list-style-type: none"> <li>1. Audit -Choosing and using Contractors</li> <li>2. Reviewed QM – Choose and use contractors</li> <li>3. Snippet SMR</li> </ol> <p>IANZ to review.</p>
<b>7/05/2025 IANZ (GJ)</b>	IANZ reviewed provided material.

	The material provided shows the monitoring and review of contractors' performance against the defined standards documented in their contract, through the provided SMR snippet and internal audit. Material considered appropriate. GNC 11 cleared.
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b> 	<b>Date: 7 May 2025</b>

<b>Regulation 12(2)(f)</b>	<b>Annually (or more frequently) assessing contractors' competence</b>
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA documented its procedure for annually (or more frequently) assessing contractors' competence, however, the BCA's documented procedure stated, "contractors will be assessed for competency on a 2 yearly basis in accordance with Competency Assessments procedure or must provide evidence of assessment within a 24-month period since their previous assessment". This is inappropriate, as the BCA is required to undertake an annual assessment of the competency of all contractors performing building control functions.</p> <p>In addition, the BCA was not able to demonstrate that it had conducted an annual assessment of the competency of all contractors performing building control functions.</p> <p><b>GNC 11 – To be resolved.</b></p>	

### General Non-compliance No. 11: Action Plan accepted ✓ Cleared 07/05/2025

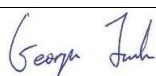
<b>Breach of requirement:</b>	<b>Regulation 12(2)(f)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<b>✓ 5(a)</b>	<b>✓ 5(b)</b>	<b>✓ 5(c)</b>	<b>✓ 6(b)</b>	<b>✓ 6(c)</b>	<b>✓ 6(d)</b>
<b>FINDING DETAILS</b>							
<div>1. The BCA's documented procedure stated, "contractors will be assessed for competency on a 2 yearly basis in accordance with Competency Assessments procedure or must provide evidence of assessment within a 24-month period since their previous assessment". This is inappropriate, as the BCA is required to undertake an annual assessment of the competency of all contractors performing building control functions.</div> <div>2. The BCA was not able to demonstrate that it had conducted an annual assessment of the competency of all contractors performing building control functions.</div>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						<b>2 April 2025</b>	
<b>Final date evidence of implementation can be accepted from BCA:</b>						<b>23 May 2025</b>	
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
<div>Review QM – Choose and use contractors past audit dated 16-04- 24 under regulation 12 states" Contractors are engaged in accordance with Councils procurement policy. NPL's contract and competency assessments were reviewed. NPL's contract adequately covers all the elements identified in the documented procedure. I am satisfied that the procurement policy was appropriately followed given the services required. No significant deviation from the QMS was detected.</div>							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
<div>Provide copy of reviewed relevant section of QM and provide copy of audit as per GNC 10 although past audit already reflects competency assessment where reviewed annually for IANZ consideration.</div>							

Strategic Management Review has now been added into the Audit Schedule for July, the audit is done after this for clarity a copy of the SMR will be provided as per GNC 10 then audited. As noted the current SMR already indicates contractors competencies have been checked as well as performance, whoever this will be expanded on for better clarification.

*This can be done as a pre snippet (Just relevant section of future SMR) or the current SMR (Dated 2024).*

#### EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:

<b>31/03/2025</b> <b>IANZ (GJ)</b>	<p>The proposed plan of action and proposed evidence of implementation appear to address point 1 of this GNC.</p> <p>Regarding point 2 of the finding, the outlined statement “NPL’s contract and competency assessments were reviewed” appears to be the only statement relating to the assessment of contractor competency within the provided audit.</p> <p>Similar to the points raised under GNC 10 on 31/03/2025, conducting an audit of Reg 12 (as per Regulation 17(2)(h)) is an activity that is conducted <u>after</u> the required activity has already been conducted and is not a replacement for the actual task of assessing contractor’s competence. If the statement “competency assessments were reviewed’ within the Reg 12 audit can be supported by evidence demonstrating that a review had been/has been conducted, then this may be considered as evidence to potentially clear this point. However, if there is no separate review from the Reg 12 audit, the BCA must provide evidence to demonstrate that an annual assessment of the competency of their contractors (performing building control functions) has been conducted, prior to the secondary activity of auditing this task as per Reg 17(2)(h). <b>Strategic Management Review has now been added into the Audit Schedule for July, the audit is done after this for clarity a copy of the SMR will be provided as per GNC 10 then audited. As noted the current SMR already indicates contractors competencies have been checked as well as performance, whoever this will be expanded on for better clarification.</b></p>
<b>2/04/2025</b> <b>IANZ (GJ)</b>	<p>BCA addressed above questions in <b>Red</b> above on 2/4/2025. IANZ added this into ‘proposed evidence of implementation’ section.</p> <p>IANZ enquired with the BCA on the timeframe for the evidence, with strategic management review not scheduled until July. BCA advised “<i>this can be done as a pre snippet (Just relevant section of future SMR) or the current SMR (Dated 2024)</i>”. This has been added in <i>italics</i> by IANZ to the proposed evidence of implementation.</p> <p>This action plan is accepted.</p>
<b>5/05/2025</b> <b>IANZ (GJ)</b>	<p>BCA provided:</p> <ol style="list-style-type: none"> <li>1. Audit Choosing and using contractors</li> <li>2. Snippet SMR</li> </ol> <p>IANZ to review.</p>
<b>7/05/2025</b> <b>IANZ (GJ)</b>	<p>IANZ reviewed provided material.</p> <p>The material provided shows a review of contractor’s competency through the provided SMR snippet and internal audit. The SMR snippet includes consideration such as the competency assessments being received, who undertook the competency assessments, comments regarding the competency assessments being currently valid / matching the provided skills matrix and also includes a statement (under point 7.5.1) that NPC follow both theirs and RDC’s QAS, as set out in the agreed contract. In addition to this, it is outlined under points such as 7.3.3 that BCs checked are performed consistently with all legislative and regulatory requirements, as well as 7.3.5 that an audit of BCs have not found functions being performed inconsistently with required policies, procedures or systems regarding complaints. This is acceptable to clear GNC 11.</p> <p>Material considered appropriate. GNC 11 cleared.</p>
<b>NON COMPLIANCE CLEARED</b>	

<b>Signed:</b> 	<b>Date: 7 May 2025</b>
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**Regulation 13(a)****Identifying employees and contractors who are competent to provide technical leadership****Observations and comments, including good practice and performance**

The BCA had appropriately documented its procedure for identifying employees and contractors who were competent to provide technical leadership in accordance with Regulation 13(a).

Technical leadership had been appropriately recorded on the BCA's skills matrix.

**Regulation 13(b)****Giving the employees and contractors the powers and authorities to enable them to provide the leadership****Observations and comments, including good practice and performance**

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

Appropriate powers and authorities had been delegated to the Technical Leaders on the BCA's Delegations Register.

**Regulation 14****Ensuring necessary (technical) resources****Observations and comments, including good practice and performance**

The BCA had appropriately documented its procedure for ensuring it had a system for providing and ensuring the continuing availability and appropriateness of the technical information, facilities, and equipment that its employees and contractors needed to perform building control functions.

The BCA had maintained a calibrations register, which included critical measurement equipment such as thermometers and moisture meters. Records of calibrations checks of thermometers were seen to be up to date, with a recent external calibration certificate available.

Other equipment had been recorded within GoGet. The BCA's documented procedure described equipment to be kept in vehicles. The BCA is required to maintain the equipment; however, it was found that the BCA's annual equipment check (found in GoGet) did not include spirit levels, which were used when conducting inspections.

**GNC 12 – To be resolved.**

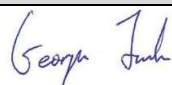
In addition, the BCA's procedure stated that "The level of accuracy for moisture meter for a 18% moisture test block limits are 17-19%", however on the moisture meter calibrations result spreadsheet, the testing indicated that the result was 20% for the meters tested. The procedure also stated that "accuracy and calibration check will be carried out by an authorised agent or an accredited testing laboratory when they fall outside the tolerance", which had not occurred despite a 20% result being identified.

**GNC 12 – To be resolved.**

**General Non-compliance No. 12: Action Plan accepted ✓ Cleared 14/04/2025**

<b>Breach of requirement:</b>	<b>Regulation 14</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<p>1. The BCA's annual equipment check (found in GoGet) did not include spirit levels used when conducting inspections.</p> <p>2. The BCA's procedure stated that "The level of accuracy for moisture meter for a 18% moisture test block limits are 17-19%", however on the moisture meter calibrations result spreadsheet, the testing indicated that the result was 20% for the meters tested.</p> <p>3. The procedure also stated that "accuracy and calibration check will be carried out by an authorised agent or an accredited testing laboratory when they fall outside the tolerance", which had not occurred despite a 20% result being identified.</p>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>					<b>3 April 2025</b>		
<b>Final date evidence of implementation can be accepted from BCA:</b>					<b>23 May 2025</b>		
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
<p>Review QM.</p> <p>The BCA will develop a documented checking procedure for spirit levels.</p>							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
<p>Provide relevant section of QM and updated test sheet for protimeters.</p> <p>The BCA will develop a documented checking procedure for spirit levels and provide this to IANZ for consideration.</p> <p>The BCA will provide a copy of the check sheet with the level being checked against the documented procedure.</p>							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>31/03/2025</b> <b>IANZ (GJ)</b>	This plan of action and proposed evidence of implementation is mostly appropriate, however could you please specify what actions will be taken/evidence of implementation will be provided regarding point 1 of the above (e.g. screenshots of completed check for spirit levels in GoGet)? <b>Have removed the spirit levels from the BCA vehicles and amended the QM, for clarity the BCA will no longer use BCA owned spirit levels during inspections.</b>						
<b>2/04/2025</b> <b>IANZ (GJ)</b>	BCA responded to above questions in <b>Red</b> above.						
<b>3/04/2025</b> <b>IANZ (GJ)</b>	IANZ enquired regarding how BCA will manage reasons for decisions regarding level checks. BCA responded with "The BCA will develop a documented checking procedure for spirit levels and provide this to IANZ for consideration" and "the BCA will provide a copy of the check sheet with the level being checked against the documented procedure". This has been paraphrased and added by IANZ to the plan of action and proposed evidence of implementation above. Action plan accepted.						
<b>7/04/2025</b> <b>IANZ (GJ)</b>	<p>BCA provided the following documents:</p> <ol style="list-style-type: none"> <li>1. QM - Ensure necessary technical resources</li> <li>2. Protimeter Timbermaster instructions</li> <li>3. NZMM Calcert</li> <li>4. Moisture meter with Spirit level and thermometer spreadsheet</li> <li>5. Smarttool Calibration Instructions</li> </ol>						



	IANZ to review.
<b>14/04/2025</b> <b>IANZ (GJ)</b>	Material reviewed and considered to address all points raised within finding. <b>GNC 12 cleared.</b>
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b> 	<b>Date: 14 April 2025</b>

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

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

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

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

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

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

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

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

The BCA had appropriately documented the roles, responsibilities, powers, authorities for its employees and contractors performing building control functions, in accordance with Regulation 15(2).

Roles and responsibilities for employees performing building control functions had been documented in Job Descriptions. Powers and authorities for employees were documented on the delegations register. Roles and responsibilities for the BCA's contractor that was performing building control functions had been documented in the contractual agreement.

### **Regulation 16(1) A system for giving every application for a building consent its own uniquely identified file**

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

The BCA had appropriately documented its procedure for allocating every application for building consent and building consent amendment a unique identification in accordance with Regulation 16(1).

The BCA's MagiQ System was used to generate a unique building consent number. Building consents



were given a minimum 6-digit application number, such as '123456'. Any amendments would receive a letter added to the end of the number, such as '123456A' for the first amendment of a building consent and '123456B' for the second amendment of the building consent, etc..

### **Regulation 16(2)(a)**      **System for ensuring that all information relevant to an application for a building consent is put on the application's file**

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

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

All required information relevant to the application was seen to be held GoGet and then automatically duplicated within the BCA's SharePoint system.

### **Regulation 16(2)(b)**      **System for ensuring that all information relevant to an application for a building consent is kept in a way that makes it readily accessible and retrievable**

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

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

Some consent files were found to include more than 30 individual files, where these could have been grouped for ease of navigation. The BCA is recommended to adopt a consistent naming convention and method for grouping information within building consent files, including the management and storage of files after a CCC has been issued, as it was difficult to trace specific CCC files during assessment sampling. Relating to this, the BCA may consider modifying their consumer information, so that applications are pre-prepared in a desirable format.

**Recommendation R16.**

### **Regulation 16(2)(c)**      **System for ensuring that all information relevant to an application for a building consent is stored securely**

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

The BCA had appropriately documented its procedure for ensuring that all information relevant to an application for a building consent was stored securely in accordance with Regulation 16(2)(c).

Records were seen to be maintained through both local and external servers, with cloud-based backups in place. The council's IT team was able to explain a detailed process that applied to each of the BCA's systems and how each would be backed up.

Data was protected with measures such as access management control, authentication requirements and active monitoring of their internal network for any unusual activity. Staff received cyber security training regarding information technology security as part of their induction and ongoing training.

The BCA had also put additional measures in place such as firewalls, devices being password protected with multi-factor authentication and antivirus / anti-phishing software.

#### **Regulation 17(1)**

**A quality assurance system that covers management and operations and covers the policies, procedures and systems described in regulations 5 to 16 and 18**

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

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

Where omissions were identified, they have been addressed under their relevant Regulation in this report.

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

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

The BCA had appropriately documented its quality policy, which included quality objectives, and quality performance indicators for its building control functions at a high level, in accordance with Regulation 17(2)(b).

The BCA's quality policy included appropriate objectives such as "A high standard of skill, together with a high level of compliance with the BCA's processes and procedure will be maintained at all times. The BCA will ensure that service is provided consistently, professionally and in a technically competent manner". The BCA's quality policy also included appropriate quality performance indicators such as "processing all applications within the statutory timeframes".

#### **Regulation 17(2)(d)**

**Regular management reporting and review, including of the quality system**


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

The BCA had appropriately documented its procedure for reviewing its management system annually (or more frequently) against the expected standards for performance and high-level performance indicators from its quality policy in accordance with Regulation 17(2)(d).

The BCA was seen to conduct a weekly BCA meeting with the team to undertake management reporting against its quality policy. This was seen to be particularly thorough for such a frequent meeting and demonstrated good monitoring of capacity and capability needs on an ongoing basis, with actions identified (and assigned) as appropriate and good recording of outcomes.

However, the BCA's documented procedure did not describe this weekly meeting and instead stated that "the management reports are prepared by the Group manager regulatory and emergency management on a 3 monthly basis", as well as that "The management reviews are attached to the relevant BCA meeting minutes." While it was seen that the BCA had undertaken management reporting against its quality policy through its weekly BCA meeting, this had not been outlined in their documented procedure and the BCA did not appear to be attaching the management reviews, as per their documented procedure.

**GNC 13 – To be resolved.****General Non-compliance No. 13: Action Plan accepted ✓ Cleared 15/04/2025**

<b>Breach of requirement:</b>	<b>Regulation 17(2)(d)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<p>The BCA's documented procedure stated that "the management reports are prepared by the Group manager regulatory and emergency management on a 3 monthly basis", as well as that "The management reviews are attached to the relevant BCA meeting minutes." While it was noted that the BCA had undertaken management reporting against its quality policy through its weekly BCA meeting, this had not been outlined in their documented procedure.</p> <p>The BCA did not appear to be attaching the management reviews to the minutes as per their documented procedure.</p>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						<b>31 March 2025</b>	
<b>Final date evidence of implementation can be accepted from BCA:</b>						<b>23 May 2025</b>	
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Review QM							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
Provide copy of revised relevant section of QM for IANZ consideration							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>11/04/2025 IANZ (GJ)</b>	BCA provided updated version of procedure QM – 'Assure Quality'.						
<b>14/04/2025 IANZ (GJ)</b>	<p>IANZ reviewed updated procedure. While some parts of this finding have been resolved, it appears that the updates have resulted in some required information also being removed from the procedure. Specifically:</p> <ul style="list-style-type: none"> <li>- The management system reporting must state the frequency of required management reports. The previous procedure stated 3 monthly, however now the frequency does not appear to be stated. Could you please direct me to where this information is, or alternatively update this part of the procedure to describe this (e.g. are the BCA meetings always weekly? Or at least monthly but weekly where possible?)</li> <li>- The management system reporting must state the form required of the management reports, at a high level. The previous procedure provided a link to a template, whereas this information appears to have been removed from the new procedure. I acknowledge that the new procedure indicates this will take place as part of the BCA meeting minutes (which is acceptable), however it is expected that the location/template of the BCA meeting minute template would be referenced from this procedure, as this is the BCA's chosen format for this management reporting.</li> </ul>						
<b>15/04/2025 IANZ (GJ)</b>	BCA provided updated procedure. IANZ reviewed. This is considered to be appropriate and addresses all points raised above. <b>GNC 13 cleared.</b>						
<b>NON COMPLIANCE CLEARED</b>							
<b>Signed:</b> 				<b>Date:</b> 15 April 2025			

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

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

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

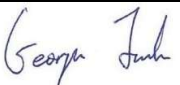
The BCA maintained a continuous improvement (CI) register to manage identified opportunities for improvement. CIs were seen being raised from internal audits, contractor suggestions and staff.

The BCA's CI procedure stated that they would 'assess the seriousness of an issue or non-compliance' and 'monitor and evaluates any action implemented' as part of their continuous improvement processes, however, this had not occurred in sighted examples.

**GNC 14 – To be resolved.**

### General Non-compliance No. 14: Action Plan accepted ✓ Cleared 07/05/2025

<b>Breach of requirement:</b>	<b>Regulation 17(2)(e)</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
The BCA's CI procedure stated that they would 'assess the seriousness of an issue or non-compliance' and 'monitor and evaluates any action implemented' as part of their continuous improvement processes, however, this had not occurred in sighted examples.							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						<b>2 April 2025</b>	
<b>Final date evidence of implementation can be accepted from BCA:</b>						<b>23 May 2025</b>	
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
Review CI implementation							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
Provide IANZ with copy of CI assessing seriousness of issue and or non compliance and how monitoring and evaluating any implementation thereof for consideration.							
Provide a copy of the CI Spreadsheet with all 2025 Proposed Improvements shown to date with Priority categories assigned as evidence of implementation.							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
<b>31/03/2025</b> <b>IANZ (GJ)</b>	The plan of action and proposed evidence of implementation is mostly appropriate, however could the BCA please provide at least 3 examples to demonstrate consistency in implementation. We will provide a copy of the CI Spreadsheet with all 2025 Proposed Improvements shown to date with Priority categories assigned as evidence of implementation.						
<b>2/04/2025</b> <b>IANZ (GJ)</b>	BCA addressed above questions in Red above. IANZ added this into 'proposed evidence of implementation' section. Action plan accepted.						
<b>11/04/2025</b> <b>IANZ (GJ)</b>	BCA provided updated procedure and CI register for review.						
<b>15/04/2025</b> <b>IANZ (GJ)</b>	IANZ reviewed submitted material. Procedure is considered to be appropriate. CI register is appropriate (in structure) however upon review of the examples (of which completed ones are largely 2024/early 2025), could the BCA please:						

	<ul style="list-style-type: none"> <li>- Ensure due dates are clearly outlined, regardless of the type of findings.</li> <li>- Provide more recent examples demonstrating the monitoring and evaluation of actions implemented. The BCA is likely to find it beneficial to wait until other GNCs have been resolved before addressing this one.</li> </ul>
<b>6/05/2025</b> <b>IANZ (GJ)</b>	BCA provided the following: <ol style="list-style-type: none"> <li>1. Revised QM- Assure Quality with timeframes for all categories of non-conformance</li> <li>2. Updated CI spreadsheet showing GNC – monitoring and evaluation of actions.</li> </ol> IANZ to review.
<b>7/05/2025</b> <b>IANZ (GJ)</b>	IANZ reviewed supplied material. Material considered appropriate. GNC 14 cleared.
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b> 	<b>Date: 7 May 2025</b>

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

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

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

Quality system and technical audits were scheduled to occur at least annually. These had been conducted as scheduled, with appropriate records maintained in the form of audit reports. However, across sighted audits (both technical and non-technical), it was found that the recording of evidence and reasons for decisions did not include an appropriate level of detail (in some cases no examples referenced).

#### **GNC 15 – To be resolved.**

The BCA was seen to have last reviewed the competency of their contractor conducting internal audits for the BCA in 2023. The BCA is recommended to ensure they are consistently recording sufficient, up to date evidence to demonstrate competency of their auditor. For example, recorded references to records of recent training/continuous professional development (with dates), particularly with regard to technical capability to assess processing/CCC decisions and inspection records.


#### **Recommendation R17.**

The BCA's documented procedure for internal audits referred to MBIE's guidance for their framework for classifying non-compliance but then had also outlined the BCA's framework for classifying non-compliance within sighted audits. The BCA is recommended to clearly outline their framework for classifying non-compliance within their quality manual and to provide clearer definitions regarding the classifications.

#### **Recommendation R18.**

### General Non-compliance No. 15: Action Plan accepted ✓ Cleared 09/05/2025

<b>Breach of requirement:</b>	<b>Regulation 17(2)(h)</b>					
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input checked="" type="checkbox"/> 6(c) <input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>						
Across sighted audits (both technical and non-technical), it was found that the recording of evidence and reasons for decisions did not include appropriate levels of details (in some cases no examples were referenced).						

<b>IMPORTANT DATES</b>	
Date this action plan was accepted by IANZ:	<b>31 March 2025</b>
Final date evidence of implementation can be accepted from BCA:	<b>23 May 2025</b>
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>	
Review audit form and bring audits back inhouse, technical audits to be undertaken by technical leaders.	
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>	
Provide updated audit form and submit copies of audits undertaken for GNC 10, 4 for consideration	
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>	
<b>31/03/2025</b> IANZ (GJ)	<p>The proposed plan of action and proposed evidence of implementation is accepted, however please note the comments under GNC 10/11 on 31/03/2025 regarding the referenced audit for Reg 12.</p> <p><b>Please also note</b> that at least one of the submitted audits must be of a technical areas (e.g. Audits of Regulation 7(2)(d)(iv), or 7(2)(f)(i) or 7(2)(e)).</p>
<b>8/05/2025</b> IANZ (GJ)	<p>BCA provided the following:</p> <ol style="list-style-type: none"> <li>1. Reviewed BCA audit form</li> <li>2. Internal audit Plan</li> <li>3. Completed audits 1 technical (CCC) 2 non-technical (Reg 7(2)(d)(v) &amp; Reg 12)</li> <li>4. Check sheets Reg 12 Audit</li> </ol> <p>IANZ reviewed provided material. Audits now provide adequate level of detail regarding evidence and reasons for decisions, with examples referenced and explanations recorded regarding compliance/non-compliance. Non-technical audits provide great detail on Reg 7(2)(d)(v), with very clear descriptions regarding reasons for decisions and good range of samples.</p> <p>The proposed evidence of implementation had stated '4 for consideration' regarding the number of audits to be provided, however this is able to be cleared based on the detail contained within the audits provided. The technical audit has been completed by staff with appropriate competency (technical leader), however <b>I recommend</b> that the BCA considers how they will ensure their technical leader's work is also being audited by another technically competent staff member (so the technical leader is not auditing their own work), as it was unclear if this had occurred from the evidence provided.</p> <p>Relating to this, <b>I recommend</b> the BCA reviews some of the points in the raised GNC's which are ongoing at this point in time and considers whether it would be beneficial to add relevant prompts to their audits, for the future.</p> <p>However, the internal audit plan needs to be forward planned (to ensure each building control function is audited at least every 12 months) and currently this only shows the audits which have already been completed in 2025. <b>Could you please update the audit plan (or provide alternative evidence, if the BCA has done this another way) to demonstrate the future planning of audits for 2025.</b></p>
<b>9/05/2025</b> IANZ (GJ)	<p>BCA provided explanations for the above and responses to recommendations. BCA also provided updated internal audit plan showing forward planning. IANZ reviewed and considered these be appropriate. GNC 15 cleared.</p>
<b>NON COMPLIANCE CLEARED</b>	
Signed: 	<b>Date: 9 May 2025</b>

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

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

The BCA had appropriately documented its procedure in its quality assurance system for identifying and managing conflicts of interest in accordance with 17(2)(i).

Identified conflicts of interests were recorded on a templated form. Sighted examples included appropriate consideration of the conflict of interest, with reasons for decisions, declarations of how these would be managed and any outcomes recorded.

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

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

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

The BCA used several communication methods such as face-to-face, email, team and management meetings, strategic reviews, and the council's website. Sighted continuous improvements, emails, meeting minutes, contractual arrangements and inquiries were seen to have been communicated as per the documented procedure.

### **Regulation 17(3) A quality assurance manager**

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

The BCA had appointed a Quality Assurance Manager, named as the Group Manager Regulatory & Emergency Management, in its quality assurance system in accordance with Regulation 17(3).

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

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

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

No complaints or concerns about building practitioners were seen to be recorded in the past 24-month period, however the BCA was seen to be considering this as part of their weekly BCA team meetings.

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

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



The BCA had appropriately documented its procedure for ensuring that its employees complied with the authority's quality assurance system in accordance with Regulation 17(4)(a).

Sighted continuous improvement records, internal audits and communications during BCA team meetings demonstrated that the BCA had ensured its employees complied with the BCA's quality assurance system. While it was acknowledged that the BCA had also communicated about its quality assurance system to employees using its policies, procedures and systems through inductions, the induction checklist had not been fully signed off yet for the BCA's newest staff member (that had started in November 2024). The BCA is recommended to ensure this checklist is completed within an timely manner for all staff new to the BCA.

**Recommendation R19.**

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

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

The BCA had appropriately documented its procedure for ensuring that its contractors complied with either the authority's quality assurance system or the contractor's quality assurance system, in accordance with Regulation 17(4)(b).

The BCA's contractor was an accredited organisation that worked within their own quality assurance system. The BCA had ensured that its contractor complied with their quality assurance system through a contractual agreement and the maintaining of the organisation's accreditation.

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

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

The BCA had appropriately documented its system for annually (or more frequently) reviewing its quality assurance system in accordance with Regulation 17(5)(a).

For each of the required Regulation 17(5) line items, the BCA's documented procedure stated that the BCA would undertake these points "annually as part of the BCA Audit Schedule", however this was not seen to have been conducted.

**GNC 16 – To be resolved.**

Despite the above, the BCA had conducted a strategic management review report on 1 Sept 2024. The information and discussions provided were considered to address each of the required line items of Regulation 17(5). However, the BCA is recommended to specifically include prompts within the strategic management review template regarding their specific consideration of the appropriateness and effectiveness of each of the line items, to ensure that the requirements of 17(5) are consistently addressed.

**Recommendation R20.**

### **General Non-compliance No. 16: Action Plan accepted ✓ Cleared 14/04/2025**

<b>Breach of requirement:</b>	<b>Regulation 17(5)(a)</b>					
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c) <input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>						

For each of the required Regulation 17(5) line items, the BCA's documented procedure stated that the BCA would undertake these points "annually as part of the BCA Audit Schedule", however this was not seen to have been conducted. However, it was noted that the BCA had completed a strategic management review report.

#### IMPORTANT DATES

Date this action plan was accepted by IANZ:	31 March 2025
Final date evidence of implementation can be accepted from BCA:	23 May 2025

#### PLAN OF ACTION *(To be provided by BCA)*

Review QM and audit schedule

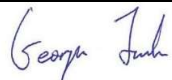
#### PROPOSED EVIDENCE OF IMPLEMENTATION *(To be provided by BCA):*

Ensure wording under each heading clarifies this to mean as part of the strategic review undertaken annually and  
Include Strategic review in audit schedule and provide copy of audit schedule and revised QM to IANZ for consideration

#### EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:

11/04/2025 IANZ(GJ)	The BCA provided the following documents: - Reviewed QM - Assure Quality - Copy of Audit schedule template IANZ to review.
14/04/2025 IANZ(GJ)	IANZ reviewed documents. The BCA's procedure indicates that for each Regulation 17(5) required line item, that these tasks will be 'done annually as part of the BCA audit schedule for the strategic management report'. On the provided audit schedule template, the 17(5) Strategic management report is indicated as a task to be conducted in July each year. This task (conducting the strategic management review) is separate to the BCA's Internal audit of 17(1) – (5), which is also outlined on the provided schedule. <b>This is accepted.</b>

#### NON COMPLIANCE CLEARED

Signed: 	Date: 14 April 2025
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### Regulation 17(5)(b) Making appropriate changes in the quality assurance system

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

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

Changes in the quality assurance system were seen to be made through their strategic management review meeting, internal audits management team meetings and by utilising their continuous improvement process as documented under Regulation 17(2)(e).

### Regulation 18(1) Technical qualifications

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

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

All employees (and contractors) conducting building control functions by doing a technical job were recorded as holding (or working towards) an appropriate qualification.

### **Regulation 18(3)      Technical qualifications**

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

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

All BCA technical staff were either working towards or held an appropriate qualification and therefore no BCA staff required exemption from holding an appropriate qualification.

## SUMMARY OF RECOMMENDATIONS

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

### It is recommended that:

- R1 Regulation 7(2)(a)** - The BCA is recommended to revise consumer information relating to the following:
- To provide a high level explanation regarding how the application is assessed against the relevant Act and associated Regulations.
  - The Form 6 requires that Building Consents with specified systems will require evidence of a specified systems capability, however this was not adequately indicated (as a requirement of acceptance of the application) on the relevant consumer information page.
  - S112, S115, S116 and S116A as links to the Act and general MBIE guidance do not provide fully adequate information on what the BCA will require to process these types of building consents.
  - Removing the disclaimer that “The information on this website is not all inclusive”.
- R2 Regulation 7(2)(d)(iv)** - Regarding the BCA’s documented processing procedure, it was found that requirements of Regulation 7(2)(d)(iv) had been addressed in GoGet but was not fully described in the BCA’s Simpli QMS in Promapp. It is recommended that the BCA conducts a review to ensure all procedures are cohesive.
- R3 Regulation 7(2)(d)(iv)** - There have been changes to acceptable solutions that had not yet been incorporated into the BCA’s processing prompts in GoGet. Examples included water temperatures in G12, Smoke detection for residential houses in F7, and H1 requirements for thermally broken glazing. In addition, there were two different checklists provided for C/AS2 (including one for pre-2021). The BCA is recommended to review the current processing prompts in GoGet regarding this.
- R4 Regulation 7(2)(d)(iv)** - Within sighted processing checklists, it was not always possible to assess whether something was assessed and then had been excluded intentionally or if this was missed by accident. The BCA is recommended to complete the processing checklist by identifying non-applicable items, such as using the ‘N/A’ on the checklist.
- R5 Regulation 7(2)(d)(iv)** - The BCA is recommended to revise their documented procedure regarding building consents concerning the subdivision of buildings under S116A, to include relevant prompts in their GoGet system.
- R6 Regulation 7(2)(d)(v)** - The BCA did not appear to have a clear process regarding how they would manage requests to withdraw issued consents. The BCA is recommended to consider and document how they would manage any requests to withdraw a building consent, while ensuring that the BCA complies with Section 52 of the Act.
- R7 Regulation 7(2)(e)** - The BCA is recommended to improve inspection records to include a succinct summary by routinely listing information such as the site contact, status of job, any previous inspection details and specific instructions around the next inspection
- R8 Regulation 7(2)(e)** - The BCA is recommended to include photos on site notices, to provide a more robust inspection record.
- R9 Regulation 7(2)(f)(i)** - The BCA is recommended to use language consistent with the Act in regard to CCC decision making. While the BCA had a clear process for gathering and reviewing evidence in order to issue a Code Compliance Certificate, the final statement was simply “Approve to Issue Code Compliance Certificate” when this would be more consistent with S94 of the Act by making a statement regarding being satisfied on reasonable grounds that the building work complies with the building consent.

- R10 Regulation 7(2)(f)(i)** - The BCA had not always explicitly stated within their weekly reports whether the 24-month CCC decisions had been made within 20 working days. The BCA is recommended to make this clearer within their monitoring records to ensure this requirement is consistently met and to include these statistics in their CCC timeframe compliance statistics.
- R11 Regulation 7(2)(f)(i)** - The BCA stated their decision to refuse to issue CCC within their 24-month CCC decision letters sent to customers. However, reasons for this decision were not clearly outlined within these letters. It is recommended that the BCA takes all reasonable steps to notify the building owner of its reasons to refuse to issue CCC, such as including this within their letters (while ensuring these comply with section 94).
- R12 Regulation 7(2)(f)(ii)** - The BCA is recommended to revise the process for finalising of compliance schedules, to ensure one of the two BCO's with technical competence has reviewed the content before it is issued.
- R13 Regulation 8(1)** - The BCA's documented procedure indicated that the annual planning exercise would be located in a different (but similarly located) folder to where this was actually located. The BCA is recommended to investigate this and update their storage location/procedure to align these.
- R14 Regulation 11(2)(d)** - The BCA is recommended to ensure that the planned method of monitoring and review is specific to the outcome desired. Where it was identified that no further monitoring or review is required, the BCA should state this (or where this is not possible, a record of the reason for the change should be recorded) as this was not very clear in some examples sighted.
- R15 Regulation 11(2)(g)** - The BCA is recommended to consider separating continuous professional development entries from recorded training needs in its training plans.
- R16 Regulation 16(2)(b)** - The BCA is recommended to adopt a consistent naming convention and method for grouping information within building consent files, including considering the management and storage of files after a CCC has been issued.

If the BCA chooses to define a naming convention for building consent files, it may consider modifying the consumer information to communicate the preferred format to applicants, so that applications are pre-prepared in a desirable format.

- R17 Regulation 17(2)(h)** - The BCA was seen to have last reviewed the competency of their contractor conducting internal audits for the BCA in 2023. The BCA is recommended to ensure they are consistently recording sufficient, up to date evidence to demonstrate competency of their auditor.
- R18 Regulation 17(2)(h)** - The BCA's procedure for internal auditing referred to MBIE's guidance for their framework for classifying non-compliance but it then also outlined the BCA's framework for classifying non-compliance within sighted audits. The BCA is recommended to clearly outline their framework for classifying non-compliance within their quality manual and to provide clearer definitions regarding the classifications.
- R19 Regulation 17(4)(a)** - The BCA is recommended to ensure the induction checklist is completed within an appropriately timely manner for all new staff to the BCA.
- R20 Regulation 17(5)(a)** - The BCA is recommended to specifically include prompts within the strategic management review template regarding the consideration of the appropriateness and effectiveness of each of the line items, to ensure that the requirements of 17(5) are consistently addressed.

## SUMMARY OF ADVISORY NOTES

Advisory notes are intended to assist your BCA to improve compliance with accreditation requirements based on IANZ's experience. They are **not** conditions for accreditation and do not have to be implemented to maintain accreditation.

### IANZ advises that:

- A1 Regulation 7(2)(c)** - The BCA is advised to include the date vetting occurred on the vetting checklist.
- A2 Regulation 7(2)(d)(v)** - The BCA was seen to have been attaching a S37 Certificate (also known as a Form 4) to the issued building consent. It is advised that the BCA includes the words "Form 4", to ensure the form fully aligns with the Building (Forms) Regulations 2004.
- A3 Regulation 7(2)(e)** – While the BCA did not currently perform remote inspections, the BCA is advised to consider the possible benefit of creating an appropriate procedure for conducting these should they need to in the future.
- A4 Regulation 7(2)(e)** – The BCA is advised to remove the requirement for "completed saw cuts" from the pre-pour inspection checklist, as this would always result in a failed inspection since concrete is cut after it is poured.
- A5 Regulation 7(2)(e)** - During site observations the inspectors had intermittent faults with taking photos with their tablet, which led to photos being taken on a phone and then added to GoGet in the office. This can make the attachment of photos to site notices challenging. The BCA is advised to re-evaluate current IT equipment used for inspections.

## SUMMARY TABLE OF NON-COMPLIANCE

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

Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of Regulation 5/6? Enter "Y" where applicable						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (where applicable)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendation	Advisory Note	
6(A)(1)	General	GNC 1	Y	Y					No	6/06/2025	14/04/2025			
6(A)(2)	Choose item.													
<b>Regulation 7</b>														
7(1)	Choose item.													
7(2)(a)	General	GNC 2	Y	Y					No	6/06/2025	08/05/2025	R1		
7(2)(b)	Choose item.													
7(2)(c)	Choose item.												A1	
7(2)(d)(i)	Choose item.													
7(2)(d)(ii)	Choose item.													
7(2)(d)(iii)	Choose item.													
7(2)(d)(iv)	General	GNC 3	Y	Y					No	6/06/2025	28/04/2025	R2, R3, R4, R5		
7(2)(d)(v)	General	GNC 4			Y				No	6/06/2025	09/05/2025	R6	A2	
7(2)(e)	General	GNC 5			Y				No	6/06/2025	01/05/2025	R7, R8	A3, A4, A5	
7(2)(f)(i)	General	GNC 6	Y	Y	Y	Y	Y		No	6/06/2025	26/05/2025	R9, R10, R11		
7(2)(f)(ii)	Choose item.											R12		
7(2)(f)(iii)	Choose item.													
7(2)(g)	Choose item.													
7(2)(h)	Choose item.													
<b>Regulation 8</b>														
8(1)	Choose item.											R13		
8(2)	Choose item.													
<b>Regulation 9</b>														
9	General	GNC 7			Y				No	6/06/2025	14/04/2025			
<b>Regulation 10</b>														
10(1)	Choose item.													
10(2)	Choose item.													
10(3)	General	GNC 8			Y		Y		No	6/06/2025	15/05/2025			
<b>Regulation 11</b>														
11(1)	Choose item.													
11(2)(a)	Choose item.													
11(2)(b)	Choose item.													
11(2)(c)	Choose item.													
11(2)(d)	Choose item.											R14		
11(2)(e)	General	GNC 9			Y				No	6/06/2025	15/05/2025			
11(2)(f)	Choose item.													
11(2)(g)	Choose item.											R15		
<b>Regulation 12</b>														
12(1)	Choose item.													
12(2)(a)	Choose item.													
12(2)(b)	Choose item.													



Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of Regulation 5/6? Enter “Y” where applicable						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (where applicable)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendation	Advisory Note	
12(2)(c)	Choose item.													
12(2)(d)	Choose item.													
12(2)(e)	General	GNC 10			Y	Y	Y	Y	No	6/06/2025	7/05/2025			
12(2)(f)	General	GNC 11	Y	Y	Y	Y	Y	Y	No	6/06/2025	7/05/2025			
Regulation 13														
13(a)	Choose item.													
13(b)	Choose item.													
Regulation 14														
14	General	GNC 12			Y				No	6/06/2025	14/04/2025			
Regulation 15														
15(1)(a)	Choose item.													
15(1)(b)	Choose item.													
15(2)	Choose item.													
Regulation 16														
16(1)	Choose item.													
16(2)(a)	Choose item.													
16(2)(b)	Choose item.											R16		
16(2)(c)	Choose item.													
Regulation 17														
17(1)	Choose item.													
17(2)(a)	Choose item.													
17(2)(b)	Choose item.													
17(2)(c)	Choose item.													
17(2)(d)	General	GNC 13			Y				No	6/06/2025	15/04/2025			
17(2)(e)	General	GNC 14			Y				No	6/06/2025	07/05/2025			
17(2)(h)	General	GNC 15			Y		Y		No	6/06/2025	09/05/2025	R17, R18		
17(2)(i)	Choose item.													
17(2)(j)	Choose item.													
17(3)	Choose item.													
17(3A)	Choose item.													
17(4)(a)	Choose item.											R19		
17(4)(b)	Choose item.													
17(5)(a)	General	GNC 16			Y				No	6/06/2025	14/04/2025	R20		
17(5)(b)	Choose item.													
Regulation 18														
18(1)	Choose item.													
18(3)	Choose item.													