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BUILDING CONSENT AUTHORITY ACCREDITATION ASSESSMENT REPORT

RANGITIKEI DISTRICT COUNCIL

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INTRODUCTION

This report relates to the accreditation assessment of the Rangitikei District Council Building Consent Authority (BCA) which took place 12-15 February 2019 to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006* (the Regulations).

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

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

ACCREDITATION FEEDBACK AND CONTINUING ACCREDITATION

Accreditation is a statement, by IANZ, that your organisation complies with the Regulations and MBIE BCA accreditation scheme guidance documents (as relevant). Where non-compliance with the Regulations has been identified, the Act requires that it must be addressed. This report will also highlight examples of good practice and performance.

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

Summary of the non-compliances identified during the assessment

Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance table/s detailing your proposed corrective actions and forward a copy to IANZ. This plan of action must be provided to IANZ by **1/04/2019**.

All non-compliances must be finally addressed and cleared by **3/06/2019**. To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe. If you do not agree with the non-compliances identified, please contact the Lead Assessor as soon as possible. If you need further time to address non-compliances, please contact the Lead Assessor as soon as possible.

Where you are seeking an extension to an agreed timeframe to address a non-compliance, your Chief Executive is required to make a formal request for an extension of the timeframe.

If you have a complaint about the assessment process, please follow the procedure set out in the IANZ complaint process which can be found in the IANZ Procedures and Conditions of Building Consent Authority Accreditation on the IANZ website.

Summary of the good practice and performance identified during the assessment

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

• The BCA was committed to all the processes they were required to be engaged in.

NEXT ACCREDITATION ASSESSMENT

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

ASSESSMENT SUMMARY

ORGANISATION DETAILS		
Organisation:	Rangitikei District Coun	cil
Address for service:	46 High Street	
	Marton 4710	
	New Zealand	
Client Number:	7466	
Accreditation Number:	39	
Chief Executive:	Ross.McNeil	
Chief Executive contact details:	Ross.mcneil@rangitikei	.govt.nz
BCA Authorised Representative:	Johan Cullis	
BCA Authorised Representative contact details:	johan.cullis@rangitikei.g	govt.nz
BCA Quality Manager:		
Number of BCA FTE's	Technical - Two	
	Administration – One	
	FTE Vacancies - Nil	
ASSESSMENT TEAM	T	
Lead Assessor:	Carolyn Osborne	
Lead Assessor contact details:	cosborne@ianz.govt.nz	
Technical Expert/s:	Colin Pickering	
MBIE observer/s:	0	
IANZ REPORT PREPARATION		
Prepared by:	Carolyn Osborne	
Signature:	C Osborne	
	Coevour	
Checked by:	Adrienne Woollard	
Signature:		
orginatare.	Awall	
Date:	27/02/2019	
ASSESSMENT FINDINGS		
	This assessment:	Last assessment:
Total # of "serious" non-compliances:	0	NA
Total # of "general" non-compliances:	23	NA
Total # of non-compliances outstanding:	23	NA
Number of recommendations:	0	NA
Number of advisory notes:	4	NA
Date clearance plan required from BCA:	1/04/2019	
Date all non-compliances must be finally cleared:	3/06/2019	
Accreditation to continue with non-compliance	Yes	
clearance?		
NEXT ASSESSMENT	Full accomment	
Recommended next assessment type:	Full assessment	
Recommended next assessment date:	February 2021	
COMMENTS		
COMMENTS		

ASSESSMENT OBSERVATIONS

REGULATION 6A NOTIFICATION REQUIREMENTS

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements. To date implementation had not been needed.	

REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 1
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
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Observations and comments, including good practice and performance

Procedures (Public Information) did not address the following:

When discussing applying for a consent:

- Building work that may be proposed on land subject to natural hazards.
- That includes other legislation (than the Building Act) that the applicant should consider e.g. the Resource Management Act.
- Public Information didn't sufficiently clarify s112 requirements where application is for alteration to an existing building.
- Did not address s115 requirements during application.
- Did not address s116 requirements during application.
- Did not address s116A requirements during application.
- Did not discuss the need for the applicant to supply information with the application with respect to proposed Inspection, Maintenance and Reporting requirements for Specified Systems.
- The documents referred to Design Review Unit (DRU) rather than Fire Emergency New Zealand (FENZ).

When discussing processing of an application the consumer information:

- Did not describe (at a high level) how the application is assessed against the relevant Act and associated Regulations.
- Did not discuss the s49 requirement to be "Satisfied on reasonable grounds".
- Did not discuss the meaning of "Grant" of a consent.
- Did not describe the BCA Complaint process.
- Did not describe the Determination process.

When discussing the Code Compliance Certificate process:

- Did not discuss the s49 requirement to be "Satisfied on reasonable grounds".
- Requires the consent holder to apply for a Compliance Schedule (if the building requires a Compliance Schedule) when this is not a requirement under the Act.
- The Public Information incorrectly states the CCC statutory clock may be stopped pending the final inspection.
- The Public Information did not describe the Request for Further Information (RFI) process.
- Did not describe the Determination process.

GNC 1. To be resolved.

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 2
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	

7(2)(c) Checking for completeness.

Procedures (for Taihape) **inappropriately** referred to a 72 hour period before an application must be checked for completeness.

GNC 2. To be resolved.

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

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

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

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

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 3
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
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Observations and comments, including good practice and performance

Procedures did not discuss referring to the Territorial Authority matters related to building work already undertaken (with or without a consent) which may require a Certificate of Acceptance (COA) under s42.

Procedures did not discuss/describe the process the BCA used when handling a request for minor variation during processing (s45A).

Implementation of procedures was not appropriate with respect to reviewing Specified Systems.

Procedures for managing the statutory clock upon receipt of complete information in response to an RFI did not specify that the clock would be restarted from the day the complete information was submitted to the BCA. This can be at the customer service desk, mail system, electronic portal or email system of the processing BCO.

Implementation of this requirement was not able to be demonstrated by the BCA.

Procedures for processing did not discuss staged building work.

Procedures for processing did not discuss making decisions related to earthquake prone buildings (s133AT) when making decisions related to s112 (1).

Procedures for processing did not discuss complying with any building methods or product warnings or bans.

Implementation of procedures was not effective with respect to compiling and amending Compliance Schedules.

GNC 3. To be resolved.

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 4
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures did not discuss the process used to ensure that the BCA complied with statutory time frames.

Implementation of this requirement had not been effective. Although the BCA had been actively monitoring the statutory clock they had been non-compliant in seven of the previous 24 months. Six of those seven months had been recent and consecutive and appeared to be due to having insufficient staff to cover normal events such as annual leave. The statistic for the BCA's most recent month was 100% compliance however, that was likely due to the December and January months being holiday months. The BCA had determined the number of Full Time Equivalents (FTE) required to process their workload and had determined that they were one Building Consent Officer (BCO) short.

GNC 4. To be resolved.

Note: The BCA had not been fully aware of requirements with respect to initiating the statutory clock upon receipt of complete material in response to a Request For Further Information. This may mean their statutory clock statistics were inaccurate and there may have been poorer compliance with the statutory clock than recorded.

Procedures for "Granting" consent did not discuss complying with s58.

Procedures for "Granting" a consent subject to s72 did not describe how the BCA complied with s 73 of the Act.

Procedures (Form 5's) for issuing a consent inappropriately included lapsing as a condition on the consent.

Implementation was not effective in that the Form 5's reviewed all had lapsing included as a condition on them.

Implementation of issuing of consents was not effective in that where Compliance Schedule information was required to be included, Specified System information including Performance Standard information was not appropriate.

Procedures did not discuss how the BCA records the decision to extend the timeframe of a consent upon request from the consent holder.

GNC 4. To be resolved.

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

Yes - See Record of Non-compliance for details
GNC 5
No
0
-
0
-

Procedures did not discuss/describe inspections outside standard types e.g. straw bale construction or site meetings.

Procedures did not refer to the process (software) that ensured allocations could only be made to people with appropriate competencies.

GNC 5. To be resolved.

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 6
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	2
Advisory note number/s:	A1, A2

Observations and comments, including good practice and performance

Application for a code compliance certificate

Procedures did not sufficiently prompt the BCA to ensure all required information was completed (by the owner) on the Form 6.

GNC 6. To be resolved

Code compliance certificates

Procedures for reviewing CCC applications did not describe the process for rejecting/returning an application for CCC.

Procedures for initiating the statutory clock upon receipt of a complete application did not require the BCA to initiate the clock on the date the complete application was submitted. This can be at the customer service desk, mail system, electronic portal or email system of the processing BCO. **Implementation** of this requirement was not able to be demonstrated by the BCA.

Procedures for issuing a CCC did not ensure the BCA considered any applicable warnings or bans relating to any building product or method that may have been used.

Procedures for issuing a CCC did not describe a process for refusing a CCC.

GNC 6. To be resolved

With respect to meeting statutory clock requirements for issue of CCC the BCA had been 100% compliant in each of the previous 24 months.

Note: The BCA had not been fully aware of requirements with respect to initiating the statutory clock upon receipt of a complete application for CCC and this may mean their statutory clock statistics were inaccurate and less compliant than recorded.

Compliance Schedules

Implementation was not appropriate in that Compliance Schedules were not consistent with the Act. Specifically with respect to Specified Systems, Performance Standards and their Inspection, Maintenance and Reporting requirements.

GNC 6. To be resolved

Notices to fix

Procedures did not discuss notifying another responsible authority of the potential need for a Notice to Fix (NTF).

GNC 6. To be resolved.

The BCA is advised (A1) to record the contravention against s40 where relevant

The BCA is advised **(A2)** to revise procedures to ensure inspections cannot be booked whilst there is a stop work in place due to a NTF.

Regulation 7(2)(g): customer inquiries

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

Regulation 7(2)(h): customer complaints

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 7
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures did not clarify that the complaints procedure shall be readily available to the public.	
Implementation of this requirement was not able to be demonstrated.	
Procedures did not clarify that the BCA would ensure appropriate levels of objectivity and fairness to all parties involved in any complaint.	

Procedures did not clarify that urgent complaints would be prioritised by the BCA.

Procedures did not clarify that the BCA would provide remedies proportionate to the issues raised.

GNC 7. To be resolved.

REGULATION 8 ENSURING ENOUGH EMPLOYEES AND CONTRACTORS

Regulation 8(1): forecasting workflow

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

Procedures addressed requirements and were effectively implemented. The BCA had performed a comprehensive forecast and had determined the number of Full Time Equivalent staff needed to process workflow.

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 8
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures addressed requirements.

Implementation had not been effective in that the BCA remained one BCO short of calculated requirements, needed to manage the workflow.

GNC 8. To be resolved.

The BCA had recently been successful at engaging a contracting company to assist with processing building consents.

REGULATION 9 ALLOCATING WORK

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

REGULATION 10 ESTABLISHING AND ASSESSING COMPETENCY OF EMPLOYEES

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements. The procedures had not been implemented in the previous 24	

Procedures addressed requirements. The procedures had not been implemented in the previous 24 months.

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC's 9,10,11,12,13,14
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures were comprehensive but did not specify that the BCA would assess competency of individuals against 10(3) (a-f) of the accreditation regulations.

GNC's 9, 10, 11, 12, 13, 14. To be resolved.

Individuals had up-to-date and appropriate competency assessments that had addressed 10(3) (a-f) of these regulations.

REGULATION 11 TRAINING EMPLOYEES DOING A TECHNICAL JOB

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Νο
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	Νο
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

REGULATION 12 CHOOSING AND USING CONTRACTORS

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 15
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures did not discuss that the BCA would define scope of services and deliverables for each different type of contractor.

Procedures did not specify that the BCA would establish a contractor assessment team or person and give them decision making authorities.

Procedures did not describe how prospective contractors would be sought e.g. direct approach or tender.

Procedures did not discuss any rules or criteria that may apply e.g. Territorial Authority procurement policy.

GNC 15. To be resolved.

Implementation of current procedures was effective.

REGULATION 13 ENSURING TECHNICAL LEADERSHIP

Non-compliance? Y/N	Νο
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

REGULATION 14 ENSURING NECESSARY (TECHNICAL) RESOURCES

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 16
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	2
Advisory note number/s:	A3, A4

Observations and comments, including good practice and performance

Procedures did not fully identify the facilities that the BCA used. Specifically that the BCA used computers and Tough Books.

Procedures did not specify whether the BCA supplied any contractors with facilities and equipment.

GNC 16. To be resolved.

Current procedures were effectively implemented.

The BCA is advised **(A3)** to consider using their moisture meter moisture block (must be specific to the moisture meter) to check their working moisture meters. The working moisture meter only needs to be sent to be serviced if it reads outside the specified range that comes with the moisture block. Procedures need to be revised to reflect any change in process.

The BCA is advised **(A4)** to consider reducing the allowable error for working thermometers to as small an amount as possible to reduce room for error when testing water at 45°C.

REGULATION 15 KEEPING ORGANISATIONAL RECORDS

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 17
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures (organizational chart) did not specify the number of Full Time Equivalent (FTE) technical staff the BCA employed.

Procedures (organisational chart) did not specify the number (FTE) Vacancies or no Vacancies.

GNC 17. To be resolved.

Other requirements were met.

REGULATION 16 FILING APPLICATIONS FOR BUILDING CONSENT

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 18
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures addressed requirements but did not specify that the following shall also be retained in records:

- If applicable the specified intended life of the building.
- Any statutory declarations provided by an owner builder.
- Copies of Notices to Fix.
- Any advice issued by the District Court under s126 of the Act.
- Records of any information on any land or building received by the BCA from a statutory authority.

GNC 18. To be resolved.

Current procedures were effectively implemented.

REGULATION 17 ASSURING QUALITY

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

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

Observations and comments, including good practice and performance

The BCA had quality assurance system that covered management and operations. Where there were gaps they are addressed under their relevant regulation.

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

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

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 19 GNC 20
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

17(2)(d) Management Review and Reporting

Procedures did not address the following:

- Did not require the regular review of BCA functions against their Quality Policy objectives.
- Did not specify the frequency of Management Review/Reporting.
- Did not specify (at a high level) the form required of the regular Management Review/Reporting.

GNC 19. To be resolved

Current procedures for Management Review were effectively implemented.

17(5) Review of Effectiveness of Quality Assurance System.

Procedures did not prompt the BCA to review the following annually (or more frequently).

- Effectiveness of implementation of Internal Audits and Continuous Improvement procedures.
- Effectiveness of employee and contractor engagement with Quality Assurance Systems.
- Effectiveness of employee and contractor engagement with Continuous Improvement systems.
- Effectiveness of engagement with the requirement to declare any perceived or actual Conflict of Interest.
- Effectiveness of the BCA's communications relating to the Quality Assurance Systems.
- Effectiveness of the processes for making changes to the Quality Assurance Systems.

GNC 20. To be resolved.

Current procedures were effectively implemented.

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 21
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures (Induction) did not require new staff to access/familiarise themselves with Quality System procedures.

Procedures (Training) did not discuss that staff would be required to learn/refresh relevant procedures when trained in an activity.

Procedures (Management Review/Reporting) did not discuss that staff would be required to refresh relevant procedures in response to any relevant issues.

Procedures (Internal Audits) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.

Procedures (Continuous Improvement) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.

GNC 21. To be resolved.

Current procedures had been effectively implemented. Staff had been required to access/familiarise themselves with Quality System procedures.

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

NA	
Observations and comments, including good practice and performance	

Regulation 17(2)(e) Supporting continuous improvement

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 22
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures did not prompt the BCA to consider feedback from contractors, although it did require the BCA to consider feedback from customers and employees.

Procedures did not prompt the BCA to identify issues and opportunities within its policies, procedures and systems.

Procedures did not prompt the BCA to respond to issues identified in the performance of building control functions.

GNC 22. To be resolved

Although the above items were not described in procedures the BCA was addressing all appropriate opportunities within their continuous Improvement System.

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 23
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-

Observations and comments, including good practice and performance

Procedures did not give enough detailed audit guidance to ensure internal auditors performed audits as the BCA specifically required.

Implementation of this activity had not been effective in that the internal audits had been performed against the MBIE Checklists rather than the processes described within the BCA's procedures. Also the internal audits did not always record evidence when appropriate.

Procedures did not describe a classification system for non-compliances.

GNC 23. To be resolved.

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

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

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

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

Regulation 17(3A): Complaints about building practitioners

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

Procedures addressed requirements and had been implemented however the BCA had not received a response from MBIE regarding a recent complaint submitted.

REGULATION 18 TECHNICAL QUALIFICATIONS

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

Non-compliance number:	GNC 1
Breach of regulatory requirement:	Regulation 7(2)(a)
Finding:	General Non-compliance
Finding details:	Procedures (Public Information) did not address the following:
	When discussing applying for a consent:
	 Building work that may be proposed on land subject to natural hazards.
	• Other legislation (than the Building Act) that the applicant should consider e.g. the Resource Management Act.
	• Public Information didn't sufficiently clarify s112 requirements where application is for alteration to an existing building.
	 Did not address s115 requirements during application.
	 Did not address s116 requirements during application.
	 Did not address s116A requirements during application.
	• Did not discuss the need for the applicant to supply information with the application with respect to proposed Inspection, Maintenance and Reporting requirements for Specified Systems.
	 The documents referred to Design Review Unit (DRU) rather than Fire Emergency New Zealand (FENZ).
	When discussing processing of an application:
	• Did not describe (at a high level) how the application is assessed against the relevant Act and associated Regulations.
	• Did not discuss the s49 requirement to be "Satisfied on reasonable grounds".
	• Did not discuss the meaning of "Grant" of a consent.
	Did not describe the BCA Complaint process.
	Did not describe the Determination process.
	When discussing the Code Compliance Certificate process:
	• Did not discuss the s49 requirement to be "Satisfied on reasonable grounds".
	• Requires the consent holder to apply for a Compliance Schedule (if the building requires a Compliance Schedule) when this is not a requirement under the Act.
	The Public Information incorrectly states the

BCA Actions required:	 application pending the The Public Information for Further Information Did not describe the E Did not describe the E Did not describe the E Please develop and submit to Please include in the Plan the to submit at a later date to de effective. Please submit the Evidence the E 	n did not describe the Request
	been effective.	
	<u> </u>	
IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	8/04/2019
Evidence of implementation from BCA:	15/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: To be provided by BCA	BCA will review and update public information in total and in particular non- compliance with , When discussing applying for a consent, When discussing processing of an application and When discussing the Code Compliance Certificate process	
Evidence of implementation: <i>To be provided by BCA</i>	BCA to provide copy of updated public information to IANZ to show implementation of updated information by 3 May 2019.	
Non-compliance cleared? Y/N	Choose an item.	
Signed:		

Non-compliance number:	GNC 2	
Breach of regulatory requirement:	Regulation 7(2)(c)	
Finding:	General Non-compliance	
Finding details:	Procedures (for Taihape) refer to a 72 hour period before an application must be checked for completeness.	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
	Please submit the Evidence that demonstrates the Plan has been effective.	
IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	8/04/2019
Evidence of implementation from BCA:	15/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>	Amend QM BC 1.0 to change the wording to Applications received at the Marton and Taihape offices will be vetted within 2 working days upon receipt of the application and if this didn't occur that it would be noted on the BCA meeting minutes	
Evidence of implementation: <i>To be provided by BCA</i>	Amended QM, page attached, (See attachment 1). Still need to provide evidence supplied of this process being followed	
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

Non-compliance number:	GNC 3
Breach of regulatory requirement:	Regulation 7(2)(d)(iv)
Finding:	General Non-compliance
Finding details:	Procedures did not discuss referring to the Territorial Authority matters related to building work already undertaken (with or without a consent) which may require a Certificate of Acceptance (COA) under s42.
	Procedures did not discuss/describe the process the BCA used when handling a request for minor variations during processing (s45A).
	Implementation of procedures was not appropriate with respect to reviewing Specified Systems.
	Procedures for managing the statutory clock upon receipt of complete information in response to an RFI did not specify that the clock would be restarted from the day the complete information was submitted to the BCA. This can be at the customer service desk, or through the mail system, electronic portal or email system of the processing BCO. Implementation of this requirement was not able to be demonstrated by the BCA.
	Procedures for processing did not discuss staged building work.
	Procedures for processing did not discuss making decisions related to earthquake prone buildings (s133AT) when making decisions related to s112 (1).
	Procedures for processing did not discuss complying with any building methods or product warnings or bans.
	Implementation of procedures was not effective with respect to compiling and amending Compliance Schedules.
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.
	Please submit the Evidence that demonstrates the Plan has

Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	Click here to enter a date.
Evidence of implementation from BCA:	15/05/2019	Click here to enter a date.

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EVIDENCE	
Plan of action: <i>To be provided by BCA</i>	BCA will undertake a review of this procedure and amend QM as appropriate. BCA to undertake internal training with regards to compliance schedules and specified systems.
Evidence of implementation:	Provide copy of updated procedures.
To be provided by BCA	Provide confirmation of training undertaken and completed.
	Provide copies of either new compliances schedules issued once training and procedures have been updated, if no new compliances schedules have been received a review of already issued to show implementation of training and procedure with copy of old and new schedule to show effectiveness. Provide copy of audit to IANZ to show implementation review of specified systems, managing statutory clock for RFI and amending/compiling Compliances Schedules has been implemented effectively. Evidence to be provided by 15 May 2019.
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

Non-compliance number:	GNC 4
•	
Breach of regulatory requirement:	Regulation 7(2)(d)(v)
Finding:	General Non-compliance
Finding details:	Procedures did not discuss the process used to ensure that the BCA complied with statutory time frames.
	Implementation of this requirement had not been effective.
	Procedures for "Granting" consent did not discuss complying with s58.
	Procedures for "Granting" a consent subject to s72 did not describe how the BCA complied with s 73 of the Act.
	Procedures (Form 5's) for issuing a consent included lapsing as a condition on the consent.
	Implementation was not effective in that the Form 5's reviewed all had lapsing included as a condition on them.
	Implementation of issuing of consents was not effective in that where Compliance Schedule information was required to be included, Specified System information, including Performance Standard information was not appropriate.
	Procedures did not discuss how the BCA recorded the decision to extend the timeframe of a consent upon request from the consent holder.
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.
	Please submit the Evidence that demonstrates the Plan has been effective.

IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	Click here to enter a date.
Evidence of implementation from BCA:	15/05/2019	Click here to enter a date.
EVIDENCE		
Plan of action: To be provided by BCA	Review procedure and amend to include Statutory timeframes, granting S58, S72, S73 and recording decision extention to timeframe.	
	Amend Form 5 to remove lapsing reference from template (Attachment 2)	
	Provide IANZ with copy of au implementation statutory time	

	information is included and correct when issuing consents.
Evidence of implementation: <i>To be provided by BCA</i>	Amended Form 5 to remove lapsing reference from template, updated template attached. Copy of amended procedure Copy of Audit to confirm effective implementation.
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

Non-compliance number:	GNC 5
Breach of regulatory requirement:	Regulation 7(2)(e)
Finding:	General Non-compliance
Finding details:	Procedures did not discuss/describe inspections outside standard types e.g. straw bale construction or site meetings.
	Procedures did not refer to the process (software) that ensured allocations could only be made to people with appropriate competencies.
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.
	Please submit the Evidence that demonstrates the Plan has been effective.

Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	2/04/2019	
Evidence of implementation from BCA:	15/05/2019	

EVIDENCE	
Plan of action: To be provided by BCA	Amend QM BI 1.0 Planning, Performing and Managing Inspections – Regulation to include wording to describe this:
	Identify and describe standard inspection types and how work will be inspected
	1 Inspection types are identified and listed in Goget Office when the consent is being processed and listed in the building consent documentation on the form Owner Site Inspection Record which details the inspection types that are required for the individual building consent and listed in Magiq
	2 The work will be inspected using Goget Mobile loaded onto Microsoft Surface Pro
	Identify and deliver non-standard inspections
	3 Non-standard inspections are identified through the processing and inspections phases of the project i.e. Site meetings prior to commencement may be appropriate for remedial re-clads for example and unusual construction systems or methods may require inspections by relevant specialists who are then required to provide appropriate documentation. Where identified in the inspection phase details are recorded in a site note with specific

	 requirements outlined, this may include requesting additional supporting documentation (recorded in the documentation tab in GoGet). 4 Non-standard inspections are delivered on a case by case basis during the processing and inspection phases of the project, depending on the nature of the required inspections they may be carried out the BCA or by relevant specialists who are then required to provide appropriate documentation.(See attachment 3)
Evidence of implementation: <i>To be provided by BCA</i>	Amended QM, and will follow this procedure if we have a non-standard inspection required
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

egulation 7(2)(f) eneral Non-compliance oplication for a code compliance certificate rocedures did not sufficiently prompt the BCA to ensure all quired information was completed (by the owner) on the orm 6. Defined compliance certificates rocedures for reviewing CCC applications did not describe e process for rejecting/returning an application for CCC. rocedures for initiating the statutory clock upon receipt of	
 oplication for a code compliance certificate ocedures did not sufficiently prompt the BCA to ensure all quired information was completed (by the owner) on the orm 6. ode compliance certificates rocedures for reviewing CCC applications did not describe e process for rejecting/returning an application for CCC. 	
rocedures did not sufficiently prompt the BCA to ensure all quired information was completed (by the owner) on the orm 6. Tode compliance certificates rocedures for reviewing CCC applications did not describe e process for rejecting/returning an application for CCC.	
quired information was completed (by the owner) on the orm 6. Ode compliance certificates rocedures for reviewing CCC applications did not describe e process for rejecting/returning an application for CCC.	
ocedures for reviewing CCC applications did not describe process for rejecting/returning an application for CCC.	
e process for rejecting/returning an application for CCC.	
ocedures for initiating the statutory clock upon receipt of	
complete application did not require the BCA to initiate the bock on the date the complete application was submitted. his can be at the customer service desk, mail system, ectronic portal or email system of the processing BCO. Ipplementation of this requirement was not able to be emonstrated by the BCA.	
cocedures for issuing a CCC did not ensure the BCA insidered any applicable warnings or bans relating to any indig product or method that may have been used.	
rocedures for issuing a CCC did not describe a process r refusing a CCC.	
ompliance Schedules	
plementation was not appropriate in that Compliance chedules were not consistent with the Act. Specifically with spect to Specified Systems, Performance Standards and eir Inspection, Maintenance and Reporting requirements.	
Notices to fix	
cocedures did not discuss notifying another responsible athority of the potential need for a Notice to Fix (NTF).	
ease develop and submit to IANZ to address the findings. ease include in the Plan the documents the BCA intends submit at a later date to demonstrate the Plan has been fective.	
ease submit the Evidence that demonstrates the Plan has een effective.	

Non-compliance to be cleared by:	3/06/2019			
	Due by:	Accepted by IANZ:		
Plan of action from BCA:	1/04/2019			
Evidence of implementation from BCA:	15/05/2019			
EVIDENCE				
Plan of action: To be provided by BCA	BCA will undertake a review of QM as appropriate. BCA to u regards to compliance sched CCC applications.	ndertake internal training with		
Evidence of implementation:	BCA to provide copy of new procedure.			
To be provided by BCA	BCA to provide evidence of initiating clock for CCC applications via copy of Audit.			
		mentation of training and nd new schedule to show e an audit as undertaken in		
Non-compliance cleared? Y/N	Choose an item.			
Signed:				
Date:	Click here to enter a date.			

Regulation 7(2)(b)				
	Regulation 7(2)(h)			
General Non-compliance				
Procedures did not clarify that the complaints procedure shall be readily available to the public.				
 Implementation of this requirement was not able to be demonstrated. Procedures did not clarify that the BCA would ensure appropriate levels of objectivity and fairness to all parties involved in any complaint. Procedures did not clarify that urgent complaints would be prioritised by the BCA. Procedures did not clarify that the BCA would provide remedies proportionate to the issues raised. 				
			Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
			Please submit the Evidence that demonstrates the Plan has been effective.	
IMPORTANT DATES				
3/06/2019				
	Accepted by IANZ:			
	 Procedures did not clarify t shall be readily available to the Implementation of this required demonstrated. Procedures did not clarify appropriate levels of objective involved in any complaint. Procedures did not clarify the prioritised by the BCA. Procedures did not clarify remedies proportionate to the Please develop and submit to Please include in the Plan the to submit at a later date to de effective. Please submit the Evidence the 			

Non-compliance to be cleared by:	3/06/2019		
	Due by:	Accepted by IANZ:	
Plan of action from BCA:	1/04/2019		
Evidence of implementation from BCA:	15/05/2019		
EVIDENCE			
Plan of action:	Review Procedure		
To be provided by BCA	Ensure complaints procedure is available to public in several forms electronic and hard copy		
Evidence of implementation:	BCA to provide updated procedure.		
To be provided by BCA	Provide IANZ with hard copy of complaints procedure and links to electronic version.		
	Audit will be undertaken to show that implementation has been effective.		
Non-compliance cleared? Y/N	Choose an item.		
Signed:			
Date:	Click here to enter a date.		

Non-compliance number:	GNC 8	
Breach of regulatory requirement:	Regulation 8(2)	
Finding:	General Non-compliance	
Finding details:	Implementation had not been effective in that the BCA remained one BCO short of calculated requirements, needed	
BCA Actions required:	 Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective. Please submit the Evidence that demonstrates the Plan has been effective. 	
IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
· · · · · · · · · · · · · · · · · · ·	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action: To be provided by BCA	BCA has engaged a contractor to assist with processing of consents, contract was in place prior to IANZ visit but only for a short duration. Budget request for the new financial year 2019/2020 has been increased to allow for the employment of one more BCO (from 1 July 2019)	
Evidence of implementation: <i>To be provided by BCA</i>	BCA to provide copy of budget increase to IANZ to show a capacity to employ an extra staff member has been provided for financially by 3 May 2019	
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

Non-compliance number:	GNC 9	
Breach of regulatory requirement:	Regulation 10(3)(a)	
Finding:	General Non-compliance	
Finding details:	Procedures but did not specify that the BCA would assess competency of individuals against 10(3) (a) of the accreditation regulations.	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
	Please submit the Evidence t been effective.	hat demonstrates the Plan has
IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action: To be provided by BCA	Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (a).	
	When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment.	
Evidence of implementation: <i>To be provided by BCA</i>	Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (a). (See Attachment 4 for GNC 9- 14)	
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC10	
Breach of regulatory requirement:	Regulation 10(3)(b)	
Finding:	General Non-compliance	
Finding details:	Procedures did not specify that the BCA would assess competency of individuals against 10(3) (b) of the accreditation regulations.	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective. Please submit the Evidence that demonstrates the Plan has been effective.	
IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	2/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action: To be provided by BCA	Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (b).	
	When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment.	
Evidence of implementation: <i>To be provided by BCA</i>	Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (b).	
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 11	
Breach of regulatory requirement:	Regulation 10(3)(c)	
Finding:	General Non-compliance	
Finding details:	Procedures did not specify that the BCA would assess competency of individuals against 10(3) (c) of the accreditation regulations.	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
	Please submit the Evidence the been effective.	hat demonstrates the Plan has
IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	1
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action: To be provided by BCA	Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (c).	
	When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment.	
Evidence of implementation: <i>To be provided by BCA</i>	Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (c).	
Non-compliance cleared? Y/N	Choose an item.	
Signed:		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 12		
Breach of regulatory requirement:	Regulation 10(3)(d)		
Finding:	General Non-compliance		
Finding details:	Procedures did not specify that the BCA would assess competency of individuals against 10(3) (d) of the accreditation regulations.		
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.		
	Please submit the Evidence to been effective.	hat demonstrates the Plan has	
IMPORTANT DATES			
Non-compliance to be cleared by:	3/06/2019	1	
	Due by:	Accepted by IANZ:	
Plan of action from BCA:	1/04/2019		
Evidence of implementation from BCA:	15/05/2019		
EVIDENCE			
Plan of action: To be provided by BCA	Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (d).		
	When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment.		
Evidence of implementation: <i>To be provided by BCA</i>	Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (d).		
Non compliance closed 2 V/N	Choose en item		
Non-compliance cleared? Y/N	Choose an item.	Choose an item.	
Signed:			
Date:	Click here to enter a date.		

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 13		
Breach of regulatory requirement:	Regulation 10(3)(e)		
Finding:	General Non-compliance		
Finding details:	Procedures did not specify that the BCA would assess competency of individuals against 10(3) (e) of the accreditation regulations.		
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.		
	Please submit the Evidence t been effective.	hat demonstrates the Plan has	
	l		
IMPORTANT DATES			
Non-compliance to be cleared by:	3/06/2019	1	
	Due by:	Accepted by IANZ:	
Plan of action from BCA:	1/04/2019		
Evidence of implementation from BCA:	15/05/2019		
EVIDENCE			
Plan of action: To be provided by BCA	Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (e).		
	When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment.		
Evidence of implementation: <i>To be provided by BCA</i>	Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (e).		
Non-compliance cleared? Y/N	Choose an item.		
Signed:		Choose an item.	
	Click hard to enter a date		
Date:	Click here to enter a date.		

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Non-compliance number:	GNC 14	
Breach of regulatory requirement:	Regulation 10(3)(f)	
Finding:	General Non-compliance	
Finding details:	Procedures did not specify that the BCA would assess competency of individuals against 10(3) (f) of the accreditation regulations.	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
	Please submit the Evidence to been effective.	hat demonstrates the Plan has
IMPORTANT DATES	-	
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE	-	
Plan of action: To be provided by BCA	Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (f).	
	When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment.	
Evidence of implementation: <i>To be provided by BCA</i>	Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (f).	
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECOR	D OF NON-COMPLIAN	NCE
Non-compliance number:	GNC 15	
Breach of regulatory requirement:	Regulation 12(1)	
Finding:	General Non-compliance	
Finding details:	Procedures did not discuss that the BCA would de scope of services and deliverables for each different type contractor.	
	Procedures did not specify that the BCA would establish a contractor assessment team or person and give then decision making authorities.	
	Procedures did not descr would be sought e.g. direct	ibe how prospective contractors approach or tender.
	Procedures did not discus apply e.g. Territorial Author	ss any rules or criteria that may rity procurement policy.
BCA Actions required:	Please develop and submit to IANZ to address the findings Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
	Please submit the Evidence that demonstrates the Plan has been effective.	
IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
Non-compliance to be cleared by.	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action: To be provided by BCA	Amend wording in the proc Reg 12(1) (attach QM ame changes)	edure to ensure compliance with ndment attached to show
	Highlighted on that page that we already refer to Delegations Register for decision making authorities and also that we adhere to the RDC Procurement Policy	
	Did changes to QM as described above and amended wording (see attachment 5)	
Evidence of implementation: <i>To be provided by BCA</i>		

Signed:

Click here to enter a date.

Non-compliance number:	GNC 16		
Breach of regulatory requirement:	Regulation 14		
Finding:	General Non-compliance		
Finding details:	Procedures did not fully identify the facilities that the BCA used. Specifically that the BCA used computers and tough books.		
		Procedures did not specify whether the BCA supplied any contractors with facilities and/or equipment.	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.		
	Please submit the Evidence that demonstrates the Plan has been effective.		
IMPORTANT DATES			
Non-compliance to be cleared by:	3/06/2019		
	Due by:	Accepted by IANZ:	
Plan of action from BCA:	1/04/2019		
Evidence of implementation from BCA:	15/05/2019		
EVIDENCE			
Plan of action: To be provided by BCA	Amend Quality Manual to include information about computers and amend Equipment register to include them		

To be provided by BCA	
Evidence of implementation:	Amend words in Ad 3.0 Equipment Management to include:
To be provided by BCA	1 The BO's and RO maintain a register of equipment used for building control functions. Building Control functions are undertaken using Computers and Tablets. In addition to a list of equipment, the register also contains calibration certificates, results of quarterly tests, and maintenance records.
	2 Contract Building Officers processing offsite use their own equipment and facilities
	New version of this procedure attached.
	And amend Equipment Register to include computers
	(see Attachment 6)
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

Non-compliance number:	GNC 17	
Breach of regulatory requirement:	Regulation 15	
Finding:	General Non-compliance	
Finding details:	 Procedures (organisational chart) did not specify the number of Full Time Equivalent (FTE) technical staff the BCA employed. Procedures (organisational chart) did not specify the number (FTE) Vacancies that it had. 	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective. Please submit the Evidence that demonstrates the Plan has	
	been effective.	
IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:

	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		

Plan of action: <i>To be provided by BCA</i>	Amend organisational chart to show FTE staff and vacancies, also include NPL as contractor and remove Neil Gerrish.
Evidence of implementation: <i>To be provided by BCA</i>	Amended organisational chart to show FTE staff and vacancies, also include NPL as contractor and remove Neil Gerrish. Updated version included. (See attachment 7)
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

Non-compliance number:	GNC 18	
Breach of regulatory requirement:	Regulation 16	
Finding:	General Non-compliance	
Finding details:	Procedures did not specify that the following shall be retained in records:	
	• If applicable the specified intended life of the building.	
	• Any statutory declarations provided by an owner builder.	
	Copies of Notices to Fix.	
	• Any advice issued by the District Court under s126 of the Act.	
	• Records of any information on any land or building received by the BCA from a statutory authority.	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
	Please submit the Evidence that demonstrates the Plan has been effective.	

IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action: To be provided by BCA	Amend QM AD 1.0 Filing of Building Consent Documents to include the bullet points above. Amend Form 164 to include the bullet points above	
Evidence of implementation: <i>To be provided by BCA</i>	Amended QM AD 1.0 Filing of Building Consent Documents to include the bullet points above. Amended Form 164 to include the bullet points above. Updated forms included	
	(See Attachment 8)	
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

Non-compliance number:	GNC 19	
Breach of regulatory requirement:	Regulation 17(2)(d)	
Finding:	General Non-compliance	
Finding details:	Procedures did not address the following:	
	Did not require the re against their Quality F	gular review of BCA functions Policy objectives.
	 Did not specify the Review/Reporting. 	frequency of Management
		nigh level) the form required of ent Review/Reporting.
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective. Please submit the Evidence that demonstrates the Plan has been effective.	
IMPORTANT DATES	2/06/2010	
Non-compliance to be cleared by:	3/06/2019	Accorted by IANZ
Plan of action from BCA:	Due by: 1/04/2019	Accepted by IANZ:
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		

EVIDENCE

EVIDENCE	
Plan of action:	Review and update procedure.
To be provided by BCA	
Evidence of implementation:	Provide IANZ with copy of updated procedure. By 3 May
-	2019
To be provided by BCA	2010
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

RECORI	D OF NON-COMPLIANCE	
Non-compliance number:	GNC 20	
Breach of regulatory requirement:	Regulation 17(5)	
Finding:	General Non-compliance	
Finding details:	Procedures did not prompt the BCA to review the following annually (or more frequently).	
	Effectiveness of implementation of Internal Audits and Continuous Improvement procedures.	
	Effectiveness of employee and contractor engagement with Quality Assurance Systems.	
	 Effectiveness of employee and contractor engagement with Continuous Improvement systems. 	
	Effectiveness of engagement with the requirement to declare any perceived or actual Conflict of Interest.	
	 Effectiveness of the BCA's communications relating to the Quality Assurance Systems. 	
	 Effectiveness of the processes for making changes to the Quality Assurance Systems. 	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
	Please submit the Evidence that demonstrates the Plan has been effective.	
IMPORTANT DATES Non-compliance to be cleared by:	3/06/2019	
Non-compliance to be cleared by:		
Plan of action from BCA:	Due by: Accepted by IANZ: 1/04/2019 1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action: To be provided by BCA	Review and update procedure	

Evidence of implementation: To be provided by BCA	Provide copy of new procedure to IANZ by 3 May 2019
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

Non-compliance number:	GNC 21	
Breach of regulatory requirement:	Regulation 17(4)	
Finding:	General Non-compliance	
Finding details:	Procedures (Induction) did not require new staff to access/familiarise themselves with Quality System procedures.	
	Procedures (Training) did not discuss that staff would be required to learn/refresh relevant procedures when trained in an activity.	
	Procedures (Management Review/Reporting) did not discuss that staff would be required to refresh relevant procedures in response to any relevant issues.	
	Procedures (Internal Audits) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.	
	Procedures (Continuous Improvement) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.	
BCA Actions required:	Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.	
	Please submit the Evidence that demonstrates the Plan has been effective.	

IMPORTANT DATES		
Non-compliance to be cleared by:	3/06/2019	
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
EVIDENCE		
EVIDENCE Plan of action:	Review and update procedu	re.
	Review and update procedu	·e.
Plan of action:	Review and update procedu	'е.
Plan of action:	Review and update procedu	re.

Evidence of implementation: <i>To be provided by BCA</i>	Provide updated procedure to IANZ by 3 May 2019.
Non-compliance cleared? Y/N	Choose an item.
Signed: Date:	Click here to enter a date.

Non-compliance number:	GNC 22							
Breach of regulatory requirement:	Regulation 17(2)(e)							
Finding:	General Non-compliance							
Finding details:		the BCA to consider feedback did require the BCA to consider d employees.						
	Procedures did not prompt the BCA to identify issues a opportunities within its policies procedures and systems.							
	Procedures did not prompt identified in the performance	the BCA to respond to issues of building control functions.						
BCA Actions required:	Please include in the Plan th	o IANZ to address the findings. e documents the BCA intends emonstrate the Plan has been						
	Please submit the Evidence that demonstrates the Plan has been effective.							
IMPORTANT DATES								
Non-compliance to be cleared by:	3/06/2019							
	Due by:	Accepted by IANZ:						
Plan of action from BCA:	1/04/2019							

Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action:	Review and update procedure	9
To be provided by BCA		
Evidence of implementation:	Provide copy of new procedur	re to IANZ by 3 May 2019.
To be provided by BCA		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

KEGOKE		
Non-compliance number:	GNC 23	
Breach of regulatory requirement:	Regulation 17(2)(h)	
Finding:	General Non-compliance	
Finding details:		ugh detailed audit guidance to rformed audits as the BCA
	the internal audits had been Checklists rather than the p	ty had not been effective in that performed against the MBIE rocesses described within the internal audits did not record appropriate.
	Procedures did not describe compliances	a classification system for non-
BCA Actions required:	Please include in the Plan th	o IANZ to address the findings. e documents the BCA intends emonstrate the Plan has been
	Please submit the Evidence t been effective.	hat demonstrates the Plan has
IMPORTANT DATES	1	
Non-compliance to be cleared by:	3/06/2019	1
	Due by:	Accepted by IANZ:
Plan of action from BCA:	1/04/2019	
Evidence of implementation from BCA:	15/05/2019	
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>	Review procedure and under auditors.	take internal training for
Evidence of implementation: <i>To be provided by BCA</i>	Provide IANZ with copy of ne audits to show effectiveness audits under taken after traini identified as to show effective identified.	with regards to training and ng. Including Audits for GNC
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
olgheu.		

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.

No recommendations were made.

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 To record on Notices to Fix, the contravention against s40 where relevant. Noted and this will be done in future
- A2 To revise procedures to ensure inspections cannot be booked whilst there is a stop work in place due to a Notice to Fix. Noted and procedure put in place
- A3 To consider using their moisture meter moisture block (moisture block must be specific to the moisture meter) to check their working moisture meters. The working moisture meter only needs to be sent to be serviced if it reads outside the specified range that comes with the moisture block. Procedures need to be revised to reflect any change in process.Noted and procedure changed to reflect this.
- A4 To consider reducing the allowable error for working thermometers to as small an amount as possible to reduce room for error when testing water at 45°C. Noted and procedure changed.

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.

Non	Non-		Brea (Ent	ch of re er Yes wh	gulation ere applie	n 5/6? cable)		Decelued	Date Non-	Date Non-	Numbe	r of
compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Nesolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes
Choose an item.												
	GNC 1	Х	X					No	3/06/2019			
General	GNC 2	x	X					No	3/06/2019			
Choose an item.												
Choose an item.												
Choose an item.												
	(Serious / General) Choose an item. Choose an item. Choose an item. General Choose an item. General Choose an item. Choose an item. Choose an item. 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 building work. Procedures for processing did not discuss making decisions related to earthquake prone buildings (s133AT) when making decisions related to s112 (1). Procedures for processing did not discuss complying with any building methods or product warnings or bans. Implementation of procedures was not effective with 		
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complying with any building methods or product warnings or bans. Implementation of procedures was not effective with		decisions related to earthquake prone buildings
		complying with any building methods or product
		Implementation of procedures was not effective with
		· ·

		Non-		Brea (Ent	ich of re er Yes wh	egulation nere applie	n 5/6? cable)			Date Non-	Date Non-	Numbe	r of
Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes
7(2)(d)(v)	General	GNC 4	X	X	X				No	3/06/2019			
7(2)(e)	General	GNC 5	x	x					No	3/06/2019			
7(2)(f)	General	GNC 6	x	x	x								

Brief comment (to get to the heart of the issue)

respect to compiling and amending Compliance Schedules.

Procedures did not discuss the process used to ensure that the BCA complied with statutory time frames. Implementation of this requirement had not been effective.

Procedures for "Granting" consent did not discuss complying with s58.

Procedures for "Granting" a consent subject to s72 did not describe how the BCA complies with s 73 of the Act.

Procedures for issuing a consent included lapsing as a condition on the consent. Implementation was not effective in that the Form 5's reviewed all had lapsing included as a condition on them.

Implementation of issuing of consents was not effective in that where Compliance Schedule information was required to be included, Specified System information, including Performance Standard information, was not appropriate.

Procedures did not discuss how the BCA recorded the decision to extend the timeframe of a consent upon request from the consent holder.

Procedures did not discuss/describe inspections outside standard types e.g. straw bale construction or site meetings.

Procedures did not refer to the process (software) that ensured allocations could only be made to people with appropriate competencies.

Application for a code compliance certificate

Procedures did not sufficiently prompt the BCA to ensure all required information was completed (by the owner) on the Form 6.

Code compliance certificates

Procedures for reviewing CCC applications did not describe the process for rejecting/returning an application for CCC.

Procedures for initiating the statutory clock upon receipt of a complete application did not require the BCA to initiate the clock on the date the application was first submitted. **Implementation** of this

		Non-		Brea (Ent	ch of re er Yes wh	gulation ere applie	n 5/6? cable)			Date Non-	Date Non-	Numbe	r of
Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes
7(2)(g)	Choose an item.												
7(2)(h)	General	GNC 7	х	х					No	3/06/2019			
Regulation 8													
8(1)	Choose an item.												
8(2)	General	GNC 8			x				No	3/06/2019			
Regulation 9													
9	Choose an item.												
Regulation 10	Choose an item.												
10(1) 10(2)	Choose an item.												
10(3)(a)	General	GNC 9	X	X					No	3/06/2019			

Brief comment (to get to the heart of the issue)

requirement was not able to be demonstrated by the BCA.

Procedures for issuing a CCC did not ensure the BCA considered any applicable warnings or bans.

Procedures did not describe a process for refusing a CCC.

Compliance Schedules

Implementation was not appropriate in that Compliance Schedules were not consistent with the Act. Specifically with respect to Specified Systems, Performance Standards and their Inspection, Maintenance and Reporting requirements.

Notices to fix

Procedures did not discuss notifying another responsible authority of the potential need for a Notice to Fix (NTF).

Procedures did not clarify that the complaints procedure shall be readily available to the public. Implementation of this requirement was not able to be demonstrated.

Procedures did not clarify that the BCA would ensure appropriate levels of objectivity and fairness to all parties involved in any complaint.

Procedures did not clarify that urgent complaints would be prioritised by the BCA.

Procedures did not clarify that the BCA would provide remedies proportionate to the issues raised.

Implementation had not been effective in that the BCA remained one BCO short of calculated requirements, needed

Procedures but did not specify that the BCA would assess competency of individuals against 10(3) (a) of the accreditation regulations.

		Non-		Brea (Ent	ch of re er Yes wh	egulatio	n 5/6? cable)			Date Non-	Date Non-	Numbe	r of	
Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes	_
10(3)(b)	General	GNC 10	x	X					No	3/06/2019				Ρ
														a th
10(3)(c)	General	GNC 11	X	X					No	3/06/2019				P
														a
														th
10(3)(d)	General	GNC 12	x	X					No	3/06/2019				P
														a th
10(3)(e)	General	GNC 13	x	X					No	3/06/2019				P
- (-) (-)														a
														th
10(3)(f)	General	GNC 14	X	X					No	3/06/2019				Ρ
														a th
Regulation 11														u
11(1)	Choose an item.													-
11(2)(a)	Choose an item.													-
11(2)(b)	Choose an item.													+-
11(2)(c)	Choose an item.													-
11(2)(d)	Choose an item.													-
11(2)(e)	Choose an item.													-
11(2)(f)	Choose an item.													-
11(2)(g)	Choose an item.													+
Regulation 12														
12(1)	General	GNC 15	Х	Х					No	3/06/2019				
-(-)														P d
														d
														ŭ
														Ρ
														е
														а
														Р
														С
														te
														Р
														n n
														p
12(2)(a)	Choose an item.													
12(2)(b)	Choose an item.													
12(2)(c)	Choose an item.													
12(2)(d)	Choose an item.													
12(2)(e)	Choose an item.													
12(2)(f)	Choose an item.													
Regulation 13														
13(a)	Choose an item.													

Brief comment (to get to the heart of the issue)
Procedures but did not specify that the BCA would assess competency of individuals against 10(3) (b) of the assert ditation regulations
the accreditation regulations. Procedures but did not specify that the BCA would assess competency of individuals against 10(3) (c) of
the accreditation regulations. Procedures but did not specify that the BCA would assess competency of individuals against 10(3) (d) of the accreditation regulations
the accreditation regulations. Procedures but did not specify that the BCA would assess competency of individuals against 10(3) (e) of the accreditation regulations
 the accreditation regulations. Procedures but did not specify that the BCA would assess competency of individuals against 10(3) (f) of the accreditation regulations.
Procedures did not discuss that the BCA would define scope of services and deliverables for each different type of contractor.
define scope of services and deliverables for each
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Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes
13(b)	Choose an item.												
Regulation 14													
14	General	GNC 16	x	x					No	3/06/2019			
Regulation 15													
	Choose an item.												
15(1)(a) 15(1)(b)	General	GNC 17	х	× ×					No	3/06/2019			
			~	x						0,00/2010			
15(2)	Choose an item.												
Regulation 16													
16(1)	Choose an item.												
16(2)(a)	Choose an item.												
16(2)(b)	General	GNC 18	x	x					No	3/06/2019			
16(2)(c)	Choose an item.												
Regulation 17													
17(1)	Choose an item.												
17(2)(a)	Choose an item.												
17(2)(b)	Choose an item.												
17(2)(c)	Choose an item.		1										
17(2)(d)	General	GNC 19	X	х					No	3/06/2019			

Brief comment (to get to the heart of the issue)
 Procedures did not fully identify the facilities that the BCA used. Specifically, that the BCA used computers and tough books. Procedures did not specify whether the BCA supplied any contractors with facilities and equipment.
Procedures (organisational chart) did not specify the number of Full Time Equivalent (FTE) technical staff the BCA employed. Procedures (organisational chart) did not specify the
number (FTE) Vacancies or no Vacancies.
Procedures did not specify that the following shall be retained in records:
 If applicable the specified intended life of the building. Any statutory declarations provided by an owner builder.
Copies of Notices to Fix.
 Any advice issued by the District Court under s126 of the Act.
 Records of any information on any land or building received by the BCA from a statutory authority.
Procedures did not address the following:
Did not require the regular review of BCA

		Non-		Brea (Ente	i <mark>ch of re</mark> er Yes wh	gulation nere appli	n 5/6? _{cable)}			Date Non-			of	
Regulatory requirement	Non- compliance (Serious / General)	compliance identification number	5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes	Brief comment (to get to the heart of the issue)
														functions against their Quality Polic objectives.
														 Did not specify the frequency of Managemer Review/Reporting.
														 Did not specify (at a high level) the forr required of the regular Managemer Review/Reporting.
17(2)(e)	General	GNC 22	x	x					No	3/06/2019				Procedures did not prompt the BCA to consider feedback from contractors, although it did require the BCA to consider feedback from customers and employees.
														Procedures did not prompt the BCA to identifissues and opportunities within its policie procedures and systems.
														Procedures did not prompt the BCA to respond to issues identified in the performance of building control functions.
17(2)(h)	General	GNC 23	x	x	x				No	3/06/2019				Procedures did not give enough detailed aud guidance to ensure internal auditors performed audit as the BCA specifically required.
														Implementation of this activity had not bee effective in that the internal audits had bee performed against the MBIE Checklists rather tha the processes described within the BCA procedures. Also the internal audits did not alway record evidence when appropriate.
														Procedures did not describe a classification system for non-compliances
17(2)(i)	Choose an item.													
17(2)(j)	Choose an item.													
17(3)	Choose an item.													
17(3A)(a)	Choose an item. Choose an item.													
17(3A)(b) 17(3A)(c)	Choose an item.													
17(3A)(C) 17(4)(a)	General	GNC 21	x	x					No	3/06/2019				
1 / (4)(a)	General	0140 21								3,00/2018				Procedures (Induction) did not require new staff t access/familiarise themselves with Quality Syster procedures.
														Procedures (Training) did not discuss that staf would be required to learn/refresh relevan procedures when trained in an activity.
												1		Procedures (Management Review/Reporting) did

Regulatory requirement	Non- compliance (Serious / General)	Non- compliance identification number	Breach of regulation 5/6? (Enter Yes where applicable)						Decelved	Date Non-	Date Non-	Number of	
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)	Resolved On-site? Yes/No	compliance to be cleared by (DD/MM/YYYY) N/A where NC is resolved on-site	compliance cleared (DD/MM/YYYY)	Recommendations	Advisory notes
17(4)(b)	Choose an item.												
17(5)(a)	General	GNC 20	X	x					No	3/06/2019			
17(5)(b)	Choose an item.												
Regulation 18													
18(1)(a)	Choose an item.												
18(1)(b)	Choose an item.												
18(1)(c)	Choose an item.												
18(3)(a)	Choose an item.												
18(3)(b)	Choose an item.												

Brief comment (to get to the heart of the issue)

not discuss that staff would be required to refresh relevant procedures in response to any relevant issues.

Procedures (Internal Audits) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.

Procedures (Continuous Improvement) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings

Procedures did not prompt the BCA to review the following annually (or more frequently).

- Effectiveness of implementation of Internal Audits and Continuous Improvement procedures.
- Effectiveness of employee and contractor engagement with Quality Assurance Systems.
- Effectiveness of employee and contractor engagement with Continuous Improvement systems.
- Effectiveness of engagement with the requirement to declare any perceived or actual Conflict of Interest.
- Effectiveness of the BCA's communications relating to the Quality Assurance Systems.
- Effectiveness of the processes for making changes to the Quality Assurance Systems.