

Audit and Risk Committee

AGENDA

Notice of Meeting:

A meeting of the Audit and Risk Committee will be held on:

Date: Wednesday 31 July 2024
Time: 2.00pm
Venue: Hine Paaka Council Chamber, Te Whare Whakaterere
2 Baring Square East, Ashburton

Membership

Chairperson	Russell Ellis
Deputy Chairperson	Leen Braam
Members	Carolyn Cameron Liz McMillan Richard Wilson Murray Harrington (external appointee) Mayor Neil Brown (ex-officio)

Audit & Risk Committee

Timetable

2.00pm	Meeting commences
2.15pm	Marsh Insurance – Jerard Cowburn

ORDER OF BUSINESS

- 1 Apologies
- 2 Extraordinary Business
- 3 Declarations of Interest

Minutes

- | | | |
|---|--|---------------|
| 4 | Confirmation of Minutes – 12/06/24 | 3 |
| 5 | Biennial Building Consent Authority Audit | 5 |
| 6 | EA Networks Centre – May 2024 income and expenditure | <i>Tabled</i> |

Business transacted with the public excluded

- | | | | |
|---|------------------------|---|--------------|
| 7 | Minutes 12/06/24 | | PE 1 |
| | • Health & Safety | Section 7(2)(a) Protection privacy of natural persons | |
| 8 | Insurance | Section 7(2)(h) Commercial activities | PE 2 |
| 9 | Health & Safety Report | Section 7(2)(a) Protection privacy of natural persons | PE 17 |

Audit & Risk Committee

31 July 2024



4. *Audit & Risk Committee Minutes*

Minutes of the Audit & Risk Committee meeting held on Wednesday 12 June 2024, commencing at 1.00pm, in the Hine Paaka Council Chamber, Te Whare Whakateru, 2 Baring Square East, Ashburton.

Present

Councillors Russell Ellis (Chair), Carolyn Cameron, Liz McMillan, Richard Wilson and Murray Harrington (via MS Teams), Mayor Neil Brown [*Amended Council 26/06/24*]

Also present:

Dereck Ollsson (Audit Director), Councillors Phill Hooper, Lynette Lovett, Rob Mackle and Tony Todd

In attendance

Hamish Riach (CE), Leanne Macdonald (GM Business Support), Sarah Mosley (GM People & Facilities) and Carol McAtamney (Governance Support).

Staff present for the duration of their reports: Richard Wood (Sport and Recreation Manager), Katie Perry (People & Capability Manager) and Andrew Malcolm (Safety & Wellness Lead).

1 Apologies

Nil.

2 Extraordinary Business

Nil.

3 Declarations of Interest

Nil.

4 Confirmation of Minutes

That the minutes of the Audit & Risk Committee meeting held on 8 May 2024 be taken as read and confirmed.

Cameron/Wilson

Carried

5 EA Networks Centre Income and Expenditure

That the Audit & Risk Committee receives the EA Networks Centre financial report.

Wilson/McMillan

Carried

Business transacted with the public excluded – 1.05pm

That the public be excluded from the following parts of the proceedings of this meeting, namely – the general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under Section 48 (1) of the Local Government Official Information and Meetings Act 1987 for the passing of this resolution are as follows:

Item No	General subject of each matter to be considered:	In accordance with Section 48(1) of the Act, the reason for passing this resolution in relation to each matter:	
6	Audit & Risk Committee minutes	Section 7(2)(a)	Protection of privacy of natural persons

7	Health & Safety	Section 7(2)(a)	Protection of privacy of natural persons
		McMillan/Cameron	Carried

The meeting concluded at 1.41pm.

5. Biennial Building Consent Authority Audit

Author *Michael Wong; Building Services Manager*
Executive Team Member *Jane Donaldson; Group Manager Compliance & Development*

Summary

- Council had its biennial accreditation assessment audit from 19 February to 22 February 2024. This is a requirement for all Building Consent Authorities. International Accreditation New Zealand (IANZ) identified eleven general non-compliances that Council must clear prior to its accreditation certificate being renewed. Council had until 24 May 2024 to achieve this. That deadline has been met and renewed accreditation has been granted.

Recommendation to Council

- 1. That** the Audit and Risk Committee recommends to Council that the Building Consent Authority Audit report be received.

Attachment

Appendix 1 Ashburton Final Report with GNCs cleared

Background

The current situation

1. From 31 March 2009, only registered Building Consent Authorities (BCAs) have been permitted to perform building consenting and certifying functions in terms of the Building Act 2004.
2. The Ministry for Business, Innovation and Employment (MBIE) has published regulations and criteria for accrediting Building Consent Authorities. IANZ is currently contracted by MBIE to undertake the assessments of Building Consent Authorities against these criteria for registration by MBIE.
3. The Building (Accreditation of Building Consent Authorities) Regulations 2006 require each Building Consent Authority to have appropriate policies, systems and procedures in writing that record how it ensures that it implements effective policies, procedures and systems. They also require each BCA to record the key decisions it makes, the reasons for them, and the outcomes and actions of those decisions.
4. The assessment audit is carried out every two years to check compliance against the Regulations.
5. Following the assessment audit, a report is provided to Council with any non-compliances that need to be completed prior to accreditation being renewed for a further two year period. Failure to answer the non-compliances satisfactorily may result in Council losing its accreditation.
6. In July 2017 there were some new regulations introduced and the format of the assessment was changed to a more stringent procedure. Corrective action requests became serious or general non-compliances.

The February 2024 Assessment

7. The assessment report (attached) shows we received 2 'serious' non-compliances (none last time), 14 'general' non-compliances (10 last time), 24 recommendations (7 last time) and 1 advisory note (0 last time). Like the last assessment, there were no technical non-compliances with all of the non-compliances relating to administrative matters.
8. In May 2024, we achieved clearance for our non-compliances. IANZ are still wanting to see our next issued commercial consent with an attached draft compliance schedule to be fully assured we have it right.

Legal/policy implications

9. The following sections of the Building Act 2004 relate to the Council as a Building Consent Authority.

Section 12 Role of building consent authority and territorial authority

[Building Act 2004 No 72 \(as at 15 November 2021\), Public Act 12 Role of building consent authority and territorial authority – New Zealand Legislation](#)

Section 14F Responsibilities of building consent authority

[Building Act 2004 No 72 \(as at 15 November 2021\), Public Act 14F Responsibilities of building consent authority – New Zealand Legislation](#)

Section 212 Territorial authority must act as a building consent authority for its district

[Building Act 2004 No 72 \(as at 15 November 2021\), Public Act 212 Territorial authority must act as building consent authority for its district – New Zealand Legislation](#)

Section 215 Territorial authority must gain accreditation and be registered

[Building Act 2004 No 72 \(as at 15 November 2021\), Public Act 215 Territorial authority must gain accreditation and be registered – New Zealand Legislation](#)

Section 251 Criteria for accreditation

[Building Act 2004 No 72 \(as at 15 November 2021\), Public Act 251 Criteria for accreditation – New Zealand Legislation](#)

Section 254 Revocation of accreditation

[Building Act 2004 No 72 \(as at 15 November 2021\), Public Act 254 Revocation of accreditation – New Zealand Legislation.](#)

Strategic alignment

10. The recommendation relates to Council’s community outcome of a prosperous economy because the more building work that takes place (without further oversight) is of benefit for the whole community.

Wellbeing		Reasons why the recommended outcome has an effect on this wellbeing
Economic		
Environmental	✓	The built environment will continue to grow safely
Cultural		
Social	✓	The public has confidence that our BCA performance is open to scrutiny

Financial implications

Requirement	Explanation
What is the cost?	Within existing budget
Is there budget available in LTP / AP?	Yes
Where is the funding coming from?	Within existing budget
Are there any future budget implications?	Only if accreditation is not renewed and statutory management is implemented
Reviewed by Finance	<i>Leanne Macdonald, Group Manager – Business Support</i>

Significance and engagement assessment

Requirement	Explanation
Is the matter considered significant?	No
Level of significance	Low
Rationale for selecting level of significance	N/A
Level of engagement selected	1 – Inform
Rationale for selecting level of engagement	The BCA accreditation process is a statutory process all BCAs are required to complete every two years. No wider community engagement is required. Council must follow statutory requirements and to communicate openly with elected members about the report.

Reviewed by Strategy & Policy	Mark Low; Strategy and Policy Manager
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Next step

10. Accreditation assessment to be undertaken in February 2026.

Date	Action / milestone	Comments
February 2026	Next IANZ assessment is to be undertaken	



The NZ mark of competence
Tohu Matatau Aotearoa

**BUILDING CONSENT AUTHORITY ACCREDITATION
FINAL ASSESSMENT REPORT
with GNCs cleared except
GNC 3 Conditionally cleared**

Updated 17/5/2024


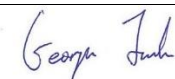
Ashburton District Council

IANZ - FINDINGS CONDITIONALLY CLEARED	
INITIALS:	AW
DATE:	17 May 2024

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BCA AND ASSESSMENT DETAILS

ORGANISATION DETAILS							
Organisation:		Ashburton District Council					
Address for service:		2 Baring Square East, Ashburton 7700					
Client Number:	7476	Accreditation Number:	64				
Chief Executive:		Mr Hamish Riach					
Chief Executive Contact Details:		Hamish.Riach@adc.govt.nz					
Responsible Manager:		Mr Michael Wong					
Responsible Manager Contact Details:		Michael.Wong@adc.govt.nz					
Authorised Representative:		Mr Michael Wong					
Authorised Representative Contact Details:		Michael.Wong@adc.govt.nz					
Quality Manager:		Mr Michael Wong					
Quality Manager Contact Details:		Michael.Wong@adc.govt.nz					
Number of FTEs	Technical	9.4	Support functions	5			
Total FTEs should = technical FTEs + admin FTEs + vacancies		0	Vacancies (Support)	0			
Activity during the previous 12 months		Building Consents					
		R1	474	R2	55	R3	32
		C1	30	C2	6	C3	2
		CCCs			665		
		New compliance schedules			12		
		BCA Notices to Fix			1		
ASSESSMENT TEAM							
Assessment Date:		19 February 2024 to 22 February 2024					
Lead Assessor:		Adrienne Woollard					
Lead Assessor Contact Details:		awoollard@ianz.govt.nz					
Technical Expert:		Brendan Guyton					
Observer:		Jon King (MBIE)					
ASSESSMENT FINDINGS							
		This assessment (RR):		Last assessment (RR):			
Total # of "serious" non-compliances:		2		0			
Total # of "general" non-compliances:		14		10			
Total # of non-compliances outstanding:		11		6			
Recommendations:		24		7			
Advisory notes:		1		0			
Date all action plans must be accepted:		9 April 2024					
Date all non-compliances must be cleared:		7 June 2024					
NEXT ASSESSMENT							
Recommended next assessment type:		Routine Reassessment					
Recommended next assessment month:		February 2026					
IANZ REPORT PREPARATION							
Prepared by: Adrienne Woollard		Date: 22 February 2024		Signature: 			
Checked by: Georgina Jackson		Date: 8 March 2024		Signature: 			

INTRODUCTION

This report relates to the routine accreditation assessment of the **Ashburton District Council Building Consent Authority (BCA)** which took place on site during **February 2024** 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 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 (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 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

This assessment identified that the BCA had a well-managed quality system in place, with passionate and experienced staff dedicated to achieving good outcomes for both the BCA and its clients. Good recording of reasons for technical decisions, both for processing and inspection, was noted.

As the BCA was relatively small in size there was considerably more verbal communications between staff than would be experienced in a larger BCA. While verbal communications were appropriate on many occasions, in some cases important information had not been suitably recorded. This meant that the BCA was on some occasions not able to demonstrate that it had carried out functions that had obviously been discussed in some depth. The lack of recording has resulted in a number of findings being raised requiring better recording of discussions and outcomes.

The BCA was not meeting the statutory requirements for issue of building consents within 10/20 working days. As this issue was a repeat from that observed during the previous assessment, this resulted in two serious non-compliances being raised during the assessment. The BCA was able to demonstrate that while they had experienced a shortage of employees/contractors in previous years they now had appropriate resources available. The overtime consents were demonstrated to be a hangover from the previous shortage and therefore would take a while to work through the system. This explanation was documented during the assessment and therefore the two serious non-compliances were accepted as cleared.

While several non-compliances were addressed by the BCA during the assessment, there were however, still some outstanding issues. These 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.

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) had been split out into their component parts to enable easy recording and management of the key issues.

Where both a Serious Non Compliance (SNC) and a General Non Compliance (GNC) have been issued for the same Regulation, each of these are recorded separately.

STEPS TO ADDRESSING NON-COMPLIANCES IDENTIFIED

<p>Step 1</p>	<p>Action plans 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).</p>	<p>Required to be submitted within 10 working days of the receipt of this report.</p>
<p>Step 2</p>	<p>IANZ Reviews the action plans provided 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.</p>	<p>IANZ has a KPI of 10 working days to review and respond. Action plans and proposed evidence required to be accepted within 20 working days of the receipt of this report.</p>
<p>Step 3</p>	<p>Submitting clearance evidence Upon the acceptance of all action plans, the BCA can proceed to provide clearance evidence to IANZ.</p>	<p>BCA to submit a separate email to address each GNC, ideally containing all listed proposed evidence.</p>
<p>Step 4</p>	<p>Review of clearance evidence 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.</p>	<p>IANZ has a KPI of 10 working days to review and respond to each piece of clearance evidence provided.</p>
<p>Step 5</p>	<p>Last date for information submission 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.</p>	<p>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.</p>
<p>Step 6</p>	<p>Final clearance The BCA must clear all identified non-compliances.</p>	<p>Within 3 months of the issuing of this report (unless an extension is granted or a finding is conditionally cleared waiting for future information).</p>

If you do not agree with the non-compliances identified, or 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. These will only be granted for unpredictable and unmanageable reasons.

Please note that 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, 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. The BCA was considered to pose a **Low Risk**. The Risk Decision table is displayed below for reference.

High risk	A non-functioning BCA - depending on extent and type of risk and agreed management method. E.g. there is a pattern of failure to follow a policy, procedure or system (PPS) by a single or multiple employees, and/or that the PPS had not been consistently and effectively implemented.	Some form of monitoring within 6 months
Medium risk	The BCA is not currently compliant and is unlikely to demonstrate substantial compliance at the next assessment, or there was a failure to implement PPS over two or more assessment cycles.	1 year
Low risk	“Normal” risk (the BCA is likely to remain substantially compliant over the next two years).	2 years
Extra Low risk	The BCA is almost fully compliant and likely to remain that way.	Reduced monitoring at next 2 yearly assessment

The main reasons for considering this risk category were:

- The BCA had a stable workforce that had a good knowledge of both technical and quality system requirements.
- The BCA was observed in the examples reviewed, to be making well considered technical decisions, with good recording of reasons for decisions noted.
- Although two serious non-compliances were raised, these were both cleared during the assessment so were no longer considered to contribute to the risk rating of the BCA.
- The items that were identified, with the exception of Compliance Schedules, were in general minor in nature and the assessment team was confident that once they were addressed that the BCA would remain compliant.

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 as a **Routine Reassessment** for **February 2026**.

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

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
IQP	Independent Qualified Person
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

Observations and comments, including good practice and performance

The BCA had appropriately 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.

The BCA had not made any significant changes requiring notification to IANZ and MBIE, so implementation of this Regulation was not able to be assessed.

Regulation 7(2)(a) Providing consumer information

Observations and comments, including good practice and performance

The BCA provided consumer information regarding how to apply for a consent, and how an application was processed, inspected, and certified. While several minor changes were noted to be required to the information documented on the Council's website, these changes were made during the assessment. The consumer information then met the requirements of Regulation 7(2)(a).

GNC 1 – resolved during the assessment.

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).

Implementation was seen to be appropriate where building consent applications could be received in hard copy or electronically. Any hard copy documents were then scanned into the BCA's system.

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).

The procedure stated that the application would be checked (vetted) within 48 hours of receipt. While this was generally happening appropriately, on some occasions this had not occurred. It is recommended that the BCA ensures that it vets all applications within 48 hours of receipt as defined within the procedure.

See Recommendation R1

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).

All applications were seen to have been appropriately recorded in its TechOne 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 assessed and categorised using the NCAS building categories and the categorisation was then recorded within the BCA's system.

Regulation 7(2)(d)(iii) Allocating building consent applications

Observations and comments, including good practice and performance

The BCA had documented its procedure for allocating applications in accordance with Regulation 7(2)(d)(iii), however, the procedure (BC2) did not fully describe how the BCA would determine if Technical Leadership was required when considering the application. Nor did it indicate how any required work allocated to technical leaders during processing would be recorded.

The BCA was seen to be appropriately allocating work and seeking informal technical leadership as required so this is not raised as a non-compliance however the BCA is strongly recommended to consider providing further details in their procedure.

See Recommendation R2

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 in procedure BC2. The procedures were mostly appropriate however, some clarification is required, as below:

- B14 item 13 indicated the process of managing a Minor Variation on site (at the time of inspection) but this procedure did not correctly represent the process the BCA was currently undertaking.
- The procedure did not provide a process for managing Minor Variations before inspections were engaged.
- The procedure did not discuss the process of a Minor Variation requirement when the Specified Systems and/or Performance Standards were found to differ between the Building Consent and the pre-issued Compliance Schedule.
- The procedure did not include processes for consideration of current registered product

certificates. The consideration of registered product certificates was also not documented within the BCA's processing checklist.

See GNC 2


Implementation of the processing procedure was mostly found to be appropriate, with good recording of reasons for decisions noted however, it was observed that in some cases the BCA was not documenting the reason where a processor altered the building category of the application. It is therefore recommended that the BCA ensures that the reason for processors altering the building category of the application is always recorded.

See Recommendation R3

It was also noted that the BCO had on occasions not appropriately managed the clock within TechOne when complete RFI responses were received. It is recommended that the BCA works to ensure that the TechOne clock is appropriately managed, including providing any necessary training.

See Recommendation R4

General Non-compliance No. 2: Action Plan accepted Cleared 18/04/2024

Breach of requirement:	Regulation 7(2)(d)(iv)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<p>The BCA's procedure for processing of building consent applications requires clarification as follows:</p> <ul style="list-style-type: none"> • B14 item 13 indicated the process of managing a Minor Variation on site (at the time of inspection) but this procedure did not correctly represent the process the BCA was currently undertaking. • The procedure did not provide a process for managing Minor Variations before inspections were engaged. • The procedure did not discuss the process of a Minor Variation requirement when the Specified Systems and/or Performance Standards were found to differ between the Building Consent and the pre-issued Compliance Schedule. • The procedure did not include processes for consideration of current registered product certificates. The consideration of registered product certificates was also not documented within the BCAs processing checklist. 							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					26 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
The BCA proposes to update the QAS Manual to show changes made – any minor variations will be sent to a processor (if work is yet to commence) or the inspector who did the last inspection. Anything else will be required to be lodged as an amendment.							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
A snipped image of the change to the manual							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
12/04/2024 IANZ AW	Amended procedure received and sent to TE for review.						
18/04/2024 IANZ AW	Amended procedure accepted. GNC cleared.						
NON COMPLIANCE CLEARED							
Signed: 					Date: 18 April 2024		

Regulation 7(2)(d)(v) Granting and issuing building consents and Compliance with Form 5
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for granting and issuing consents, in accordance with Regulation 7(2)(d)(v).</p> <p>During review of a sample of issued building consents some items were identified that did not fully meet the requirements of the legislation, and/or the BCA’s procedures and information as follows:</p> <ul style="list-style-type: none"> • Within the Form 3s that were relevant to the Building Consent applications reviewed, it was identified that within the notice it indicated that the invoice would be sent once approval of the Building Consent was given and that the payment was due by the 20th of the month following the invoice. This largely differed from the BCAs procedure and the Consumer information within the Council’s website. • Within the review of the Form 5s (building consents) associated with commercial consents that contained specified systems, the BCA had not listed the Performance Standards of the Specified Systems within the Form (or on a draft Compliance Schedule indicated as an attachment to the Form 5) as required by the Forms Regulations. • Within the review an example was identified where the Form 2 only requested a Building Consent (not a PIM) and within the “internal PIM check” a section 37 was identified as being required. Section 37(3)(b) requires the TA to provide a Section 37 notice to the BCA and the BCA is required under section 51(1)(3)(4) to provide the information to the applicant. The relevant Form 5 was issued without the required Form 4 indicated as an attachment. <p>See GNC 3</p> <p>Issued building consents generally met expectations except advice notes added to the consent were at times not relevant to the work the consent was issued for. It is recommended that the BCA ensure that all advice notes are relevant to the scope of the building work (e.g. surveying should not be required for an internal fitout).</p> <p>See Recommendation R5</p>


General Non-compliance No. 3: Action Plan accepted See qualifying note
Conditionally Cleared 17/05/2024

Breach of requirement:	Regulation 7(2)(d)(v)						
Breach of requirement:	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)
FINDING DETAILS							
<p>During review of a sample of issued building consents some items were identified that did not fully met the requirements of the legislation, and/or the BCA’s procedures and information as follows:</p> <ul style="list-style-type: none"> • Within the Form 3s that were relevant to the Building Consent applications reviewed it was identified that within the notice it indicated that the invoice would be sent once approval of the Building Consent was given and that the payment was due by the 20th of the month following the invoice. This largely differed from the BCA procedure and the Consumer information within the Council’s website. • Within the review of the Form 5s (building consents) associated with commercial consents that contained specified system the BCA had not listed the Performance Standards of the Specified Systems within the Form (or on a draft Compliance Schedule indicated as an attachment to the Form 5) as required by the Forms Regulations. • Within the review an example was identified where the Form 2 only requested a Building 							

<p>Consent (not a PIM) and within the “internal PIM check” a section 37 was identified as being required. Section 37(3)(b) requires the TA to provide a Section 37 notice to the BCA and the BCA is required under section 51(1)(3)(4) to provide the information to the applicant. The Form 5 was issued without the required Form 4 indicated as an attachment.</p>	
IMPORTANT DATES	
Date this action plan was accepted by IANZ:	Accepted 26/3/2024 See qualifying note.
Final date evidence of implementation can be accepted from BCA:	24 May 2024
PLAN OF ACTION <i>(To be provided by BCA)</i>	
<p>The BCA will amend the Form 3 template held in T1 to reflect what is stipulated on the Form 3 on the form regulations 2006.</p> <p>The BCA will issue a formal draft compliance schedule and create a CS application with a unique identifier in T1 and attach to the stamped approved issued documents as part of the supporting documents.</p> <p>The BCA will attach the PIM email as part of the issued documents when uplifting.</p>	
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>	
<p>An updated template and 2 issued Form 3 documents.</p> <p>A copy of a draft compliance schedule and issued documentation.</p> <p>A copy of a set of 2 stamped approved documents and supporting PIM.</p>	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
25/03/2024 BCA KG	Action plan provided
26/03/2024 IANZ AW	Action plan accepted however, more than one sample of a draft compliance schedule being sent with the Form 5 will be required as a sample size of 1 is too small. If more than one sample is not available, can the BCA provide mocked up examples from those previously issued?
18/4/2024 IANZ AW	Information received and sent to TE for review. <ul style="list-style-type: none"> - The new template for Form 3 - 2 mocked examples of issued Form 3's - 2 draft compliance schedules (one mock) - 2 email attachments for links to Stamped Approved docs sent to clients
23-4-2024 TE - BG	<p>Within the GNC finding there was 3 relevant bullet points, the BCA has provided evidence for review:</p> <p>Bullet point 1 – The BCA has provided a copy of the newly revised template letter and 2 x mock examples of the letter being issued. The letter now indicates that the payment of the DC is required before the BCA consider the issuing of the CCC, this is now aligned with the procedure and the consumer information.</p> <p>Bullet point 2 – Within the evidence the BCA has provided 2 x copies of issued “draft” Compliance Schedules. I have checked these in relation to listing the specified system and relevant performance standard as this is the only mandatory information required by the BA04.</p> <p>CS0510 – note the amended CS is only for the Food Block area. SS2 – OK SS4 – OK SS9 – OK SS14/2 – OK</p>

	<p>SS15/2 – OK SS15/3 – existing SS15/4 – OK</p> <p>BUT – No Form 5 provided so can't check if the SS and PS is listed on the Form 5 as well or if the form indicates the draft CS as an attachment.</p> <p>CS0043 SS2 – OK SS3/1 – OK SS4 – OK SS7 – 2x PS listed: 1: NZBC G12 – but no sub part indicated. 2: AS/NZS 2845 – but no year/version indicated. SS9 – OK SS14/2 – No version/amendment indicated. SS15/2 – OK SS15/4 – 2 x PS listed. 1; indicates that the Acceptable solution is the NZBC 2: NZBC listed but acceptable solution would have been the more relevant reference.</p> <p>This bullet point is not cleared as some issues still relevant.</p> <p>Bullet point 3 – No evidence appears to have been provided – the BCA indicated that they would provide “A copy of a set of 2 stamped approved documents and supporting PIM”.</p> <p>This bullet point is not cleared.</p> <p>NOT RESOLVED BG 22-4-2024</p>
<p>2/5/2024 IANZ TE</p>	<p>Bullet point 3 The BCA has provided the documentation for BC0081/24 and BC0044/24 (Form 5, supporting documents, specifications and plans). BC0044/24 , BC0377/23 and BC0436/23 had relevant information to show the providing of the PIM to owner/agent. BUT The Form 5s did not list the PIM as an attachment as required by the Building (Forms) Regulations. Section 51(1)bi indicates that the PIM is “attached” to the form 5.</p> <p>It is also noted that Form 3 (DCs) is also relevant but has not been indicated as an attachment either.</p> <p>Bullet point 2 BC0436/23 indicated that a compliance schedule was required for the building but did not indicate the relevant performance standards for the listed specified systems. (Note that it also did not list a Draft Compliance Schedule as an attachment which could be considered as an alternative to listing these on the Form 5).</p> <p>NOT RESOLVED BG</p>
<p>5/5/2024 IANZ AW</p>	<p>Information received and sent to the TE</p>
<p>6/5/2024 IANZ AW</p>	<p>Bullet point 1 - previously cleared.</p> <p>Bullet point 2 – not yet resolved. BC0436/23 indicated that a compliance schedule was required for the building but did not indicate the relevant performance standards for the listed specified systems. (Note that it also did not list a Draft Compliance Schedule as an attachment which could be considered as an alternative to listing these on the Form 5).</p> <p>Bullet Point 3 – Now cleared TE- BG 6-5-2024 – The BCA has provided a copy of the Form 5s again as evidence:</p>

	<p>BC0044/24 Now the Form lists the PIM and Form 3 as an attachment.</p> <p>BC0081/24 Now the Form lists the PIM and Form 3 as an attachment.</p> <p>Satisfied that this bullet point of the GNC can be cleared – RESOLVED BG 6-5-2024</p>
<p>9/5/2024 IANZ AW</p>	<p>Bullet Point 2: I can see that the Draft Compliance Schedule and PIM are now listed as attachments (however, the CCC Application form is attached to the Form 5 but is not listed as an attachment.)</p> <p>2, Importantly, there appears to be a layout issue on the Form 5: There is a section titled Building Work:</p> <p>Building Work Project: → Add/Alterations--Extend-Existing-Worksho → Intended-Life: Indefinite → → → Intended-Use(s): → Alteration-to-Extend-Existing-Worksho Total-Estimated-Value-(\$): -40,000.00</p> <p>This is followed by another Section titled Building Work:</p> <p>Building Work</p> <p>The following building work is authorised by this building consent:</p> <p>However, there is no building work described under the section “The following building work is authorised by this building consent:” Maybe the section above is dropping into the wrong location? Please address this issue.</p> <p>3, Please note that in the Draft Compliance Schedule provided, C/AS2 is described as “NZBC C/AS2”. This reference is not correct as the acceptable solutions are not part of the building code (but rather a way of meeting the requirements of the code). This issue was also noted in our response of 23/4/2024. Please make sure that this is correct in future references.</p> <p>4, In the Draft Compliance Schedule the illuminated exit signs are identified under SS15.4. The performance standards for these are listed are: “AS 2293: Parts 1 & 3 & F8/AS1 Installed in the areas indicated on the attached plans (Emergency Lighting & Exit Sign Test Switch – AS 2293.1: 2005 Clause 4.3.1 (d) and AS/NZS 2293.1: 2018 Clause 3.3.2(d)”. Is it the intention that all of these standards will be complied with for the exit signs? Please clarify. This issue was also briefly noted in our response of 23/4/2024 (SS15/4 – 2 x PS listed).</p>
<p>10/5/2024 IANZ TE</p>	<p>Regarding Bullet Point 2 which states: <i>Within the review of the Form 5s (building consents) associated with commercial consents that contained specified system, the BCA had not listed the Performance Standards of the Specified Systems within the Form (or on a draft Compliance Schedule indicated as an attachment to the Form 5) as required by the Forms Regulations.</i></p> <p>The BCA has chosen to list the specified systems on the Form 5 and then to list them again on a Draft Compliance Schedule, along with the performance standards and the inspection and maintenance requirements. Note that the reporting requirements were not provided in the draft (they are not required to be) and will be required in the final Compliance Schedule.</p> <p>The BCA provided a mock building consent, PIM, and draft compliance schedule for</p>

	<p>BC0436/23, along with a draft CS which covered specified systems SS4, SS15/2 and SS15/4.</p> <p>Within this new draft Compliance Schedule, the description for SS15/4 referenced S14/2. It is not clear why this reference was provided. Can you please clarify.</p> <p>The information provided was not in relation to addressing the previous findings regarding CS0043. In order to demonstrate that the initial findings have now been understood and addressed could you also please also provide a “draft CS0043” which addresses the issues in relation to the wording of the Performance Standards for SS7, SS14/2 and SS15/4 (as above):</p> <p>SS7 – 2x Performance Standards listed: 1: NZBC G12 – but no sub part indicated. 2: AS/NZS 2845 – but no year/version indicated.</p> <p>SS14/2 – No version/amendment indicated.</p> <p>SS15/4 – 2 x Performance Standards listed. 1; indicates that the Acceptable solution is the NZBC 2: NZBC listed but acceptable solution would have been the more relevant reference.</p>
<p>17/5/2024 IANZ AW</p>	<p>Further information was received and sent to the TE. It was agreed that while Bullet Point 2 has been addressed in the example provided, there was still insufficient evidence that the issue would be addressed on an ongoing basis. The TE suggested that clearance of this finding could be provided, conditional on the BCA providing a further Form 5 and supporting information for the next building consent issued with specified systems. If that consent demonstrates compliance with the requirements then final clearance of this GNC will then be provided.</p>
<p>NON COMPLIANCE CONDITIONALLY CLEARED</p>	
<p>Signed: </p>	<p>Date: 17 May 2024</p>
<p>NON COMPLIANCE FINALLY CLEARED</p>	

<p>Regulation 7(2)(d)(v) Lapsing building consents</p>
<p>Observations and comments, including good practice and performance</p>
<p>The BCA had appropriately documented its procedure for lapsing of Building Consents, in accordance with Regulation 7(2)(d)(v).</p> <p>The BCA was actively monitoring building consents as they reached 10 months from the date of issue (when they sent a reminder letter) and 12 months from the date of issue (where they recorded the consent as lapsed in their system if no application for an extension of time was received and granted). A number of examples were reviewed. On one occasion no reason for extension had been recorded (which is especially important where it is a second or subsequent extension). It is recommended that the BCA records the reason for the extension for each extension granted.</p> <p>See Recommendation R6</p>

<p>Regulation 7(2)(d)(v) Compliance with statutory timeframes for granting and issuing building consents</p>

Observations and comments, including good practice and performance

Building Consents were not always granted within the time limits specified in section 48 of the Building Act. During the assessment the BCA gathered information and met to discuss whether it had sufficient employees and contractors. The outcome of the meeting was that the BCA determined that the cause of the identified issue of building consents not being issued within 20 working days was that there were a number of historical consent applications on RFI, already over 20 days, that were now being issued and this was skewing the results. The BCA was able to determine that they had been substantially compliant with the 20-day clock for consents received since September 2023 when the historical consents were excluded from the dataset.

This issue was raised as SNC 1 and considered to be resolved during the assessment after providing the meeting minutes to the assessor indicating substantial (approximately 95%) “current” compliance versus compliance of “historical applications” that were already over 20 days and could therefore not be addressed within the 20-day timeframe.

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

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for planning, performing and managing inspections in accordance with Regulation 7(2)(e).

Inspections were adequately planned as part of processing.

A number of inspections were witnessed during the assessment and a selection of inspection records were reviewed. Inspectors were seen to be making well considered technical decisions and keeping good records of the reasons for their decisions.

Regulation 7(2)(f) Application for code compliance certificates

Observations and comments, including good practice and performance

The BCA had a documented procedure for Application for a Code Compliance Certification, however, within the procedure (BI4 – item 1) the BCA indicated that documentation greater than the requirement of section 92 was required in order for a CCC application to be accepted.

See GNC 4A


Within the review of the procedure (BI4) and the Form 6 template it was noted that the BCA had not accounted for the requirement for consideration of current manufacturers certificates issued by a registered manufacturer, that relate to any modular components. It is recommended that the BCA include this consideration as required. Note: The reason that this item is raised as a recommendation and not a non-compliance is that there are currently no manufacturer certifiers to provide the certificates.

See Recommendation R7

General Non-compliance No. 4A: Action Plan accepted See Recommendation Cleared 10/04/2024

Breach requirement:	Regulation 7(2)(f)						
Breach of	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)


requirement:						
FINDING DETAILS						
<p>Within the procedure for Application for a Code Compliance Certification procedure (B14 – item 1) the BCA indicated that documentation greater than the requirement of section 92 was required in order for a CCC application to be accepted.</p>						
IMPORTANT DATES						
Date this action plan was accepted by IANZ:					31 March 2024	
Final date evidence of implementation can be accepted from BCA:					24 May 2024	
PLAN OF ACTION <i>(To be provided by BCA)</i>						
<p>The BCA will remove the wording ‘and any other documentation requested on the form5’ so that the manual is only asking for an Energy Works Certificate, Applicable Records of Work and any Manufacturers Certificates as a requirement.</p>						
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>						
Snipped image of manual reflecting the change						
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:						
26/03/2024 IANZ AW	<p>An Energy Works Certificate is not the only information required to be provided with a Form 6. Please amended the action plan.</p>					
27/03/2024 IANZ AW	<p>Please take into account all of the requirements of Section 92 as follows:</p> <ul style="list-style-type: none"> (3) If— <ul style="list-style-type: none"> (a) the building work included the use of a modular component; and (b) in granting the building consent, the building consent authority relied on section 19(1)(da),— <p>the application under subsection (1) must be accompanied by a current manufacturer’s certificate for that component.</p> (3A) If— <ul style="list-style-type: none"> (a) the building work was the manufacture of, or included the use of, a modular component; and (b) the application for building consent included a manufacturer’s certificate under section 45(1)(bc),— <p>the application under subsection (1) must be accompanied by a current manufacturer’s certificate for that component.</p> (3) <i>[Repealed]</i> (4) If the building work comprises or includes energy work in respect of which a building consent has been granted, the owner must also include with the application any energy work certificate that relates to the energy work. <p>Please amended the action plan.</p>					
31/3/2024 IANZ AW	<p>Amended action plan reviewed and accepted.</p>					
10/4/2024 IANZ AW	<p>An amended procedure was provided. While item 1 was a little vague, Item 2 went on to clarify. This finding is cleared; however, I suggest that Item 1 in the procedure is revised to be more specific regarding the definition of a complete application. Perhaps consider replacing language such as “may also ask for” with a statement such as “In order to be accepted by the BCA, Form 6 must be accompanied by the documentation specified in Section 93 of the Act.”. Or just leave this out of Item 1 and rely on Item 2 to specify what must be supplied in order to be considered a complete CCC application.</p>					

NON COMPLIANCE CLEARED	
Signed: 	Date: 10 April 2024

Regulation 7(2)(f) Preparing and issuing code compliance certificates
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for the preparation and issuing of Code Compliance Certificates.</p> <p>During the assessment a selection of issued CCCs were reviewed. Within this review it was identified that the BCA was not listing the Compliance Schedule as an attachment as required by the prescribed form.</p> <p>See GNC 4B</p> <p>Further to the above, a recent example of a CCC was noted where the fire alarm was certified as meeting the requirements of NZS4512:2021 by the inspector but the installers certificate (as required by the standard) had not been provided or requested. It is recommended that the BCA ensures that it receives all of the documentation required by the specified Performance Standard for Specified Systems to support the decision to issue the CCC.</p> <p>See Recommendation R8</p>

General Non-compliance No. 4B: Action Plan accepted Cleared 15/04/2024

Breach of requirement:	Regulation 7(2)(f)						
Breach of requirement:	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)
FINDING DETAILS							
The BCA was not listing the Compliance Schedule as an attachment to a CCC where the building work contained specified systems, as required by the prescribed form.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					26 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
The BCA will ensure that as part of the final CCC check, the issued draft Compliance Schedule will be reviewed and if correct, finalised and sent out accompanying the CCC							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
A copy of 3 recently issued CCC with attached issued Compliance Schedule or mocked up examples							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
26/03/2024 IANZ AW	Action plan initially accepted however, further examples may be required to be satisfied that the BCA as an appropriately implemented system.						
12/04/2024 IANZ AW	In the example CCC supplied the BCA had not listed the Compliance Schedule as an attachment to a CCC, as required by the prescribed form. The identified issue has therefore not been addressed.						

	<p>Note the Form 7 requires:</p> <p>Code compliance</p> <p>The building consent authority named below is satisfied, on reasonable grounds that—</p> <hr/> <p>Schedule Building (Forms) Regulations 2004 Reprinted 12 November 2012</p> <p>(a) the building work complies with the building consent; and</p> <p>†(b) the specified systems in the building are capable of performing to the performance standards set out in the building consent.</p> <p>† Attachment</p> <p>† Compliance schedule</p> <p>Signature:</p> <p>Position:</p> <p>On behalf of: <i>[name of building consent authority]</i></p> <p>Date:</p>
<p>15/4/2024 IANZ AW</p>	<p>One mock CCC was sent that was not correct. As it listed additional information that was not attached. 3 x further examples requested and provided. GNC now cleared.</p>
<p>NON COMPLIANCE CLEARED</p>	
<p>Signed: </p>	<p>Date: 15 April 2024</p>

<p>Regulation 7(2)(f) 24-month CCC decisions</p>	
<p>Observations and comments, including good practice and performance</p>	
<p>The BCA had appropriately documented its procedure for making a 24-month decision on whether to issue a Code Compliance Certificate where no application for Code Compliance Certificate had been received, in accordance with Regulation 7(2)(f). It is however recommended that the BCA add to its</p>	

procedure its process that it uses for if it chooses to issue a CCC at 24 months, in order to reflect the TechOne workflow.

See Recommendation R9


In some cases, the BCA was incorrectly requiring the applicant to provide a CCC application at 24 months. It is therefore recommended that the BCA changes its letter template to exclude a requirement for CCC application at 24 months.

See Recommendation R10

Implementation was not always fully adequate, where the BCA had not always followed its procedure to send a letter at 18 months notifying of its 24-month CCC decision requirement. An IT glitch meant that in some cases the TechOne 18-month alert was not correctly generated. The Council was aware that this issue required fixing but was yet to be able to allocate sufficient resources to the issue. The BCA had developed a workaround manual report however, as this was not always working effectively this is not accepted as a long-term solution.

See GNC 4C

General Non-compliance No. 4C: Action Plan accepted Cleared 17/04/2024

Breach of requirement:	Regulation 7(2)(f)						
Breach of requirement:	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)
FINDING DETAILS							
The BCA had not always followed its procedure to send a letter at 18 months notifying of its 24-month CCC decision requirement. An IT glitch meant that in some cases the TechOne 18-month alert was not correctly generated. The Council was aware that this issue required fixing but was yet to be able to allocate sufficient resources to the issue. The BCA had developed a workaround manual report however, as this was not always working effectively, this is not accepted as a long-term solution.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					26 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
The BCA will have 2 IT staff assigned to fixing this glitch. They have programmed the work to be done before mid May and will be liaising with TechnologyOne Direct. The workaround it still in place and reports are being run monthly.							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
A screenshot of the alert working correctly displaying the amount of 18 month letters to be sent out							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
26/03/2024 IANZ AW	Action plan accepted						
17/04/2024 IANZ AW	A screenshot of the alert working correctly displaying the amount of 18 month letters to be sent out was received and accepted.						
NON COMPLIANCE CLEARED							
Signed: 					Date: 17 April 2024		

Regulation 7(2)(f)

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 Code Compliance Certificates within 20 working days was seen to be averaging nearly 100%, which was considered to be substantially compliant.

While the BCA was not recording its monitoring of the days taken to refuse CCCs when considering applications at 24 months from granting of consents, it reported that these were being monitored daily and did not exceed 20 working days. Recent examples reviewed indicated that the BCA was appropriately making a decision within 20 working days.

Within the review of CCC applications, one example was viewed where the clock had not been managed correctly within TechOne. The BCA is recommended that they ensure consistent implementation of the documented procedure.

See Recommendation R11

Regulation 7(2)(f) Compliance schedules

Observations and comments, including good practice and performance

The BCA had documented its procedure for the preparation and issuing of Code Compliance Certificates, however, within the discussion with the BCA they indicated that as part of the process of issuing a Compliance Schedule a BCO would check that the pre-issued Compliance Schedule was checked against the Building Consent to ensure that all of the information aligned. This process was not articulated clearly within the procedure (BI4 – item 7).

See GNC 4D

Procedure BI4 – item 7 reads as if it implies that a Compliance Schedule Statement is “always” issued with the Compliance Schedule. This is not always the case, and it is recommended that the procedure reflects this.

See Recommendation R12

The technical expert undertook an in-depth review of the latest large Building that had a Compliance Schedule issued. This had multiple Specified Systems so was selected as an example to ensure that all Specified Systems and their Inspection, Maintenance and Reporting requirements were captured and recorded appropriately. The following issues were identified and discussed with the BCA:

- The makes of the various systems were not documented when the make should have been known by the BCA (refer section 103 (1)(a) of the Act). Not recording the make also caused an issue in relation to understanding the relevance of some of the inspection and maintenance procedures documented. In particular, the inspection and maintenance section of some of the specified systems indicated to refer to the manufacturers recommendations but as no make was indicated the “manufacturer” could not be confirmed from the document.
Note: in this case the make was identified within the certification documentation provided with the CCC application and was also provided within the issued building consent documentation.
- Three of the system descriptions recorded were not correct to the specified system listed.
- The Compliance Schedule was not clear on the location of the Specified Systems within the building.
- Some of the Performance Standards listed were:
 - Not technically correct for the system (as an inappropriate year was indicated).
 - Not referring to the applicable amendment.
 - Not as per the certification documentation.
 - Where it was relevant to require multiple Performance Standards for the system only one was referenced (SS9).
 - Some of the Performance Standards were written at a level whereby the IQP would not understand the required measure.
- The frequency requirement of inspections to some Specified Systems was not appropriate for the listed Performance Standard.

- The inspection and maintenance standard referenced to one Specified System (SS9) was not appropriate as it did not describe the complete procedure required to be undertaken by the IQP.
- Two Specified Systems discussed inspection and maintenance requirements that were not relevant to the system.

This CS reviewed was part of many staged consents for the building but none of the building consents issued indicated that a Compliance Schedule was required as part of the Form 5.

See GNC 4D

Within the review of Compliance Schedules some areas were identified within the document that the BCA could consider amending:

- The relevant Building Consent/s were not listed.
- There was no version control documented.
- Not all of the relevant Building Information had been captured.
- The building use was not recorded (Suggest Building Regulations 1992 Clause A1 Classified Uses and Building Use from Schedule 2 of the Building (Specified Systems, Change the Use, & Earthquake-prone Buildings) Regs 2005.
- Occupant load for the building not indicated.
- Summary of systems not indicated.
- Page numbers not provided to the document.
- No attachments indicated for the document (for example, location plans, etc.).
- The document was not signed and dated by the BCA.
- The section of the Act referenced at the header of the document was not the appropriate section of the Act – consider the MBIE exemplar as guidance.

See Recommendation R13

General Non-compliance No. 4D: Action Plan accepted Cleared 10/05/2024

Breach of requirement:	Regulation 7(2)(f)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" 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)
FINDING DETAILS							
<p>Within the discussion with the BCA, they indicated that as part of the process of issuing a Compliance Schedule a BCO would check that the pre-issued Compliance Schedule was checked against the Building Consent to ensure that all of the information aligned. This process was not articulated clearly within the procedure (B14 – item 7).</p> <p>The technical expert undertook and in-depth review of the latest large Building that had a Compliance Schedule issued. This had multiple Specified Systems so was selected as an example to ensure that all Specified Systems and their Inspection, Maintenance and Reporting requirements were captured and recorded appropriately. The following issues were identified and discussed with the BCA:</p> <ul style="list-style-type: none"> • The make of the various systems was not documented when the make should have been known by the BCA (refer section 103 (1)(a) of the Act). If the make was not recorded this could cause a potential difficulty in relation to understanding the relevance of some of the inspection and maintenance procedures documented. In particular, the inspection and maintenance section of some of the specified systems indicated to refer to the manufacturers recommendations but as no make was indicated the “manufacturer” could not be confirmed from the document. <p>Note: in this case the make was identified within the certification documentation provided with the CCC application and was also provided within the issued building consent documentation.</p> <ul style="list-style-type: none"> • Three of the system descriptions recorded were not correct to the specified system listed. • The Compliance Schedule was not clear on the location of the Specified Systems within the building. • Some of the Performance Standards listed were: <ul style="list-style-type: none"> ▪ Not technically correct for the system (as an inappropriate year was indicated). ▪ Not referring to the applicable amendment. ▪ Not as per the certification documentation. 							

- Where it was relevant to require multiple Performance Standards for the system only one was referenced (SS9).
- Some of the Performance Standards were written at a level whereby the IQP would not understand the required measure.
- The frequency requirement of inspections to some Specified Systems was not appropriate for the listed Performance Standard.
- The inspection and maintenance standard referenced to one Specified System (SS9) was not appropriate as it did not describe the complete procedure required to be undertaken by the IQP.
- Two Specified Systems discussed inspection and maintenance requirements that were not relevant to the system.

The Compliance Schedule reviewed was part of many staged consents for the building but none of the building consents issued indicated that a Compliance Schedule was required as part of the Form 5.

IMPORTANT DATES

Date this action plan was accepted by IANZ:	27 March 2024
Final date evidence of implementation can be accepted from BCA:	24 May 2024

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

The BCA will amend the procedure for clarity regarding what the BCO will do for a CS.

An in-house training session will be carried out by the technical leader to re-iterate the importance of capturing all the relevant details required for issuing a CS as per our specified systems template.


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

The BCA will provide three correct examples of issued compliance schedules **as well as a snip of the amended procedure**

EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:


26/03/2024 IANZ AW	Please also plan to send a copy of the amended procedure.
27/03/2024 IANZ AW	Action plan accepted
17/4/2024 IANZ AW	3 examples of Compliance Schedules and amended procedure received and sent to TE for review.
18/4/2024 IANZ AW	<p>TE – BCA has provided a revised copy of the procedure Bl6 which now provides for relevant description of the process to account for the issue raised within the first paragraph of the GNC finding (measure at final inspection of the form 5 to the information provided – do they align)</p> <p>The BCA has provided 3x examples for effective implementation in relation to the findings made for Compliance Schedules:</p> <p>CS0968</p> <p>SS2 – OK – but version not indicated - no make documented – no location indicated (no attached plans relevant?)</p> <p>SS4 – OK – but no make documented – no location indicated (no attached plans relevant?)</p> <p>SS9 – OK – but location indicated as “attached HVAC location plan” (no attached plans relevant?)</p> <p>SS14/2 – OK</p> <p>SS15/2 – PS for the Office – Acceptable solution indicated to be NZBC – NZBC C4 indicated but have not listed the relevant/applicable sub clauses. Why are Daily inspections listed?</p> <p>SS15/4 – Ok - but no make documented – no location indicated (no attached plans relevant?)</p>

	<p>CS0992 SS2 – OK – but version not indicated - no make documented – no location indicated (no attached plans relevant?) SS7 – OK SS9 – OK SS14/2 – OK SS15/2 – OK SS15/4 – OK – but location indicated as “attached fire drawings” (no attached plans relevant?)</p> <p>CS0996 SS2 – OK SS4 – OK – but no make documented – no location indicated (no attached plans relevant?) – year of STD incorrect for inspection. SS14/2 – OK SS15/2 – OK – no location indicated (no attached plans relevant?) SS15/4 – Ok - but no make documented – no location indicated (no attached plans relevant?)</p> <p>GNC NOT RESOLVED BG 18-4-2024.</p>
2/5/2024 IANZ AW	Further Compliance Schedules received and sent to the TE for review.
6/5/2024 IANZ AW	<p>TE – BG 6-5-2024 The BCA has provided a 2nd round of evidence.</p> <p>CS0968 SS2 – Same issues as first round of evidence SS4 – Same issues as first round of evidence SS4 – Same issues as first round of evidence SS14/2 – OK SS15/2 – Same issues as first round of evidence SS15/14 – Same issues as first round of evidence Appears no changes have been made to the CS.</p> <p>CS0992 SS2 – Same issues as first round of evidence SS7 – OK SS9 – OK SS14/2 – OK SS15/2 – OK SS15/4 – Same issues as first round of evidence Appears no changes have been made to the CS.</p> <p>CS0996 SS2 – OK SS4 – Same issues as first round of evidence SS14/2 – OK SS15/2 – Same issues as first round of evidence SS15/4 – Same issues as first round of evidence Appears no changes have been made to the CS.</p> <p>NOT RESOLVED BG 6-5-2024 BCA - Please check the evidence sent. Did we review the correct information?</p>
10/5/2024 IANZ AW	<p>TE – BG – the BCA has provided a 3rd of evidence for review:</p> <p>CS0968 SS2 - now has the relevant make documented as well as the version of the PS, they have also indicated that the location is indicated within the attached plan which they have now provided.</p>

	<p>SS4 - now has the relevant make documented, they have also indicated that the location is indicated within the attached plan which they have now provided.</p> <p>SS9 - The relevant plans have now been provided as part of the attached documents to demonstrate the location of the system.</p> <p>SS15/2 – Sub-clauses to the NZBC now listed – Still recommend that the BCA do not indicate that AS1 is the NZBC – inspection frequency has been revised too monthly (not daily)</p> <p>SS15/4 - now has the relevant make documented, they have also indicated that the location is indicated within the attached plan which they have now provided.</p> <p>CS0992</p> <p>SS2 – now has the relevant make documented as well as the version of the PS, they have also indicated that the location is indicated within the attached plan which they have now provided.</p> <p>SS15/4 – The relevant plans have now been provided as part of the attached documents to demonstrate the location of the system.</p> <p>CS0996</p> <p>SS4 - now has the relevant make documented and relevant year indicated for the inspection requirement, they have also indicated that the location is indicated within the attached plan which they have now provided.</p> <p>SS15/2 - They have now indicated that the location is indicated within the attached plan which they have now provided.</p> <p>SS15/4 - now has the relevant make documented, they have also indicated that the location is indicated within the attached plan which they have now provided.</p> <p>While the BCA is still reminded that AS1 is not the NZBC and should not be referred to as such, I am now satisfied that the GNC can be cleared – RESOLVED BG 10-5-2024.</p>
NON COMPLIANCE CLEARED	
Signed: 	Date: 10 May 2024


Regulation 7(2)(f)	Notices to fix
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for issuing Notices to fix in accordance with Regulation 7(2)(f).</p> <p>Within the review of three NTFs (Form 13) some issues were identified:</p> <ul style="list-style-type: none"> • 1 NTF listed multiple addresses as being relevant to the notice when only one address was relevant. • None of the NTFs made reference to the relevant building consent(s), as required by the prescribed form. <p>See GNC 4E</p> <p>The BCA is recommended to ensure that they only reference the relevant breaches of the Building Act as the contravention and ensure that the remedy is clear if the BCA requires approval via application (e.g. if an Amendment/Minor Variation is required).</p> <p>See Recommendation R14</p>	

General Non-compliance No. 4E: Action Plan accepted Cleared 12/04/2024

Breach of requirement:	Regulation 7(2)(f)						
Breach of requirement:	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)
FINDING DETAILS							
<p>Within the review of three NTFs (Form 13) some issues were identified:</p> <ul style="list-style-type: none"> 1 NTF listed multiple addresses as being relevant to the notice when only one address was relevant. None of the NTFs made reference to the relevant building consent(s), as required by the prescribed form. 							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					26 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
Template to be reviewed and corrected and then bookmarked accurately.							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
Updated template to be provided and three examples (or mock ups) if we have no NTF's issued between now and 24/05/24							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
10/04/2024 IANZ AW	3 mock examples received and sent to TE for review.						
12/04/2024 IANZ AW	<p>Within the evidence the BCA has provided 3 x examples (NTF 1-3) and a copy of the NTF template.</p> <p>The BCA has updated the template to now provide for the documenting of the relevant Building Consent (bullet point 2 of the finding)</p> <p>With review of the 3 examples all now reference the relevant addresses only (bullet point 1 of the finding)</p> <p>Satisfied that the BCA has cleared the GNC – RESOLVED BG 11-4-2024</p>						
NON COMPLIANCE CLEARED							
Signed: 					Date: 12 April 2024		

Regulation 7(2)(g)	Customer inquiries
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for receiving and managing customer inquiries about building control functions in accordance with Regulation 7(2)(g).</p> <p>The BCA appeared to be answering all inquiries within the described time (acknowledged with 48 hours). The BCA stated that it usually responded on the same day but there was no way of monitoring the response timeframes to determine if the requirements of the procedure were being met unless this was recorded in an email chain (but the response may be a phone call). The assessor noted that all inquiries on the phone record had been signed off, however, it was not clear whether they had been addressed within the stated timeframe.</p> <p>See GNC 5</p>	

General Non-compliance No. 5: Action Plan accepted Cleared 02/05/2024

Breach of requirement:	Regulation 7(2)(g)						
Breach of requirement:	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)
FINDING DETAILS							
<p>The BCA appeared to be answering all inquiries within the described time (acknowledged with 48 hours). The BCA stated that it usually responded on the same day however, there was no way of monitoring the response timeframes to determine if the requirements of the procedure were being met unless this was recorded in an email chain (but the response may be a phone call).</p>							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					26 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
<p>The BCA will do monthly reports on memos raised by tracking the date created and shut off, this will then be discussed at the monthly operational management meeting as an agenda item</p>							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
<p>Agenda, minutes and phone memo report from Operational Management Meetings conducted for March and April</p>							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
2/05/2024	Meeting minutes and phone memo report from Operational Management Meetings conducted for March and April reviewed and accepted.						
IANZ AW							
NON COMPLIANCE CLEARED							
Signed: 					Date: 2 May 2024		

Regulation 7(2)(h)	Customer complaints
Observations and comments, including good practice and performance	
<p>The BCA had documented its procedure for receiving and managing customer complaints about building control functions, however, the documented service standards were missing details of resolution timeframes.</p> <p>This issue was raised as GNC 6 and resolved during the assessment by an amendment to the procedure.</p> <p>The BCA was seen to be appropriately receiving and responding to complaints within the documented timeframes.</p>	

Regulation 8(1)	Forecasting workflow
Observations and comments, including good practice and performance	
<p>The BCA had documented its procedure to forecast its workflow, however, this was documented at a high level and did not fully describe the BCA's system of actively forecasting its workflow rather than completing this process on an annual basis. The procedure did not fully describe the reports that would be maintained to meet the requirements of this Regulation.</p>	

The BCA did complete annual reporting however, this did not fully cover all of the requirements of this Regulation in a single location but rather the information was scattered over many places (and sometimes just remembered).

It is therefore strongly recommended that the BCA capture in its Annual strategic review document (or elsewhere) a summary to address each part of this Regulation (as described in the MBIE Guidance) including:

- The volume of building control work it has processed, inspected and approved over the past two years, identifying any obvious peaks and/or fluctuations, and any seasonal or other patterns.
- Known pressures impacting the performance of its building control functions such as limited access to technical leadership or specialist technical resources.
- Internal or external factors that might influence the volume of building control work, such as new internal systems, the impact of environmental events and/or interest rates, and the month in which the factor/s may have any influence.
- The consenting, inspecting and compliance work it forecasts it will undertake for each category, using the BCA's nominated competency assessment system assessment levels.
- The number of full-time equivalent staff needed (capacity) at each level of competency (capability).
- The technical leadership or specialist experts it reasonably expects to need.
- What it plans to do to address any capacity or capability gaps.

See Recommendation R15

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

Observations and comments, including good practice and performance

The BCA had documented its procedure for identifying and addressing capacity and capability needs. The BCA had not always ensured that it had sufficient staff resources or contractors to enable it to comply with the specified time limits according to section 48 (10 day (Multi use approval) and 20-day timeframe for processing Building Consent applications) of the Building Act.

During the assessment the BCA gathered information and met to discuss whether it had sufficient employees and contractors. The outcome of the meeting was that the BCA determined that the cause of the identified issue of building consents not being issued within 20 working days was that there were a number of historical consent applications on RFI, already over 20 days, that were now being issued and this was skewing the results. The BCA was able to determine and record that they had been substantially compliant with the 20-day clock for consents received since September 2023 when the historical consents were excluded from the dataset.

This issue was raised as SNC 2 and is now considered to be cleared.

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.

Work was seen to be appropriately allocated to employees assessed as competent to complete the work (or to appropriately supervised employees).


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).

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).
Sighted competency assessments had been undertaken as planned and were up to date.

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 in accordance with Regulation 10(3).
All competence assessments were found to have been undertaken as per the BCA’s competency framework (based on the National Building Consent Authority Competency Assessment System) however, within the review of some of the competency assessments there were issues identified as follows: <ul style="list-style-type: none"> • The procedure (CA2 – item 10) indicated that the assessor would provide a recommended level of competency of the BO to each clause of the NZBC, but this is not what is recorded within the outcome of the assessment. The procedure requires revision to reflect implementation or implementation requires revision to reflect procedure. • Some competency records had not been signed and dated by the BCO. • Inconsistent results were observed between the assessment performance indicator and/or the outcome statement compared to what had been recorded within the Skills Matrix.
See GNC 7

General Non-compliance No. 7: Action Plan accepted Cleared 10/05/2024

Breach of requirement:	Regulation 10(3)(a) to (f)						
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" 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)
FINDING DETAILS							
Within the review of some of the competency assessments there were issues identified as follows: <ul style="list-style-type: none"> • The procedure (CA2 – item 10) indicated that the assessor would provide a recommended level of competency of the BO to each clause of the NZBC, but this is not what is recorded within the outcome of the assessment. The procedure requires revision to reflect implementation or implementation requires revision to reflect procedure. • Some competency records had not been signed and dated by the BCO. 							

<ul style="list-style-type: none"> Inconsistent results were observed between the assessment performance indicator and/or the outcome statement compared to what had been recorded within the Skills Matrix 	
IMPORTANT DATES	
Date this action plan was accepted by IANZ:	27 March 2024
Final date evidence of implementation can be accepted from BCA:	24 May 2024
PLAN OF ACTION <i>(To be provided by BCA)</i>	
The BCA will update their records with signed assessments and rectify the skills matrix	
The BCA will amend the wording within the QAS Manual to accurately reflect the way the Competency Assessor carries out the assessment	
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>	
The BCA will send through all signed assessments	
The BCA will send through the amended piece of the manual which reflects the process	
The BCA will also send through an amended skills matrix	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
26/03/2024 IANZ AW	Please also plan to send updated competence assessments and the skills matrix where the assessment performance indicator and/or the outcome statement was not fully reflected within the Skills Matrix.
27/03/2024 IANZ AW	Amended plan accepted
9/5/2024 IANZ AW	Competence assessments and Skills matrix received from BCA and forwarded to TE.
10/5/2024 IANZ AW	<p>Bullet point 1: The BCA has now revised the procedure accordingly.</p> <p>Bullet point 2: The BCA has now provided 8 x competency records where they are signed and dated by both parties – demonstration of effective implementation.</p> <p>Bullet point 3: The BCA has now provided a revised skills matrix whereby the relevant limitations from the competency assessments provided for the clearance of bullet point 2 have now been added accordingly to the table.</p> <p>Satisfied that the BCA have clear the finding – RESOLVED BG 10-5-2024.</p>
NON COMPLIANCE CLEARED	
Signed: 	Date: 10 May 2024


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 were addressed under their relevant Regulation in this report.	

Regulation 11(2)(a) Making annual (or more frequent) training needs assessments
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for making annual (or more frequent) training needs assessments in accordance with Regulation 11(2)(a).</p> <p>Training needs were seen to have been identified and recorded as part of competence assessments.</p>

Regulation 11(2)(b) Preparing training plans that specify the training outcomes required
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for preparing training plans that specified the training outcomes required in accordance with Regulation 11(2)(b).</p> <p>The BCA had prepared competence assessments that recorded training needs. Training needs were added to Personal Development Review (PDR) records by employees and discussed with their manager during PDR discussions. However, there was no recorded check of the training requirements on the competence assessment by the manager against those recorded on the PDR, to ensure that all required needs were considered.</p> <p>The PDR records did not always record the desired outcomes of training or how the BCA would monitor the application of each of the training items. This did not appear to have been recorded elsewhere.</p> <p>PDRs did not always record the planned date for the completion of training.</p> <p>There was no recorded method for monitoring the application of training.</p> <p>See GNC 8</p>

General Non-compliance No. 8: Action Plan accepted Cleared 19/04/2024


Breach of requirement:	Regulation 11(2)(b)						
Breach of requirement:	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)
FINDING DETAILS							
<p>Training needs were added to PDR records by employees and discussed with their manager during PDR discussions. However, there was no recorded check of the training requirements on the competence assessment by the manager against those recorded on the PDR to ensure that all required needs were considered.</p> <p>The PDR records did not always record the desired outcomes of training or how the BCA would monitor the application of each of the training items. This did not appear to have been recorded elsewhere.</p> <p>PDRs did not always record the planned date for the completion of training.</p> <p>There was no recorded method for monitoring the application of training.</p>							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					26 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							

The BCA will make a master training spreadsheet recording all training identified as needed in each individual's competency assessment, as well as any training requested in their PDR reviews and anything raised throughout the year. This will record timeframes for training to be done in, when it was completed and who was the provider.	
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>	
A copy of the master training plan and each competency assessment signed by the BCO.	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
17/04/2024 IANZ AW	Many of the training needs identified did not record how the training would be monitored. e.g. Taare Parekura - Recording of nominated compliance path for all relevant NZBC code clauses. It is possible that in some cases the BCA does not need to monitor the training but if so, please record this.
19/4/2024 IANZ AW	An updated Master Training Plan was provided and accepted.
NON COMPLIANCE CLEARED	
Signed: 	Date: 19 April 2024

Regulation 11(2)(c) Ensuring that employees receive the training agreed for them	
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for ensuring that employees received the training agreed for them in accordance with Regulation 11(2)(c).</p> <p>PDRs did not always record all training identified as a training need in the relevant competence assessment, so it was concluded that there was not an appropriate system for ensuring that all required training was provided. See GNC 9</p>	

General Non-compliance No. 9: Action Plan accepted Cleared 17/04/2024


Breach of requirement:	Regulation 11(2)(c)						
Breach of requirement:	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)
FINDING DETAILS							
Personal Development Reviews (PDRs) did not always record all training identified as a training need in the competence assessment, so it was concluded that there was not an appropriate system for ensuring that all required training was provided.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					26 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
The BCA will make a master training spreadsheet recording all training identified as needed in each individuals competency assessment, as well as any training requested in their PDR reviews and anything raised throughout the year. This will record timeframes for training to be done in , when it was completed and who was the provider							

PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>	
A copy of the master training plan and each competency assessment signed by the BCO	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
17/04/2024 IANZ AW	A copy of the master training plan and each competency assessment was provided. This was seen to reflect the training identified in the competence assessments (except for one Competence Assessment where the identified training needs were very unclear). The BCA was seen to be recording the reason why training was delayed.
NON COMPLIANCE CLEARED	
Signed: 	Date: 17 April 2024

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	
<p>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).</p> <p>Training needs were added to PDR records however, the PDR records did not always record how the BCA would monitor the application of each of the training items. While it was mentioned that supervision records would capture the monitoring of the application of training, the records reviewed did not provided this detail. As there was no recorded method for monitoring the application of training, there were no records of this occurring according to the documented method.</p> <p>See GNC 10</p>	

General Non-compliance No. 10: Action Plan accepted See Note Cleared 02/05/2024

Breach of requirement:	Regulation 11(2)(d)						
Breach of requirement:	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)
FINDING DETAILS							
<p>The PDR records did not always record how the BCA would monitor the application of each of the training items.</p> <p>As there was no recorded method for monitoring the application of training, there were no records of this occurring according to the documented method.</p>							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					27 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
<p>The BCO will record, in their individual learning logs, 3 consents completed after each individual's training course to be provided to the competency assessor as part of their training records and learning logs as part of their annual review, this will be shown to be effective if they are able to move up in Competency.</p> <p>The BCA will also update the master training plan with additional columns showing the effectiveness of the training for each course. This will include feedback from each individual that attends to determine</p>							

whether this course would be effective for other staff to attend	
PROPOSED EVIDENCE OF IMPLEMENTATION (To be provided by BCA):	
Template that will be used for recording each individuals training implementation record	
The master training plan showing additional columns	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
26/03/2024 IANZ AW	Action plan not accepted. Evidence of recording how the planned training will be monitored as well as evidence of monitoring according to the plan will be required.
27/03/2024 IANZ AW	Action plan accepted however, note that the purpose of monitoring the effectiveness of training is not “to determine whether this course would be effective for other staff to attend” but instead to see if they have achieved the planned outcome of the training (e.g. if they needed to learn to provide more reasons for decisions whether they ae doing so appropriately or if they needed to be able to write compliance schedules whether they can now demonstrate examples where they have done so). Please make sure that the records of monitoring of the effectiveness of training are appropriate.
17/4/2024 IANZ AW	The master Training Spreadsheet was provided. This provided (among other things) Training Requested/Needed, Timeframe for Completion, and proposed method for monitoring effectiveness. No records of monitoring the effectiveness of training according to the nominated method were provided for review.
2/5/2024 IANZ AW	The BCA chose to establish training had been effective using the next competence assessment. While accepted, this has approach has drawbacks as the next competence assessment then needs to specifically address all of the training requirements raised in the last year rather than being an assessment of overall competence. An alternative is to specifically address the effectiveness of training after the training has been completed. Examples of technical audits were provided to show that two items of training had been effective however, the items of evidence provided were not as required by the training plan which required competence assessments as evidence (which were yet to be undertaken). There is therefore a disconnect between the way the BCA has planned to demonstrate the effectiveness of the training and the records provided. to IANZ . The records do not demonstrate effective implementation of the BCA’s training process. It is suggested that the BCA could demonstrate the application of its procedure for demonstrating effectiveness of training by showing a training item where the planned method for measuring effectiveness was a specific audit(s) to address the training item , then provide the evidence (so in the examples provided the training plan would identify that audits would be undertaken and the records would then reference the specific audits and record that the training had been effective.
2/5/2024 IANZ AW	The BCA changed the Master Training Plan to show the monitoring of effectiveness and a statement to deem whether effective or not. This is now accepted.
NON COMPLIANCE CLEARED	
Signed: 	Date: 2 May 2024

Regulation 11(2)(e) Supervising employees doing a technical job under training
Observations and comments, including good practice and performance
The BCA had documented its procedure to supervise its employees doing a technical job under


training, however, within the review of processing building consents some issues were identified within the function of supervision as follows:

- The procedure was not clear in relation to how supervision would be recorded. A review of the implementation of supervision indicated that the supervisor was only signing the processing checklist, not recording his or her supervision decision and reasons for decisions regarding whether the processing checklist had been completed appropriately by the person being supervised. This process did not meet the requirements of Regulation 6 (c) and (d) in relation to documenting reasoning and outcome.
- One example was reviewed where supervision was not performed when required.
- The procedure described requirements for direct and indirect supervision, but the Skills Matrix did not differentiate between direct and indirect supervision requirements.

See GNC 11

General Non-compliance No. 11: Action Plan accepted Cleared 02/05/2024

Breach of requirement:	Regulation 11(2)(e)						
Breach of requirement:	Regulation(s)	<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 checked="" type="checkbox"/> 6(d)
FINDING DETAILS							
<p>Some issues were identified within the function of processing supervision as follows:</p> <ul style="list-style-type: none"> • The procedure was not clear in relation to how supervision would be recorded. A review of the implementation of supervision indicated that the supervisor was only signing the processing checklist, not recording his or her supervision decision and reasons for decisions regarding whether the processing checklist had been completed appropriately by the person being supervised. This process did not meet the requirements of Regulation 6 (c) and (d) in relation to documenting reasoning and outcome. • One example was reviewed where supervision was not performed when required. • The procedure described requirements for direct and indirect supervision, but the Skills Matrix did not differentiate between direct and indirect supervision requirements, so it was unclear how the procedure was to be implemented. 							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					26 March 2024		
Final date evidence of implementation can be accepted from BCA:					24 May 2024		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
<p>The BCA will amend the processing sheet so that the supervisor can record their observations and justifications for approving the consent.</p> <p>The BCA will amend the skills matrix to clearly differentiate between direct and indirect supervision.</p>							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
<p>3 examples of supervised consent using the new processing sheet</p> <p>Reviewed skills matrix</p>							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
18/04/2024 IANZ AW	<p>Updated processing templates provided for BCA to use to record supervision BCA queried whether updated processing templates to include the supervisor's justifications at the bottom of the processing sheet would be enough to clear this part of the GNC or would it be preferred that we do two mock ups of supervision? TE responded that actual examples or mock ups would be required to demonstrate implementation of the new process..</p>						
23/04/2024 IANZ BG	<p>The BCA has provided copies of revised templates whereby they have now added relevant sections within the document for the recording of the supervision. Templates accepted.</p>						

	BUT No evidence of implementation has yet been provided for review – NOT RESOLVED BG 22-4-2024
2/5/2024 IANZ AW	The BCA has now provided 1 x example of implementation of supervision. It is noted that within the proposed evidence that the BCA indicated that they would provide 3 x examples. I have reviewed the one example, and it demonstrates effective implementation – I am satisfied that they do not need to provide an additional 2 x examples and the GNC finding can be cleared – RESOLVED BG
NON COMPLIANCE CLEARED	
Signed: 	Date: 2 May 2024

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).

Qualifications, known experience and completed training were appropriately recorded and had been filed in individual employee folders, with some additional qualification records being added during the assessment.

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).

Employees each maintained a record of learning regarding their continuing training information.

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).

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 did not currently use contractors so there were no recent records available for review of assessing contractor competence.

Regulation 12(2)(b) Engaging contractors

Observations and comments, including good practice and performance

The BCA had documented its procedure for engaging contractors.

While email records were maintained of previous engagement of contractors the BCA was not currently using any contractors so there were no current records available to review. It is however suggested that the BCA may like to prepare and use where appropriate a form to record consideration of engagement of a contractor to allow its records of any future engagement of a contractor to be maintained in one location.

See Advisory Note A1

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 did not currently engage any contractors so there were no current contractor records to review.

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 did not currently engage any contractors so there were no current contractor records to review.

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 did not currently engage any contractors so there were no current contractor records to review.

Regulation 12(2)(f)	Annually (or more frequently) assessing contractors' competence
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for annually (or more frequently) assessing contractors' competence in accordance with Regulation 12(2)(f).</p> <p>The BCA did not currently engage any contractors so there were no current records of the annual assessment of contractor's competence to review.</p>	

Regulation 13(a)	Identifying employees and contractors who are competent to provide technical leadership
Observations and comments, including good practice and performance	
<p>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).</p> <p>Technical leaders had been recorded within the BCA's Skills Matrix.</p>	

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	
<p>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).</p> <p>The powers and authorities of the technical leader were described within the appropriate Job Description.</p>	

Regulation 14	Ensuring necessary (technical) resources
Observations and comments, including good practice and performance	
<p>The BCA had appropriately documented its procedure for ensuring it had a system for providing, and for ensuring the continuing availability of and continuing appropriateness of the technical information, facilities, and equipment that its employees and contractors needed to perform building control functions.</p> <p>Records of calibrations were up to date and well maintained. Moisture meters were allowed a tolerance of $\pm 2\%$ moisture. It was recommended that the BCA reduce this to $\pm 1\%$ moisture as per the manufacturer's instruction. This procedure was amended during the assessment and was planned to be implemented when the meters were next calibrated.</p> <p>See Recommendation R16</p> <p>Where items had been repaired or replaced, appropriate steps taken had been clearly outlined and reasons were recorded.</p>	

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 and its reporting lines within the Council 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 in the structure, the reporting lines and accountabilities, and the relationships the authority had with external organisations in accordance with Regulation 15(1)(b). These did not include its relationship with Building Consent applicants/owners of buildings. It was also not specific regarding the exact relationship (who relates to who). It is therefore recommended that the chart recording the BCA's external relationships is more descriptive regarding relationships with the BCA to include detail of all appropriate relationships. See Recommendation R17	

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 and any limitation on powers and authorities for its employees and contractors performing building control functions, in accordance with Regulation 15(2).	
The BCA had appropriately recorded roles and responsibilities within job descriptions. Delegated powers and authorities were recorded within the Council's delegations register. While all required delegations were documented, a conversation regarding delegation of authority to refuse building consent under section 95A was held. While it could be argued that this authority is covered under the delegation under Section 94 it is recommended that for clarity the Council provides a separate delegation under Section 95A. See Recommendation R18	

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 its own unique identification in accordance with Regulation 16(1).	
Applications were identified with the format BC0123/YY.	
Amendments were identified using the parent building consent number with a suffix applied as	

appropriate for amendments. For example, BC0123/YY.01, .02 etc.

Each stage of staged building work received a unique building consent number, linked to other consent numbers for that project.

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 an application for a building consent was put on the application's file in accordance with Regulation 16(2)(a).

Applications were managed through the BCA's TechOne and document management 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).

Data was stored electronically and found to be accessible and retrievable as required.

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

While the BCA had not fully documented a procedure for ensuring that all information relevant to an application for a building consent was stored securely in accordance with Regulation 16(2)(c), this function was demonstrated to be effectively managed by the Council's IT department.

Property and building information was stored in THOR (the Council's document management system). The Council used profile connected and passworded access, scheduled backups, and deletion management to ensure that data was stored securely. Regular training was also provided to help protect from security threats.

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 detected, 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 had also documented a number of KPIs that it used for measuring its performance against.

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 undertook monthly organisational meetings and annual strategic management reviews.

Regulation 17(2)(e) Supporting continuous improvement

Observations and comments, including good practice and performance

The BCA had documented its procedure for supporting continuous improvement in accordance with Regulation 17(2)(e). The procedure did not recognise that suggestions for improvement could come from contractors or customers. It is recommended that these sources of possible CIs are also included in the procedure.

See Recommendation R19

The BCA operated several systems to record its opportunities for improvement. In particular, audits, CI items, possible improvements, and issues recorded in meeting minutes were all managed separately, although they all represented possible improvements to the BCA's systems. Not all CI items were recorded in the CI register. While it is up to the BCA to determine the system that will work best for it, the BCA is strongly encouraged to operate one system to document and manage all opportunities for improvement. This could also document that very minor items such as correcting grammar in a procedure could be managed by some simplified system.

It is recommended that all items of improvement, including any audit findings and changes to forms or procedures, are captured in one place (i.e. the CI Register). Alternatively, the BCA is recommended to record its system for capturing all items of improvement and the various methods and locations.

See Recommendation R20

It was observed that better use of the CI register could be made by recording in separate columns the issue identified, what actions were planned to be taken to address the issue, and monitoring of the effectiveness of the actions taken, rather than combining this information together in a single (or two) column(s).

See Recommendation R21

Regulation 17(2)(h) Undertaking annual audits

Observations and comments, including good practice and performance

The BCA had documented its procedure for ensuring that an internal audit of every building control function occurred annually (or more frequently), however, the procedure did not provide detail regarding the auditing process. This lack of detail may have resulted in the inconsistency observed in audit records.

See Recommendation R22

While quality system audits against procedural requirements had been completed thoroughly, there were limited records of auditing of implementation of the procedures. There was little reference to the identification of samples that had been reviewed as evidence to support audit findings.

See GNC 12

While the procedure stated a sample size of 12 was to be used for audits, this was generally only applied to technical audits.

See GNC 12

In many cases there was no recording of actions taken to address audit findings. (Refer to the recommendation 19 above, regarding managing all findings in the CI system).

See GNC 12

In many cases the auditor was auditing their own work. The BCA must ensure that they have a plan to at least have some peer review of these, so nothing is missed.

See GNC 12

Technical audits did not record who had done the audit, the date and in-depth findings (these were generally just yes or no answers to questions). This could be an appropriate answer to some questions, however for questions regarding things like the appropriateness of recording of responses against code clauses, this was considered to be insufficient. It should be noted that appropriately completed technical audits are also very useful evidence to use to support Competence assessments.

See GNC 12

General Non-compliance No. 12: Action Plan accepted Cleared 18/04/2024

Breach of requirement:	Regulation 17(2)(h)						
Breach of requirement:	Regulation(s)	<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)
FINDING DETAILS							
<p>While quality system audits against procedural requirements had been completed thoroughly, there were limited records of auditing of implementation of the procedures. There was little reference to the identification of samples that had been reviewed as evidence to support audit findings.</p> <p>While the procedure stated a sample size of 12 was to be used for audits, this was generally only applied to technical audits.</p> <p>In many cases there was no recording of actions taken to address audit findings. (Refer to the</p>							

<p>recommendation under continuous improvement regarding managing all findings in the CI system).</p> <p>In many cases the auditor was auditing their own work. The BCA must ensure that they have a plan to at least have some peer review of these, so nothing is missed.</p> <p>Technical audits did not record who had done the audit, the date and in-depth findings (these were generally just yes or no answers to questions). This could be an appropriate answer to some questions however for questions regarding things like the appropriateness of recording of responses against code clauses this was considered to be insufficient.</p>	
<p>IMPORTANT DATES</p>	
<p>Date this action plan was accepted by IANZ:</p>	<p>26 March 2024</p>
<p>Final date evidence of implementation can be accepted from BCA:</p>	<p>24 May 2024</p>
<p>PLAN OF ACTION <i>(To be provided by BCA)</i></p>	
<p>The BCA will amend it's procedures and provide 3 Internal Audits where sampling numbers are referenced as well as evidence that has been looked at to ensure compliance</p>	
<p>PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i></p>	
<p>3 x Internal Audit Sheets and extract of manual reflecting the change</p>	
<p>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</p>	
<p>12/04/2024 IANZ AW</p>	<p>1, There were limited records of auditing of implementation of the procedures. There was little reference to the identification of samples that had been reviewed as evidence to support audit findings. 3 x non-technical audits provided.</p> <ul style="list-style-type: none"> • Receiving a booking request, 2 samples per each individual staff member booking - good recording of samples. No findings • Reg 16 – 6 samples of files reviewed. Good records. - no findings • Reg 15 – Good records of what was reviewed. No findings <p>2, While the procedure stated a sample size of 12 was to be used for audits, this was generally only applied to technical audits. Procedure – amended to clarify sample size and that the auditor would not audit their own work – accepted.</p> <p>3, In many cases there was no recording of actions taken to address audit findings. (Refer to the recommendation under continuous improvement regarding managing all findings in the CI system). No evidence of audits with required actions provided.</p> <p>4, In many cases the auditor was auditing their own work. The BCA must ensure that they have a plan to at least have some peer review of these, so nothing is missed. Procedure – amended to clarify that the auditor would not audit their own work – accepted.</p> <p>5, Technical audits did not record who had done the audit, the date and in-depth findings (these were generally just yes or no answers to questions). This could be an appropriate answer to some questions however for questions regarding things like the appropriateness of recording of responses against code clauses this was considered to be insufficient. No evidence of technical audits provided.</p>
<p>18/04/2024 IANZ AW</p>	<p>3 x technical audits provided. These provided a good level of detail.</p> <p>Evidence of an audit with required actions provided and accepted.</p> <p>GNC can be cleared</p>
<p>NON COMPLIANCE CLEARED</p>	

Signed: 	Date: 18 April 2024
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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).

The BCA had not had any conflicts that required declaration since December 2021, so there were no recent records available for review.

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

Observations and comments, including good practice and performance

The BCA had documented its procedure for communicating with internal and external persons, however, the procedure did not fully document who communications were to/from and who was responsible for giving approval, where required. The procedure did not document how the BCA ensured that all communications were made as planned.

These issues were raised as GNC 13 and resolved during assessment by the BCA amending its procedure to provide further detail.

The BCA was seen to be successfully communicating in many different ways, including face to face discussions, emails, meetings, meeting minutes, and using its website to communicate with prospective clients.

Regulation 17(3) A quality manager

Observations and comments, including good practice and performance

The BCA had appointed a Quality Manager, named as Michael Wong, 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 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.

The BCA was observed to be discussing concerns about practitioners during team meetings and briefly recording the discussion in the minutes. While this met the needs of the BCA at the time, this information was difficult to locate to use to monitor the performance of a particular practitioner as each

month's minutes needed to be searched to retrieve the information. It is therefore recommended that the BCA maintain this information in a single location (e.g. a Concerns and Complaints about Practitioner Register).
See Recommendation R23

Regulation 17(4)(a) A system for ensuring that its employees and contractors & (b) 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).

The BCA was reported to induct all of its new people (both employees and contractors) into their quality system however, no formal record of the induction was retained. It is recommended that all inductions are formally recorded with the date, items discussed, and names of people involved.
See Recommendation R24

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


Observations and comments, including good practice and performance

The BCA had documented its system for annual (or more frequently) reviewing its quality assurance system, however, not all items on the MBIE checklist were specifically covered in the procedure.
See GNC 14

Minutes of the strategic management review meeting held on 30 Oct 2023 to cover the July 2022 to June 2023 period were reviewed. While many appropriate items were discussed, not all of the requirements of the MBIE checklist were recorded as being discussed.
See GNC 14

General Non-compliance No. 14: Action Plan accepted Cleared 12/04/2024

Breach of requirement:	Regulation 17(5)(a)					
Breach of requirement:	Regulation(s)	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)
FINDING DETAILS						
<p>Not all items on the MBIE checklist for Requirements for strategic management review were specifically covered in the procedure or meeting agenda template.</p> <p>While many appropriate items were discussed as part of the annual strategic management review, not all of the requirements of the MBIE checklist were recorded as being discussed.</p>						
IMPORTANT DATES						
Date this action plan was accepted by IANZ:			27 March 2024			
Final date evidence of implementation can be accepted from BCA:			24 May 2024			
PLAN OF ACTION <i>(To be provided by BCA)</i>						
The BCA will provide an updated template for the Strategic Management Review that will occur in 2024						

PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>	
The BCA will supply the template that shows all of the required items to be addressed in the strategic management review and will mock up an example of last year's minutes to show what will be in it going forward.	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
26/03/2024 IANZ AW	Please also plan to provide evidence of what the BCA will record in the review e.g. an update of the previous Strategic Management review minutes or a mock example.
27/03/2024 IANZ AW	Amended action plan accepted.
10/4/2024 BCA KG	Please find attached the proposed agenda for the Strategic Management Review – before we do a mock, are you able to confirm if we're on the right track? Primarily, we have added the clauses for regulation 17(5) into heading 6 (Quality Assurance System on page 8)
10/4/2024 IANZ AW	The proposed agenda provided was very detailed, providing an excellent overview of the performance of the BCA in many areas however I didn't locate the following questions as per the MBIE checklist: <ul style="list-style-type: none"> The appropriateness and effectiveness of the management of conflicts of interest (refer Reg 17(2)(i)) The appropriateness and effectiveness of its process to review and make changes in its quality assurance system. Please make sure that these items are specifically considered and recorded somewhere in the review.
12/4/2024 IAANZ AW	Mock up for the Strategic Management Review minutes provided and accepted.
NON COMPLIANCE CLEARED	
Signed: 	Date: 12 April 2024

Regulation 17(5)(b) Making appropriate changes in the quality assurance system
Observations and comments, including good practice and performance
<p>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).</p> <p>The BCA used its audit and CI processes to identify any required changes and to implement and monitor the required changes.</p>

Regulation 18(1) Technical qualifications
Observations and comments, including good practice and performance
<p>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).</p> <p>All employees and contractors performing a technical function were demonstrated to hold an appropriate qualification. Records of qualifications were held in the master Competency Table.</p>

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).

The BCA did not have any employees or contractors that were exempt from its requirements to hold 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)(c)** It is recommended that the BCA ensures that it vets all applications within 48 hours of receipt as defined within the procedure.
- R2 Regulation 7(2)(d)(iii)** The BCA is recommended to amend the allocation procedure (BC2) to describe how the BCA will determine if Technical Leadership is required when considering the application and how any required work allocated to technical leaders during processing will be recorded.
- R3 Regulation 7(2)(d)(iv)** It is recommended that the BCA ensures that where a processor alters the building category of the application that the reason for the change is recorded.
- R4 Regulation 7(2)(d)(iv)** It is recommended that the BCA works to ensure that the TechOne clock is appropriately managed, including providing any necessary training.
- R5 Regulation 7(2)(d)(v)** It is recommended that the BCA ensure that all advice notes are relevant to the scope of the building work (e.g. surveying should not be required for an internal fitout).
- R6 Regulation 7(2)(d)(v)** It is recommended that the BCA records the reason for the extension for building consent lapse dates for each extension granted.
- R7 Regulation 7(2)(f)** Within the review of the procedure (BI4) and the Form 6 template it was noted that the BCA had not accounted for the requirement for consideration of current manufacturers certificates issued by a registered manufacturer, that relate to any modular components. It is recommended that the BCA include this consideration as required.
- R8 Regulation 7(2)(f)** A recent example of a CCC was noted where the fire alarm was certified as meeting the requirements of NZS4512:2021 by the inspector but the installers certificate (as required by the standard) had not been provided or requested. It is recommended that the BCA ensures that it receives all of the documentation required by the specified Performance Standard for Specified Systems to support the decision to issue the CCC.
- R9 Regulation 7(2)(f)** It is recommended that the BCA add to its procedure its process that it uses if it chooses to issue a CCC at 24 months, in order to reflect the TechOne workflow.
- R10 Regulation 7(2)(f)** It is recommended that the BCA changes its CCC 24-month letter template to exclude a requirement for CCC application at 24 months.
- R11 Regulation 7(2)(f)** Within the review of CCC applications, one example was viewed where the clock had not been managed correctly within TechOne. The BCA is recommended that they ensure consistent implementation of the documented procedure.
- R12 Regulation 7(2)(f)** Procedure BI4 – item 7 reads as if it implies that a Compliance Schedule Statement is “always” issued with the Compliance Schedule, this is not always the case, so it is recommended that the procedure reflects this.
- R13 Regulation 7(2)(f)** Within the review of Compliance Schedules some areas were identified within the document that the BCA could consider amending:
- The relevant Building Consent/s were not listed.
 - There was no version control documented.
 - Not all of the relevant Building Information had been captured.
 - The building use was not recorded (Suggest using Building Regulations 1992 Clause A1 Classified Uses and “Building Use” from Schedule 2 of the Building (Specified Systems, Change the Use, & Earthquake-prone Buildings) Regs 2005).

- Occupant load for the building not indicated.
- Summary of systems not indicated.
- Page numbers not provided to the document.
- No attachments indicated for the document (for example, location plans etc.).
- The document was not signed and dated by the BCA.
- The section of the Act referenced at the header of the document was not the appropriate section of the Act – consider the MBIE exemplar as guidance.

R14 Regulation 7(2)(f) The BCA is recommended to ensure that they only reference the relevant breaches of the Building Act as the contravention and ensure that the remedy is clear if the BCA requires approval via application (e.g. if an Amendment/Minor Variation is required).

R15 Regulation 8(1) It is strongly recommended that the BCA capture in its Annual strategic review document (or elsewhere) a summary to address each part of this Regulation (as described in the MBIE Guidance) including:

- The volume of building control work it has processed, inspected and approved over the past two years, identifying any obvious peaks, fluctuations, seasonal, or other patterns.
- Known pressures impacting the performance of its building control functions such as limited access to technical leadership or specialist technical resources.
- Internal or external factors that might influence the volume of building control work, such as new internal systems, the impact of environmental events and/or interest rates, and the month in which the factor/s may have any influence.
- The consenting, inspecting and compliance work it forecasts it will undertake for each category, using the BCAs nominated competency assessment system assessment levels.
- The number of full-time equivalent staff needed (capacity) at each level of competency (capability).
- The technical leadership or specialist experts it reasonably expects to need.
- What it plans to do to address any capacity or capability gaps.

R16 Regulation 14 Moisture meters were allowed a tolerance of $\pm 2\%$ moisture. It was recommended that the BCA reduce this to $\pm 1\%$ moisture as per the manufacturer's instruction. This procedure was amended during the assessment and would be implemented when the meters were next calibrated.

R17 Regulation 15(1)(b) It is recommended that the chart recording the BCA's external relationships is more descriptive regarding relationships with the BCA including detail of all appropriate relationships (who relates to who and including Building Consent applicants/owners of buildings).

R18 Regulation 15(2) It is recommended that for clarity the Council provides a separate delegation under Section 95A in its Delegations Manual.

R19 Regulation 17(2)(e) It is recommended that the procedure for supporting continuous improvement includes a process for suggestions for improvement to come from contractors or customers.

R20 Regulation 17(2)(e) It is recommended that all items of improvement, including any audit findings and changes to forms or procedures, are captured in one place (i.e. the CI Register). Alternatively, the BCA is recommended to record its system for capturing all items of improvement and the various methods and locations.

R21 Regulation 17(2)(e) It is recommended that better use of the CI register could be made by recording in separate columns the issue identified, what actions were planned to be taken to address the issue, and monitoring of the effectiveness of the actions taken, rather than combining this information together in a single (or two) column(s).

R22 Regulation 17(2)(h) It is recommended that the procedure for ensuring that an internal audit of every building control function occurred annually (or more frequently) provides detail regarding the auditing process as the lack of detail may have resulted in the inconsistency observed in audit records.

- R23 Regulation 17(3A)** It is recommended that the BCA maintain information about concerns about practitioners in a single location (e.g. a Concerns and Complaints about Practitioner Register).
- R24 Regulation 17(4)(a)** It is recommended that all inductions are formally recorded with the date, items discussed, and names of people involved.

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.

- A1 Regulation 12(2)(b)** It is suggested that the BCA may like to prepare and use where appropriate a form to record consideration of engagement of a contractor to allow its records of any future engagement of a contractor to be maintained in one location.

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
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendation	Advisory Note	
6(A)(1)	Choose item.													
6(A)(2)	Choose item.													
Regulation 7														
7(1)	Choose item.													
7(2)(a)	General	GNC 1			Y			Yes	N/A	22/2/2024				
7(2)(b)	Choose item.													
7(2)(c)	Choose item.										R1			
7(2)(d)(i)	Choose item.													
7(2)(d)(ii)	Choose item.													
7(2)(d)(iii)	Choose item.										R2			
7(2)(d)(iv)	General	GNC 2	Y	Y				No	07/06/2024	18/4/2024	R3, R4			
7(2)(d)(v)	General	GNC 3 SNC 1			Y Y			No Yes	07/06/2024	Conditionally cleared 17/5/2024	R5, R6			
7(2)(e)	Choose item.													
7(2)(f)	General	GNC 4	Y	Y	Y			No	07/06/2024	10/5/2024	R7, R8, R9, R10, R11, R12, R13, R14			
7(2)(g)	General	GNC 5			Y			No	07/06/2024	2/5/2024				
7(2)(h)	General	GNC 6	Y	Y				Yes	N/A	22/2/2024				
Regulation 8														
8(1)	Choose item.										R15			
8(2)	Serious	SNC 2			Y			Yes	N/A	22/2/2024				
Regulation 9														
9	Choose item.													
Regulation 10														
10(1)	Choose item.													
10(2)	Choose item.													
10(3)(a)	General	GNC 7	Y	Y	Y			No	07/06/2024	10/5/2024			Regulations 10(3)(a) to (f) is considered as ONE GNC only regardless of which sub regulation(s) the GNC(s) are applied to.	
10(3)(b)														
10(3)(c)														
10(3)(d)														
10(3)(e)														
10(3)(f)														
Regulation 11														
11(1)	Choose item.													
11(2)(a)	Choose item.													
11(2)(b)	General	GNC 8			Y			No	07/06/2024	19/4/2024	19/4/2024			
11(2)(c)	General	GNC 9			Y			No	07/06/2024	17/4/2024				
11(2)(d)	General	GNC 10			Y			No	07/06/2024	2/5/2024				
11(2)(e)	General	GNC 11			Y			No	07/06/2024	2/5/2024				
11(2)(f)	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
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendation	Advisory Note	
11(2)(g)	Choose item.													
Regulation 12														
12(1)	Choose item.													
12(2)(a)	Choose item.													
12(2)(b)	Choose item.											A1		
12(2)(c)	Choose item.													
12(2)(d)	Choose item.													
12(2)(e)	Choose item.													
12(2)(f)	Choose item.													
Regulation 13														
13(a)	Choose item.													
13(b)	Choose item.													
Regulation 14														
14	Choose item.										R16			
Regulation 15														
15(1)(a)	Choose item.													
15(1)(b)	Choose item.										R17			
15(2)	Choose item.										R18			
Regulation 16														
16(1)	Choose item.													
16(2)(a)	Choose item.													
16(2)(b)	Choose item.													
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)	Choose item.													
17(2)(e)	Choose item.										R19, R20, R21			
17(2)(h)	General	GNC 12			Y		Y		No	07/06/2024	18/4/2024	R22		
17(2)(i)	Choose item.													
17(2)(j)	General	GNC 13	Y	Y					Yes	N/A	22/2/2024			
17(3)	Choose item.													
17(3A)(a)	Choose item.											R23		Explanatory Note: Regulations 17(3A)(a) to (c) is considered as ONE GNC only regardless of which sub regulation(s) the GNC(s) are applied to.
17(3A)(b)														
17(3A)(c)														
17(4)(a)	Choose item.											R24		
17(4)(b)	Choose item.													
17(5)(a)	General	GNC 14	Y	Y	Y				No	07/06/2024	12/4/2024			
17(5)(b)	Choose item.													
Regulation 18														
18(1)	Choose item.													
18(3)(a)	Choose item.													Explanatory Note: Regulations 18(3)(a) and (b) is considered as ONE GNC only regardless of which sub regulation(s) the GNC(s) are applied to.
18(3)(b)														

Audit and Risk Committee

Terms of Reference

Purpose

The purpose of the Audit & Risk Committee is to provide oversight of Council's audit processes, statutory compliance and internal risk management in a manner that promotes the current and future interests of the community (Local Government Act 2002).

Membership

Membership of the Committee comprises:

- Cr Russell Ellis (Chair)
- Cr Leen Braam (Deputy Chair)
- Cr Carolyn Cameron
- Cr Liz McMillan
- Cr Richard Wilson
- External appointee – Murray Harrington
- Mayor, Neil Brown (ex-officio)

The quorum is four members.

Meeting Frequency

The Audit & Risk Committee will meet on a six-seven weekly cycle, or on an as-required basis as determined by the Chair and Group Manager Business Support.

Committee members shall be given not less than 5 working days' notice of meetings.

Delegations

The Audit & Risk Committee has no delegated authority to make decisions. Its role is to consider and review matters of strategy, policy or significance in its sphere of Council business, and (if appropriate) to make recommendations to full Council.

Sphere of business

- To receive and consider the project plan and timetable for the following projects –
 - Long Term Plan (LTP) and any amendments
 - Annual Plan & Budget
 - Annual Report and Audit
- To receive progress reports on the above projects, where appropriate, and review significant issues and risks arising.
- To establish and maintain effective relationships with Council's auditors, including meeting with the audit representatives regarding significant policy and planning processes as appropriate, reviewing the Annual Audit Plan, and considering matters of significance raised by Council's auditors and action required.
- To receive reports on all external party audits of any and all Council activities, and review significant issues and risks arising.

- To be the primary monitoring mechanism for Council's Council Controlled Organisations (CCOs) and Council Controlled Trading Organisations (CCTOs) and shareholdings. Review the CCOs' draft statements of intent and advise CCOs of any comments.
- To provide overview of Council's performance management framework as included in the Council's LTP and Annual Plan documents.
- To provide overview of Council's statutory compliance and legal matters, monitoring any areas of statutory non-compliance.
- To provide overview of risk management and insurance. Review corporate risk assessment and internal risk management practices. Review insurance arrangements annually and monitor insurance claims.
- Monitor and review Health & Safety related matters. Participate in national risk management practices and implementation of risk management processes.
- To consider matters of organisational services in the area of Health & Safety.
- To receive the EA Networks Centre monthly income and expenditure reports, and any other matters directed to the Committee by Council. [21/06/23]

Reporting

The Audit & Risk Committee will report to the Council.

Reviewed

21/06/23