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Tohu Matatau Aotearoa

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


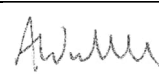
**Christchurch City Council**

| <b>IANZ<br/>CONDITIONS CLEARED</b> |              |
|------------------------------------|--------------|
| <b>INITIALS:</b>                   | LC           |
| <b>DATE:</b>                       | 18 June 2025 |

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## 7BCA AND ASSESSMENT DETAILS

| ORGANISATION DETAILS  |                              |  |   |           |       |           |     |
|---|------------------------------|--|---|-----------|-------|-----------|-----|
| <b>Organisation:</b>  |                              | Christchurch City Council  |   |           |       |           |     |
| <b>Address for service:</b>                                 |                              | 53 Hereford Street, Christchurch Central, Christchurch 8011                  |   |           |       |           |     |
| <b>Client Number:</b>                                       | 7486                         | <b>Accreditation Number:</b>   |   | 82        |       |           |     |
| <b>Chief Executive:</b>                                     |                              | Mary Richardson  |   |           |       |           |     |
| <b>Chief Executive Contact Details:</b>                     |                              | <a href="mailto:Mary.Richardson@ccc.govt.nz">Mary.Richardson@ccc.govt.nz</a> |   |           |       |           |     |
| <b>Responsible Manager:</b>                                 |                              | Steffan Thomas   |   |           |       |           |     |
| <b>Responsible Manager Contact Details:</b>                 |                              | <a href="mailto:Steffan.Thomas@ccc.govt.nz">Steffan.Thomas@ccc.govt.nz</a>   |   |           |       |           |     |
| <b>Authorised Representative:</b>                           |                              | Andrew Wells   |   |           |       |           |     |
| <b>Authorised Representative Contact Details:</b>           |                              | <a href="mailto:Andrew.Wells@ccc.govt.nz">Andrew.Wells@ccc.govt.nz</a>       |   |           |       |           |     |
| <b>Quality Assurance Manager:</b>                           |                              | Andrew Wells   |   |           |       |           |     |
| <b>Quality Assurance Manager Contact Details:</b>           |                              | <a href="mailto:Andrew.Wells@ccc.govt.nz">Andrew.Wells@ccc.govt.nz</a>       |   |           |       |           |     |
| <b>Number of FTEs</b>                                       | <b>Technical</b>             | 70.68  | <b>Support functions</b>  |           | 52.55 |           |     |
| Total FTEs should = technical FTEs + admin FTEs + vacancies | <b>Vacancies (Technical)</b> | 6.3  | <b>Vacancies (Support)</b>  |           | 5.5   |           |     |
| <b>Activity during the previous 12 months</b>               |                              | <b>Building Consents (excl. Amendments)</b>                                  |   |           |       |           |     |
|   |                              | <b>R1</b>  | 1620  | <b>R2</b> | 1066  | <b>R3</b> | 915 |
|   |                              | <b>C1</b>  | 357   | <b>C2</b> | 113   | <b>C3</b> | 79  |
|   |                              | <b>National Multi-use Approvals</b>  |   |           |       | 1         |     |
|   |                              | <b>Amendments (Total)</b>  |   |           |       | 1310      |     |
|   |                              | <b>CCCs</b>  |   |           |       | 4274      |     |
|   |                              | <b>New compliance schedules</b>  |   |           |       | 126       |     |
|   |                              | <b>BCA Notices to Fix</b>  |   |           |       | 65        |     |
| ASSESSMENT TEAM   |                              |  |   |           |       |           |     |
| <b>Assessment Dates:</b>                                    |                              | 3 March 2025 to 6 March 2025 and 10 March 2025 to 13 March 2025              |   |           |       |           |     |
| <b>Lead Assessor:</b>                                       |                              | Lesley Chen  |   |           |       |           |     |
| <b>Technical Experts:</b>                                   |                              | Brendan Guyton and Phil Judge  |   |           |       |           |     |
| <b>MBIE Observers</b> (attended 10-13 March only):          |                              | Mike Reedy & Mathew Crow   |   |           |       |           |     |
| ASSESSMENT FINDINGS   |                              |  |   |           |       |           |     |
|   | <b>This assessment (RR):</b> |  | <b>Last assessment (RR):</b>  |           |       |           |     |
| <b>Total # of "serious" non-compliances (SNC):</b>          | 0                            |  | 0   |           |       |           |     |
| <b>Total # of "general" non-compliances (GNC):</b>          | 13                           |  | 15  |           |       |           |     |
| <b>Total # of non-compliances outstanding:</b>              | 8                            |  | 8   |           |       |           |     |
| <b>Recommendations:</b>                                     | 11                           |  | 10  |           |       |           |     |
| <b>Advisory notes:</b>                                      | 4                            |  | 0   |           |       |           |     |
| <b>Date all action plans must be accepted:</b>              | 18 April 2025                |  |   |           |       |           |     |
| <b>Date all non-compliances must be cleared:</b>            | 19 June 2025                 |  |   |           |       |           |     |
| NEXT ASSESSMENT   |                              |  |   |           |       |           |     |
| <b>Recommended next assessment type:</b>                    | Routine Reassessment         |  |   |           |       |           |     |
| <b>Recommended next assessment month:</b>                   | March 2027                   |  |   |           |       |           |     |
| IANZ REPORT PREPARATION                                     |                              |  |   |           |       |           |     |
| <b>Prepared by:</b> Lesley Chen                             | <b>Date:</b> 14 March 2025   |  | <b>Signature:</b>  |           |       |           |     |
| <b>Checked by:</b> Adrienne Woollard                        | <b>Date:</b> 18 March 2025   |  | <b>Signature:</b>  |           |       |           |     |

## INTRODUCTION

This report relates to the routine accreditation assessment of the **Christchurch City Council Building Consent Authority (BCA)** which took place on-site across two four-day assessment weeks in **March 2025** to determine compliance with the requirements of the *Building (Accreditation of Building Consent Authorities) Regulations 2006*.

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

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

## ASSESSMENT SUMMARY

The assessment identified that the BCA have sustained substantial compliance with the requirements for accreditation.

The BCA's statutory compliance for granting and issuing building consents in 20 working days, and issuing or refusing to issue CCCs in 20 working days were both considered to be substantially compliant, and approaching full compliance. The BCA's processes for managing work that exceeded the timeframes were seen to be adequate and mostly appropriately implemented.

There were no non-compliances raised in the areas of Processing, Compliance Schedules and Notices to Fix. There were also no concerns raised relating to the BCA's technical output. There were, however, some outstanding issues identified in the BCA's processes, including the management of the statutory clock when requesting further information from the applicant for CCC applications; the 24-month CCC decisions that were yet to be made; some inconsistencies around the BCA's contractual agreements; and the technical peer reviews. These are detailed below in the body of the report.

The BCA was commended for its efficiency and diligence in clearing some identified non-compliances during the assessment. Of the 13 GNCs raised, 5 GNCs were satisfactorily cleared during the period of the assessment.

## CONTINUING ACCREDITATION

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

## IDENTIFYING AND NUMBERING OF NON-COMPLIANCES

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

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

## STEPS TO ADDRESSING NON-COMPLIANCES IDENTIFIED

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

If you do not agree with the non-compliances identified, or if you need further time to address non-compliances, please get in touch with the Lead Assessor as soon as possible. Where you are seeking an extension to an agreed timeframe to address a non-compliance, your Chief Executive is required to formally request an extension of the timeframe. These will only be granted for unpredictable and unmanageable reasons.

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

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

## RISK ASSESSMENT

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

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

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

- The BCA was commended for its efficiency and diligence in clearing some identified non-compliances during the assessment. Of the 13 GNCs raised, 5 GNCs were satisfactorily cleared.
- There were no concerns raised relating to the BCA's technical output.
- There were no non-compliances raised in the areas of Processing, Compliance Schedules and Notices to Fix.
- The BCA's statutory compliance for granting and issuing building consents in 20 working days, and issuing or refusing to issue CCCs in 20 working days were both considered to be substantially compliant, and approaching on full compliance. The BCA's processes for managing work that exceeded the timeframes were seen to be adequate and mostly appropriately implemented.
- Processing records reviewed were detailed, well documented reasons for decisions were seen, and technical decisions reviewed appeared to be appropriate.
- Inspections were observed to have been appropriately conducted, inspectors on site were seen to be professional, communicated well with people on site, followed due process except for a few instances, and provided good records of inspection site notices with appropriate reasons for decisions recorded.
- The lapsing process was undertaken appropriately. The records sighted were meticulous and the team doing this work had a good understanding of their processes and the requirements under the Act.
- CCC decisions were also seen to have been made appropriately, except for a few areas to focus on to ensure that the due processes were followed.
- The BCA's continuous improvement process was seen to be polished. Although there was a non-compliance raised in this area, the Quality Assurance Team managed this process efficiently and kept really good records of all CIRs.

- The system audits undertaken were detailed, and appropriately identified deficiencies that would be followed through as part of the CI process. This was evidenced upon reviewing records of the audits undertaken.
- Technical peer reviews completed by the team were very good. All the reviews observed were detailed, the auditor/reviewer often recorded detailed commentary relating to their review and any shortfalls. I was also very impressed with the detailed reviews to ensure that the statutory clock was managed appropriately, and good records were sighted where any professional discussions were held after the peer review was completed, and the outcome of that discussion was appropriately recorded.

## NEXT ACCREDITATION ASSESSMENT

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

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

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

## RISK AT THE END OF THE ASSESSMENT CLEARANCE PROCESS

Consideration, as at the end of the assessment process has determined that the BCA continued to pose a **Low Risk**.

## ABBREVIATIONS

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



## ASSESSMENT OBSERVATIONS AND RECORDS OF NON-COMPLIANCE

| Regulation 6A(1)  | A system for notification |
|---|---------------------------|
| <b>Observations and comments, including good practice and performance</b>   |                           |
| <p>The BCA had 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.</p> <p>Notification letters were generated from the template held in the Vault. Submitted notifications were recorded within the BCA's Trim document management system. Records were sighted and were considered to be appropriate.</p> |                           |

| Regulation 7(2)(a)   | Providing consumer information |
|--|--------------------------------|
| <b>Observations and comments, including good practice and performance</b>  |                                |
| <p>The BCA provided adequate consumer information regarding how to apply for a consent, and how an application was processed, inspected and certified in accordance with Regulation 7(2)(a).</p> |                                |

| Regulation 7(2)(b)  | Receiving building consent applications |
|---|---|
| <b>Observations and comments, including good practice and performance</b>   |   |
| <p>The BCA had appropriately documented its procedure for receiving applications in accordance with Regulation 7(2)(b).</p> <p>The BCA received the majority of its building consent applications via their online portal. The BCA was seen to be appropriately receiving and accepting complete applications.</p> <p>Examples of amendments for residential consents were reviewed; it was identified that the "Means of Compliance" section on the Form 2 was not always being completed by applicants. Due to the selections chosen in the portal by the applicant, in one example, there was no additional Code clause to consider from the original Building Consent, but on the other example, there was. The BCA is recommended to ensure that the applicant has selected the correct options in the portal so that appropriate Code Clauses can be recorded.</p> <p><b>Recommendation R1.</b></p> |   |

| Regulation 7(2)(c)   | Checking building consent applications |
|--|--|
| <b>Observations and comments, including good practice and performance</b>  |  |
| <p>The BCA had appropriately documented its procedure for checking applications in accordance with Regulation 7(2)(c).</p> <p>Received applications were checked for completeness and further information requested as necessary. Examples of building consent application records were sighted. These were verified and accepted as per the BCA's documented procedures, and vetting RFIs sent were seen to be appropriate.</p> |  |



**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).

Building consent applications received were entered into the BCA's Connect system. Records sighted were considered to be appropriate.

**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).

Building consent applications were assessed by the Vetting Officers using the Connect system and the relevant checksheets as per the BCA's documented procedure. If an application was incomplete upon submission, a vetting RFI (VRFI) was sent to the customer through the portal requesting the missing information.

Records of building consent applications were sighted, and were observed to be appropriate.

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

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

All reviewed applications were seen to have been appropriately allocated to competent staff (or to staff working under appropriate supervision) or competent contractors.

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

The BCA had appropriately 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 accordance with Regulation 7(2)(d)(iv).

Building consent application and amendment application records reviewed included well considered reasons for compliance decisions. Where specified systems formed part of the application, the assessment of the performance standards against those specified systems were recorded with sufficient detail.

Records were easily followed as to how the employee or contractor had made compliance decisions.


| Regulation 7(2)(d)(v)   | Granting and issuing building consents and Compliance with Form 5 |
|---|---|
| <b>Observations and comments, including good practice and performance</b>   |   |
| <p>The BCA had appropriately documented its procedure for granting and issuing consents, in accordance with Regulation 7(2)(d)(v).</p> <p>Examples of residential and commercial building consents which contained multi-units were reviewed; it was identified that three examples of the Form 5s reviewed did not contain a legal description of land where building is located, and one also did not have the ability to record the building name or level/unit number.</p> <p><b>GNC 1 was resolved during the assessment</b>, as the BCA provided appropriate clearance evidence to address the issue identified.</p> <p>Upon reviewing issued building consents, the BCA is recommended to consider the following:</p> <ul style="list-style-type: none"> <li>The BCA had appropriately updated the relevant prescribed forms to account for the MCM scheme, however, the selection of the construction documents within the Connect system had not accounted for the required certification relevant to the construction documentation that would be attached to the Form 5. The BCA is recommended to revise the construction documentation template generated from the Connect system for the BCO to have this required selection when it becomes relevant.</li> <li>Examples of amendments for residential consents were reviewed, and it was identified that the “means of compliance” section on the Form 2 had not been completed at all. The BCA is recommended to ensure that the “means of compliance” has been filled out and verified for all amendments.</li> </ul> <p><b>Recommendation R2.</b></p> |   |

| Regulation 7(2)(d)(v)  | Lapsing building consents |
|--|---------------------------|
| <b>Observations and comments, including good practice and performance</b>  |                           |
| <p>The BCA had appropriately documented its procedure for lapsing of Building Consents, in accordance with Regulation 7(2)(d)(v).</p> <p>The lapsing process was undertaken appropriately. The records sighted were meticulous, orderly and the team that were doing this work has a good understanding of their processes and the requirements under the Act.</p> <p>Upon reviewing multiple examples of lapsed building consents and extensions of time, the following are recommended to the BCA:</p> <ul style="list-style-type: none"> <li>The BCA is recommended to ensure that appropriate reasons for decisions for approving extensions of time are documented as two out of eight records sighted included no recorded reasons, with another one stating how long the building consent was extended for. This was not raised as a non-compliance as the records were seen to be progressively improved with the BCA implementing added measures to ensure that an appropriate reason for decision was recorded.</li> <li>The BCA is also recommended to consider documenting within its procedure, that the risks are required to be considered upon giving multiple extensions of time to lapse a building consent. An example was sighted where 8 extensions of time had been approved, and the building consent was issued 10 years ago in 2015. In this case the older recorded reasons for decisions were not reviewed for appropriateness. The most recent extension approval had been documented, but no considerations were cited for the age of the consent and the number of extensions given.</li> </ul> <p><b>Recommendation R3.</b></p> |                           |

| Regulation 7(2)(d)(v)  | Compliance with statutory timeframes for granting building consents |
|--|---|
| <b>Observations and comments, including good practice and performance</b>  |   |
| <p>The BCA's compliance with the statutory timeframe for granting building consents within 20 working days was seen to be averaging around 80.8% over the last 24 months, which was not considered to be substantially compliant.</p> <p>However, recent statistics provided by the BCA indicated that there had been continuous improvement in their compliance timeframes. Within the last 12 months, the BCA's compliance was seen to be averaging around 91.7%, and averaged around 95.5% in the last 6 months, which was considered to be substantially compliant.</p> <p>The BCA had a detailed documented procedure and an actively monitored spreadsheet/report which it used to record the reasons why the building consents had exceeded the timeframe as set out in the Act. This was also further monitored monthly by the leadership team during the leadership meetings.</p> |   |

| Regulation 7(2)(e)  | Planning, performing and managing inspections |
|---|---|
| <b>Observations and comments, including good practice and performance</b>   |   |
| <p>The BCA had documented its procedure for planning, performing and managing inspections in accordance with Regulation 7(2)(e). However, the BCA had not appropriately documented within their remote inspections procedure, how inspections were managed if the network connection was lost or unstable, and how a compliance decision was to be made.</p> <p><b>This part of GNC 2 was resolved during the assessment</b> with an appropriately updated procedure submitted by the BCA.</p> <p>Inspections were adequately planned during consent processing.</p> <p>A range of inspections were observed by the technical expert while the assessment team was on site, including remote inspections performed at the BCA. The BCA also has one remotely based inspector who worked full time undertaking remote inspections. Remote inspections observed were considered to be effectively undertaken.</p> <p>The BCA is recommended to update the <i>Inspection Sheet</i> on the <i>B-660 The Matrix</i> to include all inspectors who can carry out remote inspections. A remote inspection was observed where the individual who carried out the inspection was indicated as "NO" within the remote inspections column on sheet. It is also recommended to include this information within the GoGet Scheduler to ensure the allocation team have this information on-hand.</p> <p><b>Recommendation R4.</b></p> <p>Inspections were seen to have been conducted appropriately most of the time, and the inspection recorded included good recorded reasons of compliance decisions, and were supported by labelled photographs where appropriate.</p> <p>However, during the observation of on-site inspections, the BCA was seen to not have always effectively implemented the inspection procedure where it was observed that inspections were carried out on un-consented building work that differed from the consented documents. It was also noted that the change was not identified or considered within the inspection report.</p> <p><b>GNC 2 to be resolved.</b></p> <p>Over the last year in 2024, the BCA's inspection wait time was lowest at 4 working days, and highest at 11 working days. This was seen to have reduced down to around 8 days by December 2024.</p> |   |


**General Non-compliance No. 2: Action Plan accepted ✓ Cleared 12/05/2025**

|   |   |                               |                               |  |                               |                               |                               |
|---|---|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| <b>Breach of requirement:</b>   | <b>Regulation 7(2)(e)</b>   |                               |                               |  |                               |                               |                               |
| <b>Breach of requirement:</b>   | <b>Regulation(s)</b>  | <input type="checkbox"/> 5(a) | <input type="checkbox"/> 5(b) | <input checked="" type="checkbox"/> 5(c) | <input type="checkbox"/> 6(b) | <input type="checkbox"/> 6(c) | <input type="checkbox"/> 6(d) |
| <b>FINDING DETAILS</b>  |   |                               |                               |  |                               |                               |                               |
| <p>It was observed that inspections were carried out on un-consented building work that differed from the consented documents. It was also noted that the change was not identified or considered within the inspection report.</p>   |   |                               |                               |  |                               |                               |                               |
| <b>IMPORTANT DATES</b>  |   |                               |                               |  |                               |                               |                               |
| <b>Date this action plan was accepted by IANZ:</b>  |   |                               |                               |  | <b>4 April 2025</b>           |                               |                               |
| <b>Final date evidence of implementation can be accepted from BCA:</b>  |   |                               |                               |  | <b>5 June 2025</b>            |                               |                               |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>  |   |                               |                               |  |                               |                               |                               |
| <p>Review and update, as necessary, our Vault procedure for inspection procedures Reg 7(2)(e) to ensure clarity around the process for handling un-consented building work on-site and associated record keeping.</p> <p>Deliver refresher training to inspectors via technical meetings focusing on the process for handling un-consented building work on-site and associated record keeping.</p> |   |                               |                               |  |                               |                               |                               |
| <b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>  |   |                               |                               |  |                               |                               |                               |
| <p>Changes to Vault procedures to be provided to IANZ.</p> <p>Training presentation, attendance records to be provided to IANZ.</p>   |   |                               |                               |  |                               |                               |                               |
| <b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>  |   |                               |                               |  |                               |                               |                               |
| <b>12/05/2025<br/>BCA (AW)</b>  | <p>Please find attached the evidence to clear GNC 2.</p> <p>Attached is the;</p> <ul style="list-style-type: none"> <li>• plan of action (as per the assessment report)</li> <li>• training presentation – power point</li> <li>• training record (B621)</li> <li>• training attendance sheet</li> </ul> <p>Lesley, please note that the business has advised;</p> <p>Changes to Vault procedures to be provided to IANZ – No changes proposed, the procedures in the vault are appropriate, the building inspectors code of practice provides guidance on all scenarios relating to unconsented building work.</p> |                               |                               |  |                               |                               |                               |
| <b>12/05/2025<br/>IANZ (LC)</b>   | <p>Clearance evidence was reviewed, and was considered appropriate. No implementation evidence was reviewed due to the nature of this GNC.</p>  |                               |                               |  |                               |                               |                               |
| <b>NON COMPLIANCE CLEARED</b>   |   |                               |                               |  |                               |                               |                               |
| <p><b>Signed:</b> </p>   |   |                               |                               | <p><b>Date: 12 May 2025</b></p>          |                               |                               |                               |

| Regulation 7(2)(f)(i) Application for code compliance certificates   |
|--|
| <b>Observations and comments, including good practice and performance</b>  |
| <p>The BCA had appropriately documented its procedure for receiving and considering applications for a Code Compliance Certificate in accordance with Regulation 7(2)(f)(i).</p> <p>The BCA was observed rejecting applications for CCC where a final inspection had not been completed and passed. This does not align with the requirements of s92(1) of the Act where the owner must apply for CCC once building work is complete.</p> <p><b>GNC 3A to be resolved.</b></p> |

### General Non-compliance No. 3A: Action Plan accepted ✓ Cleared 21/05/2025

|  |   |                                      |                                      |   |                                      |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <b>Breach of requirement:</b>  | <b>Regulation 7(2)(f)(i)</b>  |                                      |                                      |   |                                      |                                      |                                      |
| <b>Breach of requirement:</b>  | <b>Regulation(s)</b>  | <input type="checkbox"/> <b>5(a)</b> | <input type="checkbox"/> <b>5(b)</b> | <input checked="" type="checkbox"/> <b>5(c)</b> | <input type="checkbox"/> <b>6(b)</b> | <input type="checkbox"/> <b>6(c)</b> | <input type="checkbox"/> <b>6(d)</b> |
| <b>FINDING DETAILS</b>   |   |                                      |                                      |   |                                      |                                      |                                      |
| The BCA was observed rejecting applications for CCC where a final inspection had not been completed and passed.  |   |                                      |                                      |   |                                      |                                      |                                      |
| <b>IMPORTANT DATES</b>   |   |                                      |                                      |   |                                      |                                      |                                      |
| <b>Date this action plan was accepted by IANZ:</b>   |   |                                      |                                      |   | <b>31 March 2025</b>                 |                                      |                                      |
| <b>Final date evidence of implementation can be accepted from BCA:</b>   |   |                                      |                                      |   | <b>5 June 2025</b>                   |                                      |                                      |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>   |   |                                      |                                      |   |                                      |                                      |                                      |
| <div>1. Review and update, as necessary, our Vault procedure for receive code compliance certificate application, particularly perform completeness check.</div> <div>2. Review and update, as necessary, practice note 125 Completion of Building Work</div> <div>3. Deliver training to all employees who perform completeness checks.</div> <div>4. Document the training records (B-621) and attendance register.</div> <div>5. Evidence of the effectiveness of the training will be undertaken via assessment of the attendees.</div> <div>6. Following training the Principal Building Official or Principal Building Advisor will undertake an audit of 10 code compliance certificate applications with a focus on completeness checks.</div> |   |                                      |                                      |   |                                      |                                      |                                      |
| <b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>   |   |                                      |                                      |   |                                      |                                      |                                      |
| Changes to Vault procedures and practice note 125 to be provided to IANZ.  |   |                                      |                                      |   |                                      |                                      |                                      |
| Training presentation, attendance records and effectiveness outcomes to be provided to IANZ.   |   |                                      |                                      |   |                                      |                                      |                                      |
| Audit outcomes to be provided to IANZ  |   |                                      |                                      |   |                                      |                                      |                                      |
| <b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>   |   |                                      |                                      |   |                                      |                                      |                                      |
| <b>31/03/2025</b><br><b>IANZ (LC)</b>  | The supplied action plan was reviewed, please ensure that upon submitting the clearance material, that the BCA would also supply the examples used within the audit to confirm the effectiveness of the training. |                                      |                                      |   |                                      |                                      |                                      |
| <b>16/05/2025</b><br><b>IANZ (LC)</b>  | BCA submitted clearance evidence. Forwarded to TE to review.  |                                      |                                      |   |                                      |                                      |                                      |
| <b>21/05/2025</b>  | TE Reviewed clearance evidence and confirmed that it was cleared.   |                                      |                                      |   |                                      |                                      |                                      |

|   |                   |
|---|-------------------|
| IANZ (LC)   |                   |
| <b>NON COMPLIANCE CLEARED</b>   |                   |
| Signed:  | Date: 21 May 2025 |

| Regulation 7(2)(f)(i)  | Preparing, issuing and refusing to issue code compliance certificates |
|--|---|
| <b>Observations and comments, including good practice and performance</b>  |   |
| <p>The BCA had appropriately documented its procedure for preparing, issuing, or refusing to issue Code Compliance Certificates in accordance with Regulation 7(2)(f)(i).</p> <p>The BCA had not always effectively implemented its procedure relating to the management of the statutory clock during the CCC process. Applications were observed where the statutory clock was suspended for a request for further information, and was not re-started on the receipt of a complete response as required by the documented procedure.</p> <p><b>GNC 3B to be resolved.</b></p> <p>The BCA has a process, where upon undertaking a solid fuel heater inspection, if the inspector considered that the evidence and the installation complied with the building consent, the inspector would pass the inspection and issue the code compliance certificate at the same time. Whilst these certification decisions were appropriate, the inspectors that made these code compliance decisions did not have a recorded certification competency as part of their competency assessment.</p> <p><b>GNC 3B to be resolved.</b></p> <p>A BI report generated by the BCA showed some older records dating back to 2005 where CCC applications had been received but the BCA had not made a decision to issue or refuse to issue CCCs within 20 working days. There was a total of 159 of these applications which the BCA is required to make a compliance decision within the timeframe specified in the Act.</p> <p><b>GNC 3B to be resolved.</b></p> <p>The BCA is recommended to ensure the Current, lawfully established, use indicated on the Form 7 (CCC) is correct and appropriate for the building as in one example reviewed the scope of work included the alteration of a garage that was converted to a sleepout. The Current, lawfully established, use was indicated as Existing garage/ancillary building, where 2.0 Housing or 2.0.2 Detached dwelling would be more appropriate.</p> <p><b>Recommendation R5.</b></p> <p>The BCA is recommended to ensure all relevant certification documentation is provided and verified where this is relied upon as reasonable grounds that a system has been installed in accordance with a particular standard as one example was reviewed where the fire alarm was designed and installed to NZS:4512:2021 but the required installers declaration of completion (Appendix M of the standard) was not requested or provided.</p> <p><b>Recommendation R6.</b></p> |   |

### General Non-compliance No. 3B: Action Plan accepted ✓ Cleared 13/06/2025

|                        |                       |                               |                               |  |                               |                               |                               |
|------------------------|-----------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| Breach of requirement: | Regulation 7(2)(f)(i) |                               |                               |  |                               |                               |                               |
| 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) |
| <b>FINDING DETAILS</b> |                       |                               |                               |  |                               |                               |                               |
|                        |                       |                               |                               |  |                               |                               |                               |

- I) Applications were observed where the statutory clock was suspended for a request for further information, and was not re-started on the receipt of a complete response as required by the documented procedure.
- II) The BCA has a process, where upon undertaking a solid fuel heater inspection, if the inspector considered that the evidence and the installation complied with the building consent, the inspector would pass the inspection and issue the code compliance certificate at the same time. Whilst these certification decisions were appropriate, the inspectors that made these code compliance decisions did not have a recorded certification competency as part of their competency assessment.
- III) There was a total of 159 outstanding code compliance certificate application which the BCA is required to make a compliance decision within the timeframe specified in the Act.

#### IMPORTANT DATES

|  |                      |
|--|----------------------|
| <b>Date this action plan was accepted by IANZ:</b> | <b>31 March 2025</b> |
|--|----------------------|

|  |                    |
|--|--------------------|
| <b>Final date evidence of implementation can be accepted from BCA:</b> | <b>5 June 2025</b> |
|--|--------------------|

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

- I. Review and update, as necessary, our Vault procedure for Request for information (RFI) Code Compliance, particularly managing the statutory clock.

Deliver training to all employees who process Code Compliance applications.

Document the training records (B-621) and attendance register.

Evidence of the effectiveness of the training will be undertaken via assessment of the attendees.

Following training the Principal Building Official or Principal Building Advisor will undertake an audit of 10 processed code compliance certificates with a focus on RFI's and the management of the code compliance statutory clock.

- II. Training session on issuing CCCs to be delivered to inspectors with short assessment. Inspectors who complete the assessment satisfactorily will have competency assessment to update competency levels to include certification. **Combined plan with GNC 3C(iii)**

Document the training records (B-621) and attendance register.

- III. Establish dedicated resource to focus on the 159 applications for CCC.

Due to the age of the applications, we will update the applicant/owner contact details (where applicable)

Enter the applications into the system and make contact with the applicant/owner.

Carry out an inspection on-site to take all reasonable steps to verify if the building work has been completed and address any non-compliances.

As the building work is older than five years, modification of durability periods of clause B2.3.1 will be required.

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

- I. Changes to Vault procedures to be provided to IANZ.

Training presentation, attendance records and effectiveness outcomes to be provided to IANZ.  
Audit outcomes to be provided to IANZ

- II. Provide samples of updated competency outcomes (combined with GNC 3C)




Training presentation, attendance records to be provided to IANZ.

III. Provide evidence to IANZ of decisions (issue or refuse to issue CCC) for these 159 CCC applications using annotated BI Report

#### EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:

|                                  |  |
|----------------------------------|--|
| <b>31/03/2025</b><br>IANZ (LC)   | The supplied action plan was reviewed, please ensure that upon submitting the clearance material, that the BCA would also supply the examples used within the audit to confirm the effectiveness of the training.                      |
| <b>5/06/2025</b><br>IANZ (LC)    | BCA submitted clearance evidence for parts (I) and (III). Forwarded to TE to review.   |
| <b>9/06/2025</b><br>IANZ TE (PJ) | GNC 3B(i) is cleared with agreed evidence provided.<br>GNC 3B(ii) is cleared with agreed evidence provided along with GNC 4  |
| <b>13/06/2025</b><br>IANZ (LC)   | GNC 3B(iii) is cleared with the agreed evidence provided. The BCA is also commended on its efforts on the investigative work put into this process. resulting in being able to issue 75 CCCs is a huge testament to the team's effort. |

#### NON COMPLIANCE CLEARED

|  |                           |
|--|---------------------------|
| <b>Signed:</b>  | <b>Date: 13 June 2025</b> |
|--|---------------------------|

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

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

The BCA had appropriately documented its procedure for making a 24-month decision on whether to issue or refuse to issue a Code Compliance Certificate where no application for Code Compliance Certificate had been received, in accordance with Regulation 7(2)(f)(i).

Upon reviewing the 24-month CCC decisions process, the following issues were identified:

- The BCA had not provided an avenue or methodology for an owner to obtain agreement with the BCA for a further period of time as to when the BCA was required to make a decision to issue or refuse to issue code compliance certificate. The BCA's documented procedure identifies what the relevant personnel is required to do upon receiving a request, but there was no avenue for the owner to apply or request for it.
- The BI report monitored by the Building Support Officers identified around 62 CCCs that were over time to have a 24-month decision made.
- Inspectors making technical decisions to refuse to issue CCCs as part of this process did not have a recorded certification competency as part of their competency assessment.
- A number of Building consents that had extensions of time to commence work, had not had their 24-month CCC decisions made. These consents also did not appear on the BI report which the Building Support Officers used to monitor and ensure that 24-month CCC decisions were made. As there was no reporting on these building consents, it was uncertain how many there were in the system.

**GNC 3C to be resolved.**

### General Non-compliance No. 3C: Action Plan accepted ✓ Cleared 18/06/2025

|                               |                              |
|-------------------------------|------------------------------|
| <b>Breach of requirement:</b> | <b>Regulation 7(2)(f)(i)</b> |
|-------------------------------|------------------------------|

|   |                      |                               |                               |  |                               |                               |                               |
|---|----------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| <b>Breach of requirement:</b>   | <b>Regulation(s)</b> | <input type="checkbox"/> 5(a) | <input type="checkbox"/> 5(b) | <input checked="" type="checkbox"/> 5(c) | <input type="checkbox"/> 6(b) | <input type="checkbox"/> 6(c) | <input type="checkbox"/> 6(d) |
| <b>FINDING DETAILS</b>  |                      |                               |                               |  |                               |                               |                               |
| <p>Upon reviewing the 24-month CCC decisions process, the following issues were identified:</p> <ul style="list-style-type: none"> <li>I) The BCA had not provide an avenue or methodology for an owner to obtain agreement with the BCA for a further period of time as to when the BCA was required to make a decision to issue or refuse to issue code compliance certificate.</li> <li>II) The BI report monitored by the Building Support Officers identified around 62 CCCs which requires to have its 24-month decision made.</li> <li>III) Inspectors making technical decisions to refuse to issue CCCs as part of this process did not have a recorded certification competency as part of their competency assessment.</li> <li>IV) A number of building consents that had extensions of time to commence work, had not had their 24-month CCC decisions made.</li> </ul>  |                      |                               |                               |  |                               |                               |                               |
| <b>IMPORTANT DATES</b>  |                      |                               |                               |  |                               |                               |                               |
| <b>Date this action plan was accepted by IANZ:</b>  |                      |                               |                               |  |                               | <b>31 March 2025</b>          |                               |
| <b>Final date evidence of implementation can be accepted from BCA:</b>  |                      |                               |                               |  |                               | <b>5 June 2025</b>            |                               |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>  |                      |                               |                               |  |                               |                               |                               |
| <p>I. Introduce 23-month process to proactively contact applicant before the date required by s93 (2)(b)(i) to make the decision under s93 (1) when no CCC application has been received.</p> <p>Procedure to; Ask the applicant when they are expecting to complete the building work and apply for CCC. What are the circumstances for needing a further period. Agree to a realistic timeframe relative to the complexity of the circumstances. Record further period date in system</p> <p>II. Complete 24-month CCC decision to the 62 overdue BCs</p> <p>III. Training session on issuing CCCs to be delivered to inspectors with short assessment. Inspectors who complete the assessment satisfactorily will have competency assessment to update competency levels to include certification. <b>Combined plan with GNC 3B(ii)</b></p> <p>Document the training records (B-621) and attendance register.</p> <p>IV. Complete 24-month decisions for building consents that had extensions of time to commence work. Update procedure for extensions of time to commence work to include step to contact applicant to agree to a further period to make CCC decision. Further period to correspond to extension of time to commence work. Record further period date in system</p> |                      |                               |                               |  |                               |                               |                               |
| <b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>  |                      |                               |                               |  |                               |                               |                               |
| <p>I. Changes to Vault procedures to be provided to IANZ.</p> <p>II. Provide evidence to IANZ of decisions (issue or refuse to issue CCC) for these 62 BCs using annotated BI Report</p> <p>III. Provide samples of updated competency outcomes (combined with GNC 3B)</p> <p>Training presentation, attendance records to be provided to IANZ.</p> <p>IV. Provide evidence to IANZ of decisions (issue or refuse to issue CCC) for these BCs using annotated BI Report.</p> <p>Changes to Vault procedures to be provided to IANZ.</p>   |                      |                               |                               |  |                               |                               |                               |

| EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS: |   |
|---|---|
| 31/03/2025<br>IANZ (LC)                         | The supplied action plan was reviewed, please ensure that upon making the required CCC decisions, please submit an updated report noting that all required decisions have been made within the appropriate timeframe.   |
| 5/06/2025<br>IANZ (LC)                          | BCA submitted clearance evidence for parts (I), (II) and (IV). Forwarded to TE to review.   |
| 9/06/2025<br>IANZ TE (PJ)                       | GNC 3C(iii) is cleared with agreed evidence provided along with GNC 4.  |
| 13/06/2025<br>IANZ (LC)                         | <p>GNC 3C(i) was reviewed and it was <b>not resolved</b>.</p> <ul style="list-style-type: none"> <li>The updated procedure indicated that for staged building work (staged building consents are not a type of “consents” as per the Act), the two-year decision does not apply. This is not correct. The decision does apply, but by agreement between the BCA and the customer as part of the pre-application process, letters of the decisions may not be required to be sent.</li> <li>The updated procedure stated that the Building Support Officer (or delegated person) records the reason for agreeing to a further period. The BCA had not indicated that the reason for this decision is required to include a compliance consideration for the building work being constructed, therefore may be required to be made by a technical person.</li> <li>Within the letter templates B-551a, the yellow highlighted area appears to indicate that an extension is always agreed to. Please confirm whether this is the intent of the BCA.</li> </ul> <p><b>Subject:</b> BCN xxxx/xxxx - Council will soon be required to decide whether to issue a code compliance certificate</p> <hr/> <p><i>[Office use only: B-551a, LU 9.5.25 LR 9.5.25, v1]</i></p> <p>Hi</p> <p><b>Building Consent: «Application_Number»</b><br/> <b>«Primary_Location»</b><br/> <b>«Description»</b></p> <p>If no application for code compliance certificate is made within two years of the date on which the building consent was granted, section 93 of the Building Act 2004 requires us to decide whether to issue a code compliance certificate. The date to make this decision can be changed if a further period is agreed to between the owner and us.</p> <p>As it is almost <b>[two years since the building consent was granted]</b> <b>[the date we agreed for the further period to decide]</b>, we have tried to contact you by phone to find out why the building work may not have been completed and no application for code compliance certificate made.</p> <p>We need to know:</p> <ul style="list-style-type: none"> <li>the reasons why the building work may not have been completed and no application for code compliance certificate made,</li> <li>when you expect to complete the building work and apply for code compliance certificate, and</li> <li><b>agree to a date for a further period to complete the building work before we must decide whether to issue code compliance certificate.</b></li> </ul> <p>GNC 3C(ii) and GNC 3C(iv) were reviewed, and was considered appropriate.</p> |
| 16/06/2025<br>BCA (AW)                          | <p>Thank you for your questions. We have provided responses below each of the bullet points you raised. For clarity, your questions appear in <i>red italics</i>, with our responses directly underneath.</p> <ul style="list-style-type: none"> <li><i>The updated procedure indicated that for staged building work (staged building consents are not a type of “consents” as per the Act), the two-year decision does not apply. This is not correct. The decision does apply, but by agreement between the BCA and the customer as part of the pre-application process, letters of the decisions may not be required to be sent.</i></li> </ul>   |

Thank you for your feedback. To clarify, the reference to ‘staged building consent type’ in our procedures relates to an internal input used within our system (Connect) and is not a reference to a distinct consent type under the Building Act.

The procedure states:

**“Staged building consents** – If a staged building consent other than the final stage appears on the report check the staged **building consent type** has been correctly inputted in Connect. Stages other than the final stage do not require a two-year decision as it will be agreed at the pre-application meeting that the two-year decision will only apply to the final stage.”

- *The updated procedure stated that the Building Support Officer (or delegated person) records the reason for agreeing to a further period. The BCA had not indicated that the reason for this decision is required to include a compliance consideration for the building work being constructed, therefore may be required to be made by a technical person.*

We are seeking agreement to extend the timeframe for making a decision. As this is occurring prior to the date referenced in section 93(2)(b) of the Building Act, a technical decision is not required at this stage.

During the assessment, Andre discussed this with Lesley, who acknowledged that requesting agreement to a further period in this context is not considered a technical matter.

For clarity, the new “23-month” process does not replace our existing 24-month process, which remains in place for situations where a technical person is required to make the two-year decision under section 93 (1). For reference, we have included a copy of our current “two-year decision” procedure below.

#### Manage code compliance certificate two year decision

1. The Building Support Officer (or delegated person) uses the [Section 93 Two Year CCC decision Power BI report](#) to select BCNs for a **two year decision** to be made. (This report is based on the granted decision date (+ 24 months)).

##### Note:

Code compliance certificate applications that were not accepted or were refused under section 95A will also go through this process. Notification is sent to the Building Compliance Team to process the application following the [Receive code compliance certificate application process](#).

**Staged building consents** – Due to the expected completion timeframe for staged building consents it will be agreed at the pre-application meeting that the two year decision letters will only apply to the final stage.

2. The Building Support Officer (or delegated person) undertakes the initial checks, (and if applicable, contacts the customer), forwards the request for a desktop review or “**old**” extension of time to complete building work requests to the Senior Building Inspector (or delegated person) to undertake the desktop review, and if applicable, an on-site inspection.

3. **The Senior Building Inspector (or delegated person) undertakes the desktop review and if applicable on-site inspection, and makes the section 93(2)(b) decision to either:**

- issue or not the code compliance certificate, or
- agree with the owner/agent to extend the timeframe in which the code compliance of the building work may be determined.

**Note:** Decisions made to issue the code compliance certificate are also made in compliance with the legal test in section 94 of the Building Act 2004. The Code Compliance Assessor is notified to issue. Refer to the [Issue and generate code compliance certificate \(procedure\)](#).

4. The Building Support Officer makes the relevant updates in Connect using the decisions made by the Senior Building Inspector (or delegated person) and sends the confirmation to the owner/agent.

- *Within the letter templates B-551a, the yellow highlighted area appears to indicate that an extension is always agreed to. Please confirm whether this is the intent of the BCA.*


We acknowledge that the original wording in template B-551a may have given the impression that a further period is always agreed to, which was not our intent.

We have reviewed the template and made updates to ensure the language more clearly reflects that agreement is being sought from the applicant, rather than assumed. To support this, we have added the words “**if you**” to the relevant bullet point, which now reads:

**“If you agree to a date for a further period to complete the building work before we must decide whether to issue the code compliance certificate.”**

We have also updated the template to ensure consistency and remove any ambiguity.

The updated version of the template is attached for your reference.

|   |   |
|---|---|
|   | <p><i>[Office use only: B-551a, LU 9.5.25 LR 9.5.25, v1]</i></p> <p>Hi</p> <p><b>Building Consent: «Application_Number»</b><br/> <b>«Primary_Location»</b><br/> <b>«Description»</b></p> <p>If no application for code compliance certificate is made within two years of the date on which the building consent was granted, section 93 of the Building Act 2004 requires us to decide whether to issue a code compliance certificate. The date to make this decision can be changed if a further period is agreed to between the owner and us.</p> <p>As it is almost <b>[two years since the building consent was granted]</b> <b>[the date we agreed for the further period to decide]</b> we have tried to contact you by phone to find out why the building work may not have been completed and no application for code compliance certificate made.</p> <p>We need to know:</p> <ul style="list-style-type: none"> <li>• the reasons why the building work may not have been completed and no application for code compliance certificate made,</li> <li>• when you expect to complete the building work and apply for code compliance certificate, and</li> <li>• <b>if you</b> agree to a date for a further period to complete the building work before we must decide whether to issue code compliance certificate.</li> </ul> <p>Please contact us as soon as possible either by replying to this email or by phoning the number below. If we do not hear from you, we are required to make a formal decision at the date <b>[two years since the building consent was granted]</b> <b>[we agreed for the further period to decide]</b> and this will incur additional fees.</p> <p><b>[Please be aware that as there are outstanding fees for the additional completed inspections and / or granted minor variations so we will also be sending an invoice.]</b> <i>delete if nil outstanding</i></p> <p>While the building work is still ongoing, please ensure you book all required inspections and make an application for a code compliance certificate as soon as building work is completed. An application form can be downloaded from our website – <a href="http://ccc.govt.nz/code-compliance-certificate/">ccc.govt.nz/code-compliance-certificate/</a>.</p> <p>Yours sincerely</p> |
| <p><b>17/06/2025</b><br/> <b>IANZ (LC)</b></p>  | <p>Thank you for your response.</p> <p>To further clarify the request for extension – correct I did agree on the comment regarding the function of <u>requesting</u> an agreement, is not a technical matter. Usually, BCAs have their support team send out batch letters even.</p> <p>However, upon requesting an agreement, the <u>decision</u> to extend the timeframe requires compliance considerations. We have previously issued a newsletter specifically discussing this topic. Please see the December 2024 newsletter attached for your reference.</p>  |
| <p><b>18/06/2025</b><br/> <b>IANZ (LC)</b></p>  | <p>The BCA submitted an updated procedure confirming that the Code Compliance Assessor would request a technical person to consider the impact of any further period on the building work complying with the building consent, and records this decision.</p> <p>Procedure was considered to be appropriate, and from previous evidence of implementation reviewed, the BCA can be expected to appropriately implement the updated procedure. Therefore, this GNC is now resolved.</p>  |
| <p><b>NON COMPLIANCE CLEARED</b></p>  |   |
| <p><b>Signed:</b> </p> | <p><b>Date: 18 June 2025</b></p>  |



| Regulation 7(2)(f)(i)  | Compliance with statutory timeframes for code compliance certificates |
|--|---|
| <b>Observations and comments, including good practice and performance</b>  |   |
| <p>The BCA's compliance with the statutory timeframe for issuing or refusing Code Compliance Certificates within 20 working days over the last 24 months was seen to be averaging around 82.2%, which was not considered to be substantially compliant. However, the BCA's compliance had substantially improved over the last year, with an average of 96.7% over the last 6 months.</p> <p>Although this was considered substantially compliant, the BCA had 159 applications which had applications receive, for which they were yet to make a compliance decision . The oldest of these dated back to 2005. It was recognised that the CCC time clock statistics would be negatively affected while the BCA addressed these applications.</p> <p>A non-compliance is not raised as the BCA is currently substantially compliant when assessing current CCC applications. The BCA is recommended to continue to monitor their compliance timeframes to ensure full compliance is achieved.</p> <p><b>Recommendation R7.</b></p> |   |

| Regulation 7(2)(f)(ii)  | Compliance schedules |
|---|----------------------|
| <b>Observations and comments, including good practice and performance</b>   |                      |
| <p>The BCA had appropriately documented its procedure for preparation and issuing of Compliance Schedules in accordance with Regulation 7(2)(f)(ii).</p> <p>Upon reviewing examples of issued compliance schedules, the BCA is recommended the following:</p> <ul style="list-style-type: none"> <li>• The BCA is recommended to ensure, where relevant, the wording within the specified system description/location is aligned with Schedule 1 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005. Within the templated text, the description of SS15/2 indicated the final exit provided access to a safe path, whereas the Regulation referred to the final exit to a safe place as defined in NZBC clause A2.</li> <li>• The BCA is also recommended to only reference the Highest Fire Hazard Category on a Compliance Schedule when it would be relevant to the appropriate compliance document and age of the building. One example was reviewed, where the new building referenced the Highest Fire Hazard Category when it would not have been relevant.</li> </ul> <p><b>Recommendation R8.</b></p> <p>The BCA is advised to consider including a summary of all specified systems installed within the building to be listed at the front of the compliance schedule. This will allow for a quick reference point and improve efficiency for the auditing process (BWOFF) rather than being required to review each page in the body of the document.</p> <p><b>Advisory Note A1.</b></p> |                      |

| Regulation 7(2)(f)(iii)  | Notices to fix |
|--|----------------|
| <b>Observations and comments, including good practice and performance</b>  |                |
| <p>The BCA had appropriately documented its procedure for issuing Notices to fix in accordance with Regulation 7(2)(f)(iii).</p> |                |

Examples of issued Notices to Fix were reviewed, and they were considered to have been issued appropriately using a compliant Form 13.

## Regulation 7(2)(g) Customer inquiries

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

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

The BCA received inquiries via several different methods, including the submission of the Council's online form, which would create a service request with the SAP system, via email and/or via phone calls.

Where relevant, the BCA would record the relevant inquiry within the consent folder or documentation noting the details of the inquiries.

## Regulation 7(2)(h) Customer complaints

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

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

The BCA's complaints policy was publicly available on its website.

The Team Leader Building Support was the nominated person responsible for the effective and consistent functioning of the BCA's complaint process.

Received complaints were reported to the BCA Leadership Team Meeting monthly.

Multiple complaint records were sighted and reviewed by retrieving the TRIM numbers from the *B-634 Complaints Register*. The responses filed in TRIM were seen to be appropriate, and complaints were seen to be managed fairly, and the remedies provided appeared to be proportionate to the issues raised.

A subject matter expert (SME) was allocated upon receipt to address the complaint. If the allocated SME was not the right person to address the matters detailed within the complaint, then the complaint would be reallocated.

If complaints could not be addressed within the allocated timeframe (monitored by the Building Services Officers), the *B-576 Over timeframe complaints letter* was sent to the complainant from working day 5 onwards if a request was received from the SME. An example of this was sighted and the BCA was considered to have effectively implemented its documented procedures.

## Regulation 8(1) Forecasting workflow

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



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

The BCA used a forecasting model to undertake the analysis of their resourcing requirements. This was done at least once annually, or more frequently if required.

The leadership team met monthly to discuss workflow to ensure that the BCA's statutory compliance would be met.

The forecasting report was detailed, and included the analysis of building control work from the previous financial year compared the current financial year. The report also included statistics on whether the BCA's work had increased or reduced with data appropriately displayed.

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

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

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

The abovementioned forecasting report also provided an analysis of the BCA's capacity and capability requirements. The report segregated building control work into their own respective areas (processing, inspections, CCCs), and identified the relevant number of employees that would undertake those functions or contribute to that work.

At the time of the assessment, the BCA was actively advertising (internally and externally) to fill a vacancy within their inspection team.

## **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.

All work sighted was seen to be appropriately allocated to competent employees or contractors.

## **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).

The BCA had recorded evidence of acceptance of their new employee's supplied competency assessment from their previous role.

| <b>Regulation 10(2)      Assessing employees performing building control functions</b>   |
|--|
| <b>Observations and comments, including good practice and performance</b>  |
| <p>The BCA had appropriately documented its procedure for assessing biennially (or more frequently) the competence of its employees performing building control functions in accordance with Regulation 10(2).</p> <p>All BCA technical staff had been competency assessed, and all assessments were current at the time of this assessment, with the outcomes recorded in the BCA's <i>B-660 The Matrix</i>. Records were seen to be well-maintained in TRIM, the BCA's document management system.</p> |

| <b>Regulation 10(3)(a) to (f)      Competence assessment system</b>   |
|---|
| <b>Observations and comments, including good practice and performance</b>   |
| <p>The BCA had appropriately documented its procedure which specified the technical requirements for a competence assessment system. All competence assessments were undertaken following the National Building Consent Authority Competency Assessment System (NCAS) in accordance with Regulation 10(3).</p> <p>The documented evidence referenced within competency assessments was not always considered sufficient or appropriate to support the competency outcomes. Some of the evidence had no direct connection to the performance indicators assessed.</p> <p><b>GNC 4 to be resolved.</b></p> <p>Inspectors were making code compliance decisions to issue CCCs for solid fuel heaters as part of the inspection, and refusing to issue CCCs as part of the 24-month CCC decisions process however, they did not have a recorded certification competency as part of their competency assessments.</p> <p><b>GNC 4 to be resolved.</b></p> |

#### **General Non-compliance No. 4: Action Plan accepted ✓ Cleared 03/06/2025**

|  |                                  |                               |                               |  |                               |                               |                               |
|--|----------------------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| <b>Breach of requirement:</b>  | <b>Regulation 10(3)(a) – (f)</b> |                               |                               |  |                               |                               |                               |
| <b>Breach of requirement:</b>  | <b>Regulation(s)</b>             | <input type="checkbox"/> 5(a) | <input type="checkbox"/> 5(b) | <input checked="" type="checkbox"/> 5(c) | <input type="checkbox"/> 6(b) | <input type="checkbox"/> 6(c) | <input type="checkbox"/> 6(d) |
| <b>FINDING DETAILS</b>   |                                  |                               |                               |  |                               |                               |                               |
| <div><div></div><div><div><div>I) The documented evidence referenced within competency assessments was not always considered sufficient or appropriate to support the competency outcomes. Some of the evidence had no direct connection to the performance indicators assessed.</div><div>II) Inspectors were making code compliance decisions to issue CCCs for solid fuel heaters as part of the inspection, and refusing to issue CCCs as part of the 24-month CCC decisions process however, they did not have a recorded certification competency as part of their competency assessments.</div></div></div></div> |                                  |                               |                               |  |                               |                               |                               |
| <b>IMPORTANT DATES</b>   |                                  |                               |                               |  |                               |                               |                               |
| <b>Date this action plan was accepted by IANZ:</b>   |                                  |                               |                               |  |                               | <b>31 March 2025</b>          |                               |
| <b>Final date evidence of implementation can be accepted from BCA:</b>   |                                  |                               |                               |  |                               | <b>5 June 2025</b>            |                               |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>   |                                  |                               |                               |  |                               |                               |                               |
| <div>I. Review and update, as necessary, our Vault procedure for competency assessment to specify all possible forms of evidence that are to be considered by the assessor.</div>  |                                  |                               |                               |  |                               |                               |                               |

Peer review next 4 competency assessments as agreed with TE for sufficiency and appropriateness

- II. Training session on issuing CCCs to be delivered to inspectors with short assessment. Inspectors who complete the assessment satisfactorily will have competency assessment to update competency levels to include certification. **Combined plan with GNC 3B & 3C**

Document the training records (B-621) and attendance register.

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

- I. Changes to Vault procedures to be provided to IANZ.

Completed competency assessments and peer reviews provided to IANZ.


- II. Provide samples of updated competency outcomes (combined with GNC 3B & 3C)

Training presentation, attendance records to be provided to IANZ.

**EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:**

|                                  |  |
|----------------------------------|--|
| <b>23/05/2025</b><br>IANZ (LC)   | BCA submitted clearance evidence today. Forwarded to the TE to review.   |
| <b>3/06/2025</b><br>IANZ TE (PJ) | GNC 4 is cleared with the agreed evidence provided. Items related the GNC's 3B & 3C have not been considered for the clearance of those GNC's. |

**NON COMPLIANCE CLEARED**

|  |                          |
|--|--------------------------|
| <b>Signed:</b>  | <b>Date: 3 June 2025</b> |
|--|--------------------------|

**Regulation 11(1) The training system**

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

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

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

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

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

The BCA conducted organisational and individual training needs assessments for their employees conducting building control functions. The *B-666 Organisational Training Needs Assessment* listed training needs identified by Training Assessors annually. These were identified in a number of ways including industry changes, acceptable solution updates, outcomes of internal audits etc. Once collated, the training needs would be presented to the Leadership Team for approval, then implement.

Individual training needs were also identified in multiple different ways, including competency assessment outcomes, technical peer review outcomes, performance development plan discussions and induction etc.

Records of these were seen to have been appropriately maintained and appropriately filed within the BCA's TRIM system.

Upon completing organisational training needs, some staff were seen to be recording the training in their professional development logs, and some were not. The BCA is recommended to provide direction as to how and where these trainings should be recorded to ensure that they are consistently recorded.

**Recommendation R9.**

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

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

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

The BCA documented its training records for all its staff within the *B-620 BCA Training Matrix*. Planned trainings were seen to have been completed appropriately for all technical staff, with appropriate detail outlined for required items and regular updates regarding the progress being recorded. The BCA also maintained a separate organisational training needs register, which held the organisational training information including the links to the presentations, attendance checklists, and whether the nominated training was targeted at a particular group of employees, if so, the BCA Training Matrix would be updated with that particular training listed against the individual.

Some proposed monitoring methods recorded on the Training Matrix indicated that monitoring was not applicable, but other work had been done, or was planned to review the outcome of the training, e.g. additional audits. The BCA is recommended to ensure that the method of how application of any training would be monitored and reviewed is recorded on the *B-620 BCA Training Matrix* and is fit for purpose.

**Recommendation R10.**

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

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

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

Training achievement against planned arrangements was monitored by the BCA. The BCA was seen to actively engage in any available training. If nothing was available, the BCA would develop their own training courses.

Any missed training was recorded with reasons for the training being missed and then rescheduled appropriately.

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

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

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

Examples of evidence of the monitoring and review of the application of training were sighted and were considered to be appropriate. These included methods such as follow-up audits, records of professional discussions, competency assessments, supervision records and examples of completed work. Records had been referenced and filed appropriately.

The BCA is advised to ensure that actual monitoring of the application of training is undertaken as well as receiving course attendance certificates and/or tests and quizzes, as attendance certificates and/or tests and quizzes are generally not sufficient evidence to demonstrate that the BCO has appropriately applied the training undertaken.

**Advisory Note A2.**

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

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

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

The BCA had not always consistently implemented its documented procedure for recording supervision when required.

Upon reviewing supervision records for the processing teams, a targeted issue was identified where a BCO may have gained their competency during the course of processing a building consent application (e.g. competency gained after RFI(s) were sent), but the supervisor had not fully completed the *B-601 Record of Supervision – Processing* as the supervisor had considered it to no longer be required.

**GNC 5 to be resolved.**

### General Non-compliance No. 5: Action Plan accepted ✓ Cleared 27/05/2025

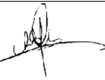
|   |                            |                               |                               |  |                               |                               |                               |
|---|----------------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| <b>Breach of requirement:</b>   | <b>Regulation 11(2)(e)</b> |                               |                               |  |                               |                               |                               |
| <b>Breach of requirement:</b>   | <b>Regulation(s)</b>       | <input type="checkbox"/> 5(a) | <input type="checkbox"/> 5(b) | <input checked="" type="checkbox"/> 5(c) | <input type="checkbox"/> 6(b) | <input type="checkbox"/> 6(c) | <input type="checkbox"/> 6(d) |
| <b>FINDING DETAILS</b>  |                            |                               |                               |  |                               |                               |                               |
| Upon reviewing supervision records for the processing teams, a targeted issue was identified where a BCO may have gained their competency during the course of processing a building consent application (e.g. competency gained after RFI(s) were sent), but the supervisor had not fully completed the <i>B-601 Record of Supervision – Processing</i> as the supervisor had considered it to no longer be required.                                      |                            |                               |                               |  |                               |                               |                               |
| <b>IMPORTANT DATES</b>  |                            |                               |                               |  |                               |                               |                               |
| <b>Date this action plan was accepted by IANZ:</b>  |                            |                               |                               |  |                               | <b>7 April 2025</b>           |                               |
| <b>Final date evidence of implementation can be accepted from BCA:</b>  |                            |                               |                               |  |                               | <b>5 June 2025</b>            |                               |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>  |                            |                               |                               |  |                               |                               |                               |
| Review and update, as necessary, our Vault process and related procedures for supervising employees doing a technical job under training Regulation 11(2)(e) to include a note that requires when an application is processed under supervision and competency is attained for that level before the BC is granted that all supervision undertaken is recorded on the Record of Supervision and the record closed off up to the date competency was gained. |                            |                               |                               |  |                               |                               |                               |

|   |   |
|---|---|
| <p>In line with the BCA's normal continuous improvement process, the BCA will identify any training requirements because of any changes to Vault procedure.</p> <p>Document the training records (B-621) and attendance register.</p>   |   |
| <p><b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i></p>   |   |
| <p>Changes to procedures to be provided to IANZ</p> <p>Training presentation, attendance records to be provided to IANZ.</p> <p>An example of a completed B-601 Record of Supervision – Processing where this procedure step has applied and been followed to be provided to IANZ</p> |   |
| <p><b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b></p>   |   |
| <p><b>4/04/2025</b><br/><b>IANZ (LC)</b></p>  | <p>Upon reviewing the plan of action and the proposed evidence of implementation, it is expected that more than one example is submitted for clearance review. However, it can be accepted if only one example is available up until the final clearance date.</p>  |
| <p><b>7/04/2025</b><br/><b>CCC (AW)</b></p>   | <p>Evidence updated to;</p> <ul style="list-style-type: none"> <li>• Changes to procedures to be provided to IANZ</li> <li>• Training presentation, attendance records to be provided to IANZ.</li> </ul> <p>Dependent on the number of B-601 Record of Supervisions completed where this procedure step has applied and been followed, at least one example or as many as are available up until the final clearance submission date will be provided to IANZ.</p>   |
| <p><b>7/04/2025</b><br/><b>IANZ (LC)</b></p>  | <p>Reviewed resubmitted action plan with amended proposed evidence of implementation as above, considered acceptable.</p>   |
| <p><b>16/05/2025</b><br/><b>BCA (AW/SJ)</b></p>   | <p>This email outlines the completion of the plan of action and the resolution of the non-compliance issue identified under GNC5. It provides an overview of the approach taken to clarify internal procedures, deliver training to relevant staff, and implement consistent recording of supervision under Regulation 11(2)(e), supported by evidence of application.</p> <p><b>Root Cause</b></p> <p>The review concluded that the Vault procedure did not clearly instruct supervisors to complete and close off supervision records when a competency change occurred mid-task. This ambiguity led to inconsistent documentation practices across the team, even though supervision was occurring in practice.</p> <p><b>Measures implemented</b></p> <p>In line with the agreed plan of action, the following measures were undertaken to resolve GNC5:</p> <ol style="list-style-type: none"> <li>1) <b>Changes to Vault procedures to be provided to IANZ</b><br/>The Vault procedure relating to supervision under Regulation 11(2)(e) was reviewed and updated. The key procedural change was the addition of the following statement, intended to remove ambiguity and ensure consistency across all technical roles:<br/><b>Note: When an employee attains a change in competency level, any outstanding supervision records must be completed on the supervision undertaken up to the date the competency level was attained.</b></li> </ol> <p>This update reinforces the requirement that supervision must continue until competency is formally established. It also clarifies that once competency is gained, the supervision undertaken up to that point must still be appropriately documented. The procedure now makes it clear that the relevant supervision records—whether for processing, inspections, or other technical functions—must</p> |



|                            |   |
|----------------------------|---|
|                            | <p>be completed in full and stored using the appropriate method (e.g. TRIM, spreadsheets, or designated forms specific to each function).</p> <p>To support this, both the tracked changes version of the procedure and the finalised Vault content have been included for reference.</p> <p>Refer to <b>Appendix 1</b> for:</p> <ul style="list-style-type: none"> <li>• Tracked changes showing updates to the supervision procedure</li> <li>• Final updated Vault content</li> </ul> <p>2) <b>Training presentation, attendance records and outcomes to be provided to IANZ</b></p> <p>Although this issue had been discussed with Team Leaders prior to the Vault update, a short formal training session was held to walk through the changes and reinforce expectations. The training involved:</p> <ul style="list-style-type: none"> <li>• Showing the tracked changes made to the Vault procedure</li> <li>• Talking through the intent and expectations of the updated wording</li> <li>• Responding to questions to ensure consistent understanding</li> </ul> <p>This session was brief, given the prior discussions, and was focused on formalising the update.</p> <p>Refer to <b>Appendix 2</b> for the following:</p> <ul style="list-style-type: none"> <li>• Training attendance register confirming participation</li> </ul> <p>3) <b>Implementation Evidence</b></p> <p>To confirm the implementation of the updated process, the following evidence is provided:</p> <ul style="list-style-type: none"> <li>• 3 x completed supervision records have been submitted: <ul style="list-style-type: none"> <li>- 2 x Tania, whose competency was formally assessed and confirmed on 11 April 2025.</li> <li>- 1 x Alex, whose competency was formally assessed and confirmed on 16 April 2025.</li> </ul> </li> <li>• In both cases, the supervision records relate to consents where work had already commenced under supervision prior to competency being confirmed. Although these particular jobs were not part of the competency assessments themselves, the supervision undertaken on them was documented and formally closed off in accordance with the updated procedure: <ul style="list-style-type: none"> <li>- For Tania, supervision for work on these consents was completed and signed off on 15 April 2025.</li> <li>- For Alex, the outstanding supervision was completed and signed off on 29 April 2025.</li> </ul> </li> <li>• An updated Supervision Monitoring and Effectiveness spreadsheet has also been included to support and cross-reference supervision activities.</li> <li>• Copies of the competency outcome records confirming assessment dates for both staff members are also attached.</li> </ul> <p>Refer to <b>Appendix 3</b> for:</p> <ul style="list-style-type: none"> <li>• Completed supervision records for Tania and Alex</li> <li>• Supervision tracking spreadsheet</li> <li>• Competency outcome documentation confirming assessment dates</li> </ul> |
| 16/05/2025<br>IANZ (LC)    | Forwarded to TE to review.  |
| 27/05/2025<br>IANZ TE (BG) | The BCA has provided all of the relevant information as detailed within above with the 3 x appendices and I have reviewed the information accordingly:  |



|  |  |
|--|--|
|  | <p>Appendix 1 – The BCA has demonstrated that they have revised the procedure to now account for the issue raised within the GNC</p> <p>Appendix 2 – The BCA has provided a relevant list of staff that has been trained/educated within the change made</p> <p>Appendix 3 – The BCA has provided relevant examples of the required supervision records completed (reviewed and the level of technical reason of decision is OK) and the associated Competency Assessment to demonstrate that the issue that was identified within the Assessment is now being correctly implemented</p> <p>From the evidence provided and reviewed I am satisfied that the BCA has cleared the GNC finding – <b>RESOLVED BG 27-5-2025</b></p> |
| <b>NON COMPLIANCE CLEARED</b>  |  |
| <b>Signed:</b>  | <b>Date: 27 May 2025</b>   |

| Regulation 11(2)(f) Recording employees' qualifications, experience and training   |
|--|
| Observations and comments, including good practice and performance   |
| <p>The BCA had appropriately documented its procedure for recording employees' qualifications, experience, and training in accordance with Regulation 11(2)(f).</p> <p>Qualifications were recorded in the <i>Regulation 18 Sheet</i> in the <i>B-660 The Matrix</i>. Known experience and completed trainings were recorded in competency assessments and the <i>B-620 BCA Training Matrix</i>.</p> |


| Regulation 11(2)(g) Recording continuing training information   |
|---|
| Observations and comments, including good practice and performance  |
| <p>The BCA had appropriately documented its procedure for recording continuing training information in accordance with Regulation 11(2)(g).</p> <p>However, the BCA had not always consistently implemented its documented procedure for recording continuing training information in their <i>B-622 BCA Professional Development Logs</i>. Multiple BCOs folders were seen to have the B-622 document missing.</p> <p><b>GNC 6 to be resolved.</b></p> |

### General Non-compliance No. 6: Action Plan accepted ✓ Cleared 16/05/2025

|  |                     |                               |                               |  |                               |                               |                               |
|--|---------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| <b>Breach of requirement:</b>  | Regulation 11(2)(g) |                               |                               |  |                               |                               |                               |
| <b>Breach of requirement:</b>  | Regulation(s)       | <input type="checkbox"/> 5(a) | <input type="checkbox"/> 5(b) | <input checked="" type="checkbox"/> 5(c) | <input type="checkbox"/> 6(b) | <input type="checkbox"/> 6(c) | <input type="checkbox"/> 6(d) |
| <b>FINDING DETAILS</b>   |                     |                               |                               |  |                               |                               |                               |
| <p>The BCA had not always consistently implemented its documented procedure for recording continuing training information in their <i>B-622 BCA Professional Development Logs</i>. Multiple BCOs folders were seen to have the B-622 document missing.</p> |                     |                               |                               |  |                               |                               |                               |

| <b>IMPORTANT DATES</b>  |   |                |   |              |  |
|---|---|----------------|---|--------------|--|
| <b>Date this action plan was accepted by IANZ:</b>  | <b>31 March 2025</b>  |                |   |              |  |
| <b>Final date evidence of implementation can be accepted from BCA:</b>  | <b>5 June 2025</b>  |                |   |              |  |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>  |   |                |   |              |  |
| <p>Review and update, as necessary, our Vault process and related procedures for recording continuing training information in accordance with Regulation 11(2)(g) to ensure the procedure clearly outlines the requirements around B-622 BCA Professional Development Logs.</p> <p>Deliver training on the requirements for Professional Development Logs and what they should contain (exemplar) via technical meetings.</p> <p>Review all current year competency Trim folders of BCO's performing a technical building control function to see if they have a current year Professional development log B622 and request a B622 is added by the BCO where these are missing.</p> |   |                |   |              |  |
| <b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>  |   |                |   |              |  |
| <p>Changes to Vault procedures to be provided to IANZ.</p> <p>Copy of exemplar Professional Development Log provided to IANZ</p> <p>Training presentation, attendance records to be provided to IANZ</p> <p>Report showing TRIM links to the current year B-622 Professional Development Logs of all BCO 's completing a technical building control function.</p>   |   |                |   |              |  |
| <b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>  |   |                |   |              |  |
| <b>9/05/2025<br/>BCA (AW)</b>   | <p>Please find attached the evidence to clear GNC 6.</p> <p>Attached is the;</p> <ul style="list-style-type: none"> <li>• plan of action (as per the assessment report)</li> <li>• Vault wording changes – to clarify the procedure for Recording continuing training information</li> <li>• changes to the B622 BCA Professional Development Log template.</li> <li>• training presentation – power point</li> <li>• training record (B621) x 2</li> <li>• training attendance sheet – Inspectorate technical meeting (PDF), Processing, CCC, Exemptions teams – Teams meeting attendance records (x2)</li> <li>• B622 Professional Development log example used in training sessions</li> <li>• Excel of Report showing TRIM links to the current year B-622 Professional Development Logs of all BCO 's completing a technical building control function.</li> </ul> |                |   |              |  |
| <b>12/05/2025<br/>IANZ (LC)</b>   | <p>Clearance evidence was reviewed, and was considered appropriate. however, the list of PDLs were not accessible as the BCA provided links into their own document management system. A range of examples were requested from BCA for review.</p>  |                |   |              |  |
| <b>13/05/2025<br/>IANZ (LC)</b>   | <p>BCA submitted examples of PDLs for the below staff members.</p> <table border="1"> <tr> <td>Barbara Dillon</td><td>Competency cycle January 2025 to January 2027.<br/>Detailed PDL record was sighted with entries in February 2025. No further entries since.<br/>TRIM Reference: 25/355192</td></tr> <tr> <td>Darren Brown</td><td>Competency cycle September 2023 to September 2025.<br/>A detailed PDL record was sighted with entries from 2023 to 2025. This PDL's displayed in a different format to the template and the other PDLs submitted. However, it is clearer in the way it's displayed.</td></tr> </table>  | Barbara Dillon | Competency cycle January 2025 to January 2027.<br>Detailed PDL record was sighted with entries in February 2025. No further entries since.<br>TRIM Reference: 25/355192 | Darren Brown | Competency cycle September 2023 to September 2025.<br>A detailed PDL record was sighted with entries from 2023 to 2025. This PDL's displayed in a different format to the template and the other PDLs submitted. However, it is clearer in the way it's displayed. |
| Barbara Dillon  | Competency cycle January 2025 to January 2027.<br>Detailed PDL record was sighted with entries in February 2025. No further entries since.<br>TRIM Reference: 25/355192   |                |   |              |  |
| Darren Brown  | Competency cycle September 2023 to September 2025.<br>A detailed PDL record was sighted with entries from 2023 to 2025. This PDL's displayed in a different format to the template and the other PDLs submitted. However, it is clearer in the way it's displayed.  |                |   |              |  |

|  |   |  |
|--|---|--|
|  | TRIM Reference: 25/429245   |  |
|  | Les Frost   | Competency cycle June 2024 to Jun 2026.<br>This PDL's displayed in a different format to the template and the other PDLs submitted. PDL entries were seen from May 2023 to May 2024. <b>No entries were sighted for 2025?</b><br>TRIM Reference: 25/355192                                       |
|  | Mitchell Baird  | Competency cycle November 2024 to November 2025.<br>Records displayed from 2024 to 2025.<br>TRIM Reference: 25/388260  |
|  | Mohammed Ahmed  | Competency cycle July 2024 to July 2025.<br>Detailed PDL entries sighted from February 2024 to April 2025.<br>TRIM Reference: 25/355192  |
|  | Nicky McCook-Weir   | Competency cycle March 2024 to March 2026.<br>Detailed PDL records sighted from 2024 to 2025.<br>TRIM Reference: 25/483/785  |
|  | Olivia Fenwick  | Competency cycle February 2025 to February 2026.<br>As Olivia's competency cycle only started in February, there was limited records. Records started from February.<br>TRIM Reference: 25/355192  |
|  | Rachel Dowers   | Competency cycle February 2024 to February 2026.<br>Detailed records were sighted, however, it was difficult to ascertain which year the Reading records and Other Training records were from. <b>Suggest to put the year as the record spans across two years.</b><br>TRIM Reference: 25/355192 |
|  | Rod Pulahinge   | Competency cycle August 2023 to August 2025.<br>Detailed PDL records sighted from 2024 to 2025.<br>TRIM Reference: 25/410946   |
|  | Simon Ferrari   | Competency cycle October 2024 to October 2026.<br>This PDL's displayed in a different format to the template and the other PDLs submitted. <b>Entries were seen from August 2023 to June 2024 with no further updates?</b><br>TRIM Reference: 24/1792250   |
|  | Simon Moon  | Competency cycle October 2024 to October 2025.<br><b>The recorded PDL entries were the same as the example template sent – it is difficult to ascertain whether these were the actual entries from the BCO or was this a copy from the example template.</b><br>TRIM Reference: 25/355192        |
| Responded to BCA to clarify and confirm. |   |  |
| <b>16/05/2025<br/>BCA (AW)</b>           | Thank you for your feedback and suggestions on the professional development logs I sent. Please see my comments added to the table. |  |
|  | Les Frost   | Competency cycle June 2024 to Jun 2026.<br>Discussed with Les who had snipped the information rather than cut and paste from the B666. This has been   |

|  |  |   |   |
|--|--|---|---|
|  |  | This PDL's displayed in a different format to the template and the other PDLs submitted. PDL entries were seen from May 2023 to May 2024. No entries were sighted for 2025?<br>TRIM Reference: 25/355192  | addressed and his PDL has been updated with training from May 2024 to current.  |
|  | Rachel Dowers  | Competency cycle February 2024 to February 2026.<br>Detailed records were sighted, however, it was difficult to ascertain which year the Reading records and Other Training records were from. Suggest to put the year as the record spans across two years.<br>TRIM Reference: 25/355192 | Discussed with Rachel and dates added as suggested. Rachels PDL has also been updated with the 2024 information that was recorded and filed on her 2024 PDL (to reflect her competency cycle) |
|  | Simon Ferrari  | Competency cycle October 2024 to October 2026.<br>This PDL's displayed in a different format to the template and the other PDLs submitted. Entries were seen from August 2023 to June 2024 with no further updates?<br>TRIM Reference: 24/1792250   | Discussed with Simon and his PDL has been updated to be current   |
|  | Simon Moon   | Competency cycle October 2024 to October 2025.<br>The recorded PDL entries were the same as the example template sent – it is difficult to ascertain whether these were the actual entries from the BCO or was this a copy from the example template.<br>TRIM Reference: 25/355192        | Yes, these are actual entries – a copy of Simons PDL was used as the example template in the training session.  |
| <p>We are working continually with BCO's to keep their PDL's up to date.</p> <p>We are also investigating options to utilise Smartsheet to automate (as much as possible) PDLs in the future with records of technical meetings loaded by the QA Team to automatically pre-populate the attendees PDL as well as records from the training register to automatically update PDLs. This will ensure PDL's are current for all technical training and consistently formatted in reports for clarity.</p> |  |   |   |
| 16/05/2025<br>IANZ (LC)  | Reviewed BCA's response and considered it appropriate to clear this GNC. |   |   |
| NON COMPLIANCE CLEARED   |  |   |   |
| Signed:   |  | Date: 16 May 2025   |   |

| <b>Regulation 12(1)      A system for choosing and using contractors to perform its building control functions</b>   |
|--|
| <b>Observations and comments, including good practice and performance</b>  |
| <p>The BCA had appropriately documented its procedure for choosing and using contractors to perform its building control functions in accordance with Regulation 12(1).</p> <p>The BCA used the <i>B-612 Contractors and Consultants Register</i> to record all contractual information and the scope of services delivered by contractors and consultants.</p> <p>Upon reviewing the register, it was identified that:</p> <ul style="list-style-type: none"> <li>• One contractor which provided inspection services was listed as accredited for that work, but they were not.</li> <li>• One contractor had inspection listed as part of the scope of services within their contract, but the register had not identified that.</li> <li>• One contractor had added residential processing as part of the contract variation; however, this was not reflected within the register.</li> </ul> <p><b>GNC 7 was resolved during the assessment</b>, where the BCA had appropriately amended the register and updated its information to match the up to date contractual agreements.</p> |

| <b>Regulation 12(2)(a)      Establishing contractors' competence</b>  |
|---|
| <b>Observations and comments, including good practice and performance</b>   |
| <p>The BCA had appropriately documented its procedure to establish contractors' competence in accordance with Regulation 12(2)(a).</p> <p>The BCA had not engaged in new contractors since the previous accreditation assessment; therefore, the implementation of the BCA's documented procedures was not able to be measured.</p> |

| <b>Regulation 12(2)(b)      Engaging contractors</b>  |
|---|
| <b>Observations and comments, including good practice and performance</b>   |
| <p>The BCA had appropriately documented its procedure for engaging contractors in accordance with Regulation 12(2)(b).</p> <p>The BCA had not engaged in new contractors since the previous accreditation assessment; therefore, the implementation of the BCA's documented procedures was not able to be measured.</p> |

| <b>Regulation 12(2)(c)      Making written or electronic agreements with contractors</b>  |
|---|
| <b>Observations and comments, including good practice and performance</b>   |
| <p>The BCA had appropriately documented its procedure for making written or electronic agreements with contractors in accordance with Regulation 12(2)(c).</p> <p>Within the BCA's standing contractual agreements, under clause 3 in Schedule 4(A) KPIs; the contract required the BCA to monitor and assess the contractors' performance and competency under the</p> |

agreement and Regulation 12 provisions, and provide the contractors' with a quarterly (or such other frequency determined by the Council) performance report.

Upon trying to verify the BCA's implementation of the contractual agreement, it was identified that the reviews were not always done quarterly, however, the term within the contract appears contradictory to each other, one part requiring quarterly reviews, the other part, allowing itself to complete the review at its own frequency, and there was no means to determine how that frequency is stipulated.


Furthermore, the BCA's documented procedure referred to the requirements of the Regulation, where it is stated that the performance of the contractor was to be assessed annually or more frequently.

The BCA is required to ensure that the procedure as documented is consistently and effectively implemented.

**GNC 8 to be resolved.**

### General Non-compliance No. 8: Action Plan accepted ✓ Cleared 19/05/2025

|   |                            |                               |                               |  |                               |                               |                               |
|---|----------------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| <b>Breach of requirement:</b>   | <b>Regulation 12(2)(c)</b> |                               |                               |  |                               |                               |                               |
| <b>Breach of requirement:</b>   | <b>Regulation(s)</b>       | <input type="checkbox"/> 5(a) | <input type="checkbox"/> 5(b) | <input checked="" type="checkbox"/> 5(c) | <input type="checkbox"/> 6(b) | <input type="checkbox"/> 6(c) | <input type="checkbox"/> 6(d) |
| <b>FINDING DETAILS</b>  |                            |                               |                               |  |                               |                               |                               |
| <p>Within the BCA's standing contractual agreements, under clause 3 in Schedule 4(A) KPIs; the contract required the BCA to monitor and assess the contractors' performance and competency under the agreement and Regulation 12 provisions, and provide the contractors' with a quarterly (or such other frequency determined by the Council) performance report.</p> <p>Upon trying to verify the BCA's implementation of the contractual agreement, it was identified that the reviews were not always done quarterly, however, the term within the contract appears contradictory to each other, one part requiring quarterly reviews, the other part, allowing itself to complete the review at its own frequency, and there was no means to determine how that frequency is stipulated.</p> <p>Furthermore, the BCA's documented procedure referred to the requirements of the Regulation, where it is stated that the performance of the contractor was to be assessed annually or more frequently.</p> <p>The BCA is required to ensure that the procedure as documented is consistently and effectively implemented.</p> |                            |                               |                               |  |                               |                               |                               |
| <b>IMPORTANT DATES</b>  |                            |                               |                               |  |                               |                               |                               |
| <b>Date this action plan was accepted by IANZ:</b>  |                            |                               |                               |  |                               | <b>4 April 2025</b>           |                               |
| <b>Final date evidence of implementation can be accepted from BCA:</b>  |                            |                               |                               |  |                               | <b>5 June 2025</b>            |                               |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>  |                            |                               |                               |  |                               |                               |                               |
| <p>Review and update, as necessary, our Vault process and related procedures for recording the monitoring and assessment of the contractors' performance and competency to ensure alignment with the contractual agreements and Regulation 12 provisions. Ensure clarity around the frequency of contractor performance reviews and how this is determined.</p> <p>If necessary, review and update to ensure clarity, our contract documents for currently active contractors, communicating and confirming any changes with contractors.</p>   |                            |                               |                               |  |                               |                               |                               |
| <b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>  |                            |                               |                               |  |                               |                               |                               |
| <p>Changes to procedures to be provided to IANZ.</p> <p>Changes to contract documents, if necessary, to be provide to IANZ.</p> <p>If applicable, records confirming communication with contractors of any contract changes made to be provided to IANZ.</p>  |                            |                               |                               |  |                               |                               |                               |

| <b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>   |   |
|--|---|
| <b>15/04/2025<br/>IANZ (LC)</b>  | Updated Vault procedure “At least annually the delegated Team Leader ensures that a contractors’ competence is reviewed to confirm they are satisfied the contractor is competent to perform the functions the BCA needs. Reviews are recorded using the B-619 section 1 (part 2) Competency Assessment Outcome Form and filed in their BCA competency files.” and the proposed wording change for the contractual agreements were reviewed and were considered appropriate. responded to BCA to confirm that the change can go ahead. Communication records with contractors are to be provided upon changes made. |
| <b>19/05/2025<br/>IANZ (LC)</b>  | Please find attached the evidence to clear GNC 8.<br><br>Attached is the; <ul style="list-style-type: none"> <li>• plan of action (as per the assessment report)</li> <li>• Vault wording changes</li> <li>• Contract wording changes</li> <li>• communication records with the contractors communicating and confirming these changes</li> </ul>   |
| <b>19/05/2025<br/>IANZ (LC)</b>  | Revised contracts were provided for: <ul style="list-style-type: none"> <li>• Caber Consulting Limited</li> <li>• ComplyNZ</li> <li>• C3 Building Compliance</li> <li>• Solutions Team Limited</li> <li>• Pegasus Design Limited</li> <li>• Mark Ranfurly</li> </ul> <p>All contracts were appropriately and properly amended. All amended contracts were signed and agreed to by the contractors. Adequate communication was sent to the contractors indicating the change. Considered appropriate.</p>  |
| <b>NON COMPLIANCE CLEARED</b>  |   |
| <b>Signed:</b>  | <b>Date: 19 May 2025</b>  |

| <b>Regulation 12(2)(d) Recording contractors’ qualifications</b>   |
|--|
| <b>Observations and comments, including good practice and performance</b>  |
| <p>The BCA had appropriately documented its procedure for recording contractors’ qualifications in accordance with Regulation 12(2)(d).</p> <p>Contractors performing building control functions were recorded as individuals in the <i>Regulation 18 Sheet</i> within the <i>B-660 The Matrix</i>. All records were seen to be appropriate and all contractors performing building control functions for the BCA held appropriate qualifications.</p> |



| Regulation 12(2)(e) Monitoring and reviewing contractors' performance   |
|---|
| <b>Observations and comments, including good practice and performance</b>   |
| <p>The BCA had appropriately documented its procedure for monitoring and reviewing contractors' performance in accordance with Regulation 12(2)(e).</p> <p>The BCA periodically monitored the contractors' performance. All of one contractor's processing reviews indicated that the contractor worked under their own quality assurance system, however this was not the case.</p> <p><b>GNC 9 was resolved during the assessment</b>, where the BCA supplied communication to the contractor, and amended recent performance reviews to appropriately specify the quality assurance system that the contractor operated under.</p> |

| Regulation 12(2)(f) Annually (or more frequently) assessing contractors' competence  |
|--|
| <b>Observations and comments, including good practice and performance</b>  |
| <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's documented procedure required the assessment of the contractors' competence to be undertaken and recorded using form B-619 <i>Section 6 Review of Contractors Performance Form</i>.</p> <p>Examples of the performance reviews were sighted. These did not constitute an assessment of the contractors' competence, rather, an assessment that the technical decisions made for the work complete were correct.</p> <p>Furthermore, the Training Assessor completed the <i>B-619 Section 1 Part 2 Form</i> for some of the contractors upon receiving their competency assessments, which was not a described method within the BCA's documented procedures.</p> <p>The BCA is required to either review the documented procedure, or ensure that the procedure as documented is consistently and effectively implemented.</p> <p><b>GNC 10 to be resolved.</b></p> |

### General Non-compliance No. 10: Action Plan accepted ✓ Cleared 16/05/2025

|   |                            |                                      |                                      |   |                                      |                                      |                                      |
|---|----------------------------|--------------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <b>Breach of requirement:</b>   | <b>Regulation 12(2)(f)</b> |                                      |                                      |   |                                      |                                      |                                      |
| <b>Breach of requirement:</b>   | <b>Regulation(s)</b>       | <input type="checkbox"/> <b>5(a)</b> | <input type="checkbox"/> <b>5(b)</b> | <input checked="" type="checkbox"/> <b>5(c)</b> | <input type="checkbox"/> <b>6(b)</b> | <input type="checkbox"/> <b>6(c)</b> | <input type="checkbox"/> <b>6(d)</b> |
| <b>FINDING DETAILS</b>  |                            |                                      |                                      |   |                                      |                                      |                                      |
| The BCA had not appropriately completed an annual assessment of the contractors' competence as part of the contractors' performance reviews as required by the BCA's documented procedures. |                            |                                      |                                      |   |                                      |                                      |                                      |
| <b>IMPORTANT DATES</b>  |                            |                                      |                                      |   |                                      |                                      |                                      |
| <b>Date this action plan was accepted by IANZ:</b>  |                            |                                      |                                      |   | <b>31 March 2025</b>                 |                                      |                                      |
| <b>Final date evidence of implementation can be accepted from BCA:</b>  |                            |                                      |                                      |   | <b>5 June 2025</b>                   |                                      |                                      |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>  |                            |                                      |                                      |   |                                      |                                      |                                      |
| 1. Review and update, as necessary, our Vault process and related procedures for assessing contractors' competence in accordance with Regulation 12(2)(f). to ensure the methodology used   |                            |                                      |                                      |   |                                      |                                      |                                      |

for assessing contractors' competence is clearly outlined and the procedure reflects what the BCA is actually doing and how information is recorded to ensure all parts of the documented procedure have been undertaken.

2. Review and update, as necessary, the B-619 Section 6 Review of Contractors Performance Form
3. If required complete performance reviews for current active contractors (inspections and processing) if there are changes to the current process and related procedures.
4. In line with the BCA's normal continuous improvement process, identify any training requirements because of any changes to the process and related procedure and deliver training to the impacted staff.

Document the training records (B-621) and attendance register.

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

1. Changes to Vault procedures to be provided to IANZ.
2. If required, training presentation, attendance records to be provided to IANZ if there are changes to the current process and related procedures.
3. If required, completed performance reviews for current active contractors (inspections and processing) if there are changes to the current process and related procedures.


#### **EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:**

|                                       |  |              |  |              |  |
|---------------------------------------|--|--------------|--|--------------|--|
| <b>7/05/2025</b><br><b>BCA (AW)</b>   | <p>Please find attached the evidence to clear GNC 10.</p> <p>Attached is the;</p> <ul style="list-style-type: none"> <li>• plan of action (as per the assessment report)</li> <li>• Vault wording changes – to clarify the procedure for reviewing/confirming contractors competency</li> <li>• changes to the B619 section 6 Review of Contractors Performance Form</li> <li>• competency review – to confirm all contractors have a current competency review completed</li> <li>• training presentation</li> <li>• training record (B621)</li> <li>• training attendance sheet</li> </ul>   |              |  |              |  |
| <b>12/05/2025</b><br><b>IANZ (LC)</b> | <p>Clarence evidence was reviewed, however, I have no access to the TRIM system so I was not able to review the evidence. Requested the BCA to send the evidence through.</p>  |              |  |              |  |
| <b>13/05/2025</b><br><b>IANZ (LC)</b> | <p>The BCA resubmitted Competency Assessment outcomes for review for the following contractors:</p> <table border="1" data-bbox="352 1610 1430 2058"> <tr> <td data-bbox="352 1610 624 1935">Jusin Ansell</td><td data-bbox="624 1610 1430 1935"> <p>Assessment completed 27/08/2024</p> <p>Under Regulation 10(3)(a) – the assessor stated that Justin was competent for <b>inspection types</b> that included Residential 1? – the contractor is not an inspector.</p> <p>Under the Outcome Statement – The assessor confirmed that the <b>following Sharon</b> is competent to undertake processing? Please be aware of copy and pasting.</p> </td></tr> <tr> <td data-bbox="352 1935 624 2058">Robert Banks</td><td data-bbox="624 1935 1430 2058"> <p>Assessment completed 22/08/2024</p> <p>The Assessment Type section was left in – while it was deleted from the other assessments sent for review.</p> </td></tr> </table> | Jusin Ansell | <p>Assessment completed 27/08/2024</p> <p>Under Regulation 10(3)(a) – the assessor stated that Justin was competent for <b>inspection types</b> that included Residential 1? – the contractor is not an inspector.</p> <p>Under the Outcome Statement – The assessor confirmed that the <b>following Sharon</b> is competent to undertake processing? Please be aware of copy and pasting.</p> | Robert Banks | <p>Assessment completed 22/08/2024</p> <p>The Assessment Type section was left in – while it was deleted from the other assessments sent for review.</p> |
| Jusin Ansell                          | <p>Assessment completed 27/08/2024</p> <p>Under Regulation 10(3)(a) – the assessor stated that Justin was competent for <b>inspection types</b> that included Residential 1? – the contractor is not an inspector.</p> <p>Under the Outcome Statement – The assessor confirmed that the <b>following Sharon</b> is competent to undertake processing? Please be aware of copy and pasting.</p>   |              |  |              |  |
| Robert Banks                          | <p>Assessment completed 22/08/2024</p> <p>The Assessment Type section was left in – while it was deleted from the other assessments sent for review.</p>   |              |  |              |  |

|  |                      |  |
|--|----------------------|--|
|  |                      | Otherwise, a good review.  |
|  | Natalie Colville     | <p>Assessment completed 23/01/2025</p> <p>Under Regulation 10(3)(a):<br/>the assessor stated that Justin was competent for <b>inspection types</b> that included Residential 1-3? – the contractor is not an inspector.</p> <p>Under Regulation 10(3)(d)(iii):<br/>“Competency documents endorse Natalie’s ability to issue a building consent as per CCC – BCA Policy and procedure” – <b>please confirm whether the contractor has delegated authority to issue building consents.</b></p> |
|  | Vince Kennedy        | <p>Assessment completed 28/11/2024</p> <p>Considered to be an appropriate assessment. but still signs of copy and pasting information.</p>   |
|  | Hari Manickasundaram | <p>Assessment completed 17/04/2025</p> <p>Under Regulation 10(3)(d)(iii):<br/>“Competency documents endorse Hari’s ability to issue a building consent as per CCC – BCA Policy and procedure” – <b>please confirm whether the contractor has delegated authority to issue building consents.</b></p>   |
|  | Lee McKenzie         | <p>Assessment completed 03/04/2024</p> <p>Under Regulation 10(3)(a):<br/>the assessor stated that Lee was competent for <b>inspection types</b> that included Residential 1-3? – the contractor is not an inspector.</p>   |
|  | Stephen McNamee      | <p>Assessment completed 20/06/2024</p> <p>Please be aware of copy and pasting.</p>   |
|  | Chris Nicholson      | <p>Assessment completed 19/09/2024</p> <p>Considered to be an appropriate assessment. but still signs of copy and pasting information.</p>   |
|  | Mark Ranfurly        | <p>Assessment completed 25/07/2024</p> <p>Under Regulation 10(3)(d)(iii):<br/>“Mark has the ability to issue a building consent has been demonstrated in previous competency assessments” – <b>please confirm whether the contractor has delegated authority to issue building consents.</b></p>   |
|  | Daniel Roh           | <p>Assessment completed 22/01/2025</p> <p>The Assessment Type section was left in – while it was deleted from the other assessments sent for review.</p> <p>Considered to be an appropriate assessment. but still signs of copy and pasting information.</p>   |
|  | Gagan Saxena         | <p><b>Assessment completed 29/06/2023 and 29/06/2024?</b></p> <p>Under Regulation 10(3)(a):<br/>the assessor stated that Gagan was competent for <b>inspection types</b> that included residential 1-3 commercial 1-2? – the contractor is not an inspector.</p> <p>Under Regulation 10(3)(d)(iii):</p>  |

|                         |   |  |              |   |
|-------------------------|---|--|--------------|---|
|                         |   | “Competency documents endorse Gagan’s ability to issue a building consent as per CCC – BCA policy and procedure” – please confirm whether the contractor has delegated authority to issue building consents.   |              |   |
|                         | Geri Sizoo  | Assessment completed 28/08/2024<br>The Assessment Type section was left in – while it was deleted from the other assessments sent for review.<br><br>Under Regulation 10(3)(a):<br>the assessor stated that Geri was competent for inspection types that included residential 1-3? – the contractor is not an inspector. |              |   |
|                         | Marko Tobdzic   | Assessment completed 22/01/2025<br>Considered to be an appropriate assessment. but still signs of copy and pasting information.  |              |   |
|                         | Chris Van Den Bosch   | Assessment completed 27/11/2024<br>Considered to be an appropriate assessment.   |              |   |
|                         | Daniel Wetherill  | Assessment completed 28/08/2024<br>Under Regulation 10(3)(a):<br>the assessor stated that Dan was competent for inspection types that included residential 1-3, commercial 1? – the contractor is not an inspector.  |              |   |
|                         | Dean Williams   | Assessment completed 22/01/2025<br>Considered to be an appropriate assessment.   |              |   |
| 16/05/2025<br>BCA (AW)  | Thank you for your email.<br><br>I acknowledge and agree with your comments and the risks and issues with cutting and pasting. I have discussed this in full with the Training Advisor and we have reviewed all of the current contractor competency reviews to ensure that your comments have been addressed and updated where required.<br><br>Please note;<br><ul style="list-style-type: none"><li>the reviews are all now on the current version of the template</li><li>all statements under 10(3)(a) have been corrected to align correctly with the contractors competency scope</li><li>all statements under 10(3)(d)(iii) have been corrected as no contractors have delegated authority to issue a building consent and can only recommend issue of a building consent (as per their contracts)</li></ul><br>Please find attached the updated competency reviews referenced in your email but let me know if you’d like copies of all of the contractor reviews. |  |              |   |
| 16/05/2025<br>IANZ (LC) | The BCA resubmitted clearance evidence to address the highlighted areas in the previous review.<br><table><tr><td>Jusin Ansell</td><td>Assessment completed 27/08/2024<br/>Under Regulation 10(3)(a) –<br/>the assessor stated that Justin was competent for inspection types that included Residential 1? – the contractor is not an inspector.<br/>Amended, considered appropriate.</td></tr></table>   |  | Jusin Ansell | Assessment completed 27/08/2024<br>Under Regulation 10(3)(a) –<br>the assessor stated that Justin was competent for inspection types that included Residential 1? – the contractor is not an inspector.<br>Amended, considered appropriate. |
| Jusin Ansell            | Assessment completed 27/08/2024<br>Under Regulation 10(3)(a) –<br>the assessor stated that Justin was competent for inspection types that included Residential 1? – the contractor is not an inspector.<br>Amended, considered appropriate.   |  |              |   |

|  |                      |  |
|--|----------------------|--|
|  |                      | <p>Under the Outcome Statement – The assessor confirmed that the following Sharon is competent to undertake processing?<br/>Please be aware of copy and pasting.<br/>Amended, considered appropriate.</p>  |
|  | Natalie Colville     | <p>Assessment completed 23/01/2025<br/>Under Regulation 10(3)(a):<br/>the assessor stated that Justin was competent for inspection types that included Residential 1-3? – the contractor is not an inspector.<br/>Amended, considered appropriate.</p> <p>Under Regulation 10(3)(d)(iii):<br/>“Competency documents endorse Natalie’s ability to issue a building consent as per CCC – BCA Policy and procedure” – please confirm whether the contractor has delegated authority to issue building consents.<br/>Responded to BCA to request clarification.</p>  |
|  | Hari Manickasundaram | <p>Assessment completed 17/04/2025<br/>Under Regulation 10(3)(d)(iii):<br/>“Competency documents endorse Hari’s ability to issue a building consent as per CCC – BCA Policy and procedure” – please confirm whether the contractor has delegated authority to issue building consents.<br/>Responded to BCA to request clarification.</p>  |
|  | Lee McKenzie         | <p>Assessment completed 03/04/2024<br/>Under Regulation 10(3)(a):<br/>the assessor stated that Lee was competent for inspection types that included Residential 1-3? – the contractor is not an inspector.<br/>Amended, considered appropriate.</p>  |
|  | Mark Ranfurly        | <p>Assessment completed 25/07/2024<br/>Under Regulation 10(3)(d)(iii):<br/>“Mark has the ability to issue a building consent has been demonstrated in previous competency assessments” – please confirm whether the contractor has delegated authority to issue building consents.<br/>Responded to BCA to request clarification.</p>  |
|  | Gagan Saxena         | <p>Assessment completed 29/06/2023 and 29/06/2024?<br/>Amended to only 29/06/2024.</p> <p>Under Regulation 10(3)(a):<br/>the assessor stated that Gagan was competent for inspection types that included residential 1-3 commercial 1-2? – the contractor is not an inspector.<br/>Amended, considered appropriate.</p> <p>Under Regulation 10(3)(d)(iii):<br/>“Competency documents endorse Gagan’s ability to issue a building consent as per CCC – BCA policy and procedure” – please confirm whether the contractor has delegated authority to issue building consents.<br/>Responded to BCA to request clarification.</p> |

|   |  |  |
|---|--|--|
|   | Geri Sizoo   | Assessment completed 28/08/2024<br>The Assessment Type section was left in – while it was deleted from the other assessments sent for review.<br><br>Under Regulation 10(3)(a):<br>the assessor stated that Geri was competent for inspection types that included residential 1-3? – the contractor is not an inspector.<br>Amended, considered appropriate. |
|   | Daniel Wetherill   | Assessment completed 28/08/2024<br>Under Regulation 10(3)(a):<br>the assessor stated that Dan was competent for inspection types that included residential 1-3, commercial 1? – the contractor is not an inspector.<br>Amended, considered appropriate.  |
|   | Responded to the BCA to request clarification regarding delegations to grant. As within the response email and the resubmitted assessments indicate the contractors can recommend to issue.  |  |
| 16/05/2025<br>IANZ (LC)   | Confirmation received from BCA that the contractors only recommend to grant and issue, no delegated authority to grant or issue building consent.<br><br>This was considered appropriate. The BCA's email was recorded as clearance and the training team (involved in undertaking these assessments) would be updating the relevant assessments to ensure accuracy. |  |
| NON COMPLIANCE CLEARED  |  |  |
| Signed:  |  | Date: 16 May 2025  |

| <b>Regulation 13(a)</b>  | <b>Identifying employees and contractors who are competent to provide technical leadership</b> |
|--|--|
| <b>Observations and comments, including good practice and performance</b>  |  |
| <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>Within the review of technical leadership process, it was identified that the BCA had not implemented the procedure effectively for the assessing and recording assessment of the technical leader within the competency assessment.</p> <p><b>GNC 11 was resolved during the assessment</b>, where the BCA amended its documented procedure and added a new section to the competency assessment template, and indicated that they will continually update the relevant information pertaining to the technical leader within each of their competency assessments.</p> <p>The BCA recorded the initial assessment of technical leadership using the B-624 form. However, throughout the time that the candidate remained as a Technical Leader, the information on this form was never updated, including information relating to the candidates' qualifications, regulatory experience or role description. The BCA is advised to consider using the form as a live/rolling document whereby all relevant and current information of the technical leader is recorded.</p> <p><b>Advisory Note A3.</b></p> |  |

| <b>Regulation 13(b)</b>  | <b>Giving the employees and contractors the powers and authorities to enable them to provide the leadership</b> |
|--|---|
| <b>Observations and comments, including good practice and performance</b>  |   |
| <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>Appropriate powers and authorities had been delegated to the Technical Leaders through the BCA's Delegations Manual and also through the letter of appointment.</p> |   |

| <b>Regulation 14</b>   | <b>Ensuring necessary (technical) resources</b> |
|--|---|
| <b>Observations and comments, including good practice and performance</b>  |   |
| <p>The BCA had appropriately documented its procedure for ensuring it had a system for providing and ensuring the continuing availability and appropriateness of the technical information, facilities, and equipment that its employees and contractors needed to perform building control functions.</p> <p>Appropriate technical information and facilities were available and accessible to employees and contractors to perform building control functions appropriately.</p> <p>The BCA had maintained a B-609 Building Inspection Equipment Register using Smartsheets with information such as critical measurement equipment (thermometers and moisture meters) used during inspections. The Smartsheet would send reminders to the inspectors and their respective Team Leaders, reminding them when checks were due.</p> <p>Example of replaced equipment were sighted, the BCA kept well documented records, which were easily traceable for each inspector.</p> <p>Upon reviewing the BCA's processes for testing and calibration of their thermometers, the BCA is advised the following:</p> <ul style="list-style-type: none"> <li>• When undertaking the calibration testing, the BCA is advised to consider testing thermometers at temperatures relevant to the temperatures tested on site by the inspectors.</li> <li>• The BCA is advised to test more than one temperature to ensure that the relevant temperatures have been tested (e.g. 45 and 50°C) and any correction factor determined.</li> <li>• The BCA is advised to record the variance from the reference and tested device on the tested device, so the inspector is aware of the correction required to be applied to the reading.</li> </ul> <p><b>Advisory Note A4.</b></p> |   |

| <b>Regulation 15(1)(a)</b>   | <b>A building consent authority must record its organisational structure</b> |
|--|--|
| <b>Observations and comments, including good practice and performance</b>  |  |
| <p>The BCA had appropriately documented its organisational structure in accordance with Regulation 15(1)(a).</p> |  |



| Regulation 15(1)(b)   | A building consent must record in the structure its reporting lines and relationships with external parties |
|---|---|
| <b>Observations and comments, including good practice and performance</b>   |   |
| <p>The BCA had appropriately documented its organisational structure, including reporting lines and accountabilities, and the authority's relationships with external organisations in accordance with Regulation 15(1)(b).</p> |   |

| Regulation 15(2)  | A building consent authority must record roles, responsibilities, powers, authorities and any limitation on powers and authorities |
|---|--|
| <b>Observations and comments, including good practice and performance</b>   |  |
| <p>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).</p> <p>Roles and responsibilities for employees performing building control functions were documented in Job Descriptions. Powers and authorities for employees were documented on the delegations register.</p> <p>Roles and responsibilities for contractors performing building control functions were documented in the contract.</p> |  |

| Regulation 16(1)   | A system for giving every application for a building consent its own uniquely identified file |
|--|---|
| <b>Observations and comments, including good practice and performance</b>  |   |
| <p>The BCA had appropriately documented its procedure for allocating every application for building consent and building consent amendment a unique identification in accordance with Regulation 16(1).</p> <p>A unique building consent number would be generated by the BCA's system when an application was submitted via the online portal.</p> <p>Building consents were given an application number with the arrangement BCN/YYYY/XXX. Any amendments would receive /A, /B etc. added to the end of the number, such as 'BCN/2024/1101/A' for the first amendment of a building consent and 'BCN/2024/1101/B' for the second amendment of the building consent.</p> <p>Staged building work received /1, /2 added to the end of the building consent number for each stage, e.g. BCN/2024/1101/1, and BCN/2024/1101/2.</p> |   |

| <b>Regulation 16(2)(a)</b>  | <b>System for ensuring that all information relevant to an application for a building consent is put on the application's file</b> |
|---|--|
| <b>Observations and comments, including good practice and performance</b>   |  |
| <p>The BCA had appropriately documented its procedure for ensuring that all information relevant to a building consent application was included in the application's file in accordance with Regulation 16(2)(a).</p> <p>All required information relevant to the application was seen to be held within the TRIM document management system.</p> |  |

| <b>Regulation 16(2)(b)</b>   | <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</b> |
|--|---|
| <b>Observations and comments, including good practice and performance</b>  |   |
| <p>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).</p> <p>Files relevant to building consent applications were able to be located within the BCA's systems as required.</p> |   |

| <b>Regulation 16(2)(c)</b>  | <b>System for ensuring that all information relevant to an application for a building consent is stored securely</b> |
|---|--|
| <b>Observations and comments, including good practice and performance</b>   |  |
| <p>The BCA had appropriately documented its procedure for ensuring that all information relevant to an application for a building consent was stored securely in accordance with Regulation 16(2)(c).</p> <p>Backup of the Christchurch City Council's computer system was performed incrementally up to five times per week with a full backup completed weekly by the IT department. All backups were stored in a secure off-site facility.</p> |  |

| <b>Regulation 17(1)</b>  | <b>A quality assurance system that covers management and operations and covers the policies, procedures and systems described in regulations 5 to 16 and 18</b> |
|--|---|
| <b>Observations and comments, including good practice and performance</b>  |   |
| <p>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.</p> <p>Where omissions were identified, they have been addressed under their relevant Regulation in this report.</p> |   |

## 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).

## 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).

BCA Leadership Team Meetings were held monthly to review the BCA's management and operational performance. The Building consenting unit met at least monthly to review team management and operational performance.

The quality policy was reported on each month within the BCA Leadership Meeting Minutes.

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

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

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

Upon reviewing the CI process, it was noted that the BCA had a number of CIs that had multiple extensions added to the implementation due date. The CI owners were required to provide the QA team the investigation notes upon completing any investigation, however, when the register or the combined CIR documents were reviewed, these were not always able to be located within the combined CIR document or the monthly leadership meetings where the overdue CIs were discussed.

At times, the implementation due date was extended due to the CI being required to be investigated further. However, upon reviewing currently active and completed CIs, the investigation (done by the appointed CI Owner) was not always appropriately documented. For CIs that were still active and being investigated, it was difficult to ascertain what actions were taken, or what investigations had taken place as there was no documentation at all for some CIs.

**GNC 12 was resolved during the assessment.** The BCA updated its documented procedure and proposed a new CIR investigation template to enable appropriate documentation of the investigation history and timeline. The BCA supplied examples of CIR records which were considered appropriate and reflected the updated procedure.

The Smartsheet was used to document, track and monitor the entire CI process. While the processes and tools in place were appropriate, there were several areas where improvements could be made to streamline the process, therefore, the following are recommended.

At the end of the CI process, a document was generated which was a collection of any correspondence, actions taken, agreed actions and any other information, which was supposed to give an entire history to the work done on the CI. However, the BCA is recommended to rebuild that

document/template in a more structured manner, or make minor amendments within the register of how the required actions were recorded, as this would allow the investigations or any updates to have a dedicated area to be recorded.

During the BCA leadership meetings where CIs were discussed, the BCA is recommended to insert triggers or provide more details within the meeting agenda, to ensure that appropriate reasons were documented for any overdue CIs to be extended.

The BCA is also recommended to amend the documented procedure to reflect the workflow of how CIs are managed, as this will provide clarity and direction for everyone that is part of this process. This will also clearly identify the CI Owner(s) and/or anyone else that takes part in this process, their responsibility and the accountability.

Further to the above, there are some CIs that are still active in the register, with a few older entries dating back to 2020 and 2021. The BCA is recommended to put a process in place to ensure that older CIs are actively reviewed for appropriateness and relevance.

**Recommendation R11.**

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

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

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

The BCA held an audit schedule that covered each function and these system audits had been appropriately completed annually as required, except for one (recorded within the GNC below), which was a technical audit to review the appropriateness of the technical reviews by a technical person.

The records of the system audits seen were detailed, and the auditor would often identified deficiencies and provide suggested areas for improvement. These were then entered into the BCA's continuous improvement system to be addressed. Multiple records were sighted where this was seen to have been appropriate.

Should the audit identify areas of inconsistencies and improvement, a follow up audit was planned and would be undertaken by the auditor again. Therefore, within the audit schedule, there were records of regulations seen to have been audited multiple times throughout the year.

As part of the BCA's annual audit schedule, it included triggers for the technical peer reviews to be completed for the BCA's building control officers.

The BCA held a series of technical peer review schedules (Q-07A, Q-07B, Q-07C, Q-07D, and Q-07E). These schedules were separated by the discipline, and each discipline was seen to have been appropriately allocated to have peer reviews completed, except for the deficiencies described below.

Upon reviewing the BCA's system for undertaking both system audits and technical peer reviews, the following issues were identified:

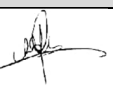
- Within the system audit schedule, it was noted that the Regulation 17(2)(h) annual technical audit was not completed. It was planned for May 2024, and was deferred to October 2024, but was still outstanding.
- The number of technical peer reviews for BCOs were not always completed as required by the BCA's documented procedure.
- Where deferred peer reviews were recorded, these were not always completed at a later date.

- The technical peer reviews had not always been conducted appropriately if the BCOs held multiple competencies (e.g. residential and commercial), and only one type of competency was reviewed.

**GNC 13 to be resolved.**

### General Non-compliance No. 13: Action Plan accepted ✓ Cleared 17/06/2025

|   |                            |                               |                               |  |                               |                               |                               |
|---|----------------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| <b>Breach of requirement:</b>   | <b>Regulation 17(2)(h)</b> |                               |                               |  |                               |                               |                               |
| <b>Breach of requirement:</b>   | <b>Regulation(s)</b>       | <input type="checkbox"/> 5(a) | <input type="checkbox"/> 5(b) | <input checked="" type="checkbox"/> 5(c) | <input type="checkbox"/> 6(b) | <input type="checkbox"/> 6(c) | <input type="checkbox"/> 6(d) |
| <b>FINDING DETAILS</b>  |                            |                               |                               |  |                               |                               |                               |
| <p>Upon reviewing the BCA's system for undertaking both system audits and technical peer reviews, the following issues were identified:</p> <ul style="list-style-type: none"> <li>I) Within the system audit schedule, it was noted that the Regulation 17(2)(h) annual technical audit was not completed. It was planned for May 2024, and was deferred to October 2024, but was still outstanding.</li> <li>II) The number of technical peer reviews for BCOs were not always completed as required by the BCA's documented procedure.</li> <li>III) Where deferred peer reviews were recorded, these were not always completed at a later date.</li> <li>IV) The technical peer reviews had not always been conducted appropriately if the BCOs held multiple competencies (e.g. residential and commercial), and only one type of competency was reviewed.</li> </ul>  |                            |                               |                               |  |                               |                               |                               |
| <b>IMPORTANT DATES</b>  |                            |                               |                               |  |                               |                               |                               |
| <b>Date this action plan was accepted by IANZ:</b>  |                            |                               |                               |  | <b>7 April 2025</b>           |                               |                               |
| <b>Final date evidence of implementation can be accepted from BCA:</b>  |                            |                               |                               |  | <b>5 June 2025</b>            |                               |                               |
| <b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>  |                            |                               |                               |  |                               |                               |                               |
| <p>I. Complete annual technical audit</p> <p>II. Review the previous and current year peer review schedules for BCO's completing technical building control functions to confirm these have been scheduled and completed as per procedure. Schedule and/or complete any outstanding peer reviews identified.</p> <p>III. Review peer review schedules for BCO's completing technical building control functions to identify current year deferred peer reviews to confirm these have been rescheduled and where they haven't, update the peer review schedules.</p> <p>IV. Review and update, as necessary, our Vault process and related procedures for Technical Peer Review procedure to ensure a range of technical peer reviews are undertaken to appropriately cover BCO's competency.</p> <p>Update as necessary peer review schedules for BCO's completing technical building control functions to confirm a range of technical peer reviews are undertaken to appropriately cover BCO's competency and where not update the peer review schedules.</p> <p>Review and update, as necessary, inspection peer view scope on the B-617C template</p> |                            |                               |                               |  |                               |                               |                               |
| <b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>  |                            |                               |                               |  |                               |                               |                               |
| <p>I. Completed annual technical audit to be provided to IANZ</p> <p>II. Report of completed technical/scheduled peer reviews to show up to date</p>  |                            |                               |                               |  |                               |                               |                               |

|  |   |
|--|---|
| III. Report of completed/scheduled technical peer reviews to show up to date                       |   |
| IV. Changes to procedures to be provided to IANZ   |   |
| Report of completed/scheduled technical peer reviews to show range of competency                   |   |
| <b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>   |   |
| <b>4/04/2025<br/>IANZ (LC)</b>   | Upon reviewing the plan of action and the proposed evidence of implementation, please also include within the evidence of implementation, a range of examples selected from the report provided under point IV.   |
| <b>7/04/2025<br/>CCC (AW)</b>  | Evidence updated for point IV to;<br><br>Changes to procedures to be provided to IANZ<br><br>Report of completed/scheduled technical peer reviews to demonstrate that the range of competency is covered and examples of completed technical peer reviews (and scheduled) for several BCOs that hold a range of competencies, selected from this report, to be provided to IANZ.  |
| <b>7/04/2025<br/>IANZ (LC)</b>   | Reviewed resubmitted plan of action with amended proposed evidence of implementation as above, considered appropriate.  |
| <b>5/06/2025<br/>IANZ (LC)</b>   | BCA submitted clearance evidence for review.  |
| <b>13/06/2025<br/>IANZ (LC)</b>  | Review of the submitted clearance evidence as below:<br>(I) Annual technical audit completed; it was very thorough. As this was now completed, this part is considered appropriately resolved.<br><br>(II) & (III) The report of completed and scheduled technical audit/peer reviews were sighted, this was a concise summary of the smart sheet allocations.<br><br>(IV) Page 1 of the updated procedure under Scheduling reviews indicated Technical Staff would have three peer reviews, and Building Inspectors would have two peer reviews.<br><br>Reviewed the updated schedules confirming that appropriate scheduling is in place. examples of audits provided were also seen to be appropriate. |
| <b>NON COMPLIANCE CLEARED</b>  |   |
| <b>Signed:</b>  | <b>Date: 17 June 2025</b>   |

| <b>Regulation 17(2)(i) Identifying and managing conflicts of interest</b>  |
|--|
| <b>Observations and comments, including good practice and performance</b>  |
| <p>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).</p> <p>Upon declaring a conflict of interest, the employees would fill out the <i>B685-a Conflict of Interest Review Form</i>. Once the review was completed, the <i>B-685 Conflicts of Interest Register</i> was updated. Examples of the review form and the register was sighted, and it was considered that the BCA's documented process had been appropriately implemented.</p> |

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

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

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

The BCA used several communication methods such as face-to-face, email, team and management meetings, strategic reviews, intranet, published notifications and the council's website. Examples of these were sighted and were considered appropriate.

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

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

The BCA had appointed a Quality Assurance Manager, named as Andrew Wells, in its quality assurance system in accordance with Regulation 17(3).

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

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

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

The BCA had an online form (*B-631a BP Complaints or Concern Form*) where the link was located within the Vault. This form could be filled out by staff members, then it would automatically send an email to the Customer Liaison inbox. The Building Support Officers who monitored this inbox filled in the *B-631 BP Complaints or Concerns Register*. Meetings were held at least monthly between the Principal Building Advisors/Officers and the Building Support team to discuss the details of any lodged complaints/concerns. The Responsible Manager would decide whether the BCA would formally submit the complaint to the relevant body, and would collate any further evidence with the assistance of the team to do so.

The register was sighted, where the BCA was commended for their efforts in actively recording concerns. The BCA had made several complaints to the relevant professional bodies. The BCA held appropriate records of these within the TRIM system.

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

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

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



Adequate induction plans and records were sighted for BCA employees. The BCA actively ensure that its employees complied with the authority's quality assurance systems with methods as described throughout this report.

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

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

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

The BCA had ensured that its contractors complied with the BCA's quality assurance system through appropriately identifying this requirement within their contractual agreements. The BCA had also appropriately communicated any changes and inducted contractors into their systems. Records of these were also seen to be appropriate.

Furthermore, the BCA frequently performed technical peer reviews on the work completed by their contractors. These were described and discussed as part of the contractors' performance reviews held throughout the year.

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

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

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

The BCA conducted its strategic management meeting/review annually. Where the meeting fell outside of the annual frequency, the BCA appropriately recorded its reasons.

The Strategic Review meeting minutes were seen to have appropriately documented that the quality processes, internal audits, and continuous improvement processes were appropriate for purpose, and effectively implemented. The minutes had also recorded that the assistance of the external contractor auditor, who also provided advice on quality assurance matters, was proven to be very useful and kept the BCA on track.

### **Regulation 17(5)(b) Making appropriate changes in the quality assurance system**

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

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

The BCA utilised its continuous improvement systems for making appropriate changes in the quality assurance system. Appropriate examples of this were sighted within the CIR register.

| 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>BCA employees and contractors qualifications were appropriately recorded and maintained on the <i>Regulation 18 Sheet</i> in the <i>B-660 The Matrix</i>.</p> |  |

| Regulation 18(3) Technical qualifications   |  |
|---|--|
| Observations and comments, including good practice and performance  |  |
| <p>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).</p> <p>There was one employee exempt from the requirements of a technical qualification as having notified the BCA to intend to retire within 5 years. This exemption had been recorded in the staff member's folder in TRIM and the approval process was seen to have been effectively implemented as per the BCA's documented procedures.</p> |  |

## 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)(b)** – Examples of amendments for residential consents were reviewed; it was identified that the “Means of Compliance” section on the Form 2 was not always being completed by applicants. Due to the selections chosen in the portal by the applicant, in one example, there was no additional Code clause to consider from the original Building Consent, but on the other example, there was. The BCA is recommended to ensure that the applicant has selected the correct options in the portal so that appropriate Code Clauses can be recorded.
- R2 Regulation 7(2)(d)(v) Granting and issuing building consents and Compliance with Form 5**  
Upon reviewing issued building consents, the BCA is recommended the following:
- The BCA had appropriately updated the relevant prescribed forms to account for the MCM scheme, however, the selection of the construction documents within the Connect system had not accounted for the required certification relevant to the construction documentation that would be attached to the Form 5. The BCA is recommended to revise the construction documentation template generated from the Connect system for the BCO to have this required selection when it becomes relevant.
  - Examples of amendments for residential consents were reviewed, and it was identified that the “means of compliance” section on the Form 2 had not been completed at all. The BCA is recommended to ensure that the “means of compliance” has been filled out and verified at all times.
- R3 Regulation 7(2)(d)(v) Lapsing building consents** – Upon reviewing multiple examples of lapsed building consents and extensions of time, the following are recommended to the BCA:
- The BCA is recommended to ensure that appropriate reasons for decisions for approving extensions of time are documented as two out of eight records sighted included no recorded reasons, with another one stating how long the building consent was extended for. This was not raised as a non-compliance as the records were seen to be progressively improved with the BCA implementing added measures to ensure that an appropriate reason for decision was recorded
  - The BCA is also recommended to consider documenting within its procedure, that the risks are required to be considered upon giving multiple extensions of time to lapse a building consent.
- R4 Regulation 7(2)(e)** – The BCA is recommended to update the *Inspection Sheet* on the *B-660 The Matrix* to include all inspectors who can carry out remote inspections. A remote inspection was observed where the individual who carried out the inspection was indicated as “NO” within the remote inspections column on sheet. It is also recommended to include this information within the GoGet Scheduler to ensure the allocation team have this information on-hand.
- R5 Regulation 7(2)(f)(i)** – The BCA is recommended to ensure the Current, lawfully established, use indicated on the Form 7 (CCC) is correct and appropriate for the building.
- R6 Regulation 7(2)(f)(i)** – The BCA is recommended to ensure all relevant certification documentation is provided and verified where this is relied upon as reasonable grounds that a system has been installed in accordance with a particular standard as one example was reviewed where the fire alarm was designed and installed to NZS:4512:2021 but the required installers declaration of completion (Appendix M of the standard) was not requested or provided.
- R7 Regulation 7(2)(f)(i)** – Upon reviewing the BCA’s CCC statutory compliance statistics, it is acknowledged that the average across the last 24 months was 82.2%, and substantially improved

over the last year, with an average of 96.7% over the last 6 months.

Although this is considered substantially compliant, the BCA has 159 applications which had applications received, but have yet to make a compliance decision on them. The oldest out of this list dates back to 2005. While the BCA addresses these applications, it is acknowledged that this will heavily impact the BCA's statutory timeframe as the clocks will be placed on these applications and a decision will be recorded.

This has not been raised as a non-compliance as the BCA is currently substantially compliant when assessing current CCC applications. The BCA is recommended to continue to monitor their compliance timeframes to ensure full compliance would be met

- R8 Regulation 7(2)(f)(ii)** – The BCA is recommended to ensure, where relevant, the wording within the specified system description/location is aligned with Schedule 1 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005. Within the templated text, the description of SS15/2 indicated the final exit provided access to a safe path, whereas the Regulation referred to the final exit to a safe place as defined in NZBC clause A2.

The BCA is also recommended to only reference the Highest Fire Hazard Category on a Compliance Schedule when it would be relevant to the appropriate compliance document and age of the building. One example was reviewed, where the new building referenced the Highest Fire Hazard Category when it would not have been relevant.

- R9 Regulation 11(2)(a)** – Some staff were seen to be recording training received in their professional development logs, and some were not. The BCA is recommended to provide direction as to how and where these trainings should be recorded to ensure consistency.

- R10 Regulation 11(2)(b)** – The BCA is recommended to ensure that the method of how application of any training would be monitored and reviewed is recorded on the *B-620 BCA Training Matrix* and is fit for purpose.

- R11 Regulation 17(2)(e)** – At the end of the CI process, a document was generated which was a collection of any correspondence, actions taken, agreed actions and any other information, which was supposed to give an entire history to the work done on the CI. However, the BCA is recommended to rebuild that document/template in a more structured manner, or make minor amendments within the register of how the required actions were recorded, as this would allow the investigations or any updates to have a dedicated area to be recorded.

During the BCA leadership meetings where CIs were discussed, the BCA is recommended to insert triggers or provide more details within the meeting agenda, to ensure that appropriate reasons were documented for any overdue CIs to be extended.

The BCA is also recommended to amend the documented procedure to reflect the workflow of how CIs are managed, as this will provide clarity and direction for everyone that is part of this process. This will also clearly identify the CI Owner(s) and/or anyone else that takes part in this process, their responsibility and the accountability.

Further to the above, there are some CIs that are still active in the register, with a few older entries dating back to 2020 and 2021. The BCA is recommended to put a process in place to ensure that older CIs are actively reviewed for appropriateness and relevance.

## SUMMARY OF ADVISORY NOTES

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

### IANZ advises that:

- A1 Regulation 7(2)(f)(ii)** – The BCA is advised to consider including a summary of all specified systems installed within the building to be listed at the front of the compliance schedule. This will allow for a quick reference point and improve efficiency for the auditing process (BWO) rather than being required to review each page in the body of the document.
- A2 Regulation 11(2)(d)** – The BCA is advised to ensure that actual monitoring of the application of training is undertaken as well as receiving course attendance certificates and/or tests and quizzes, as attendance certificates and/or tests and quizzes are generally not sufficient evidence to demonstrate that the BCO has appropriately applied the training undertaken.
- A3 Regulation 13(a)** – The BCA recorded the initial assessment of technical leadership using the B-624 form. However, throughout the time that the candidate remained as a Technical Leader, the information on this form was never updated, including information relating to the candidates' qualifications, regulatory experience or role description. The BCA is advised to consider using the form as a live/rolling document whereby all relevant and current information of the technical leader is recorded.
- A4 Regulation 14** – Upon reviewing the BCA's processes for testing and calibration their thermometers, the BCA is advised the following:
- When undertaking thermometer calibration testing, the BCA is advised to consider testing thermometers at temperatures relevant to the temperatures tested on site by the inspectors .
  - The BCA is advised to test thermometers at more than one temperature to ensure that the relevant temperatures had been tested.
  - The BCA is also advised to record the variance from the reference and tested device on the tested device, so the inspector is aware of the correction required to be applied to the reading.

## 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?<br>Enter "Y" where applicable |      |      |      |      |      | Resolved On-site?<br>Yes/No | Date Non-compliance to be cleared by<br>(DD/MM/YYYY) | Date Non-compliance cleared<br>(DD/MM/YYYY) | Number of      |               | Brief comment (where applicable) |
|------------------------|------------------------------------|--------------------------------------|---|------|------|------|------|------|-----------------------------|--|---|----------------|---------------|----------------------------------|
|                        |                                    |                                      | 5(a)  | 5(b) | 5(c) | 6(b) | 6(c) | 6(d) |                             |  |   | Recommendation | Advisory Note |                                  |
|                        |                                    |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 6(A)(1)                | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 6(A)(2)                | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| <b>Regulation 7</b>    |                                    |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(1)                   | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(a)                | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(b)                | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   | R1             |               |                                  |
| 7(2)(c)                | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(d)(i)             | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(d)(ii)            | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(d)(iii)           | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(d)(iv)            | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(d)(v)             | General                            | GNC 1                                |   |      | Y    |      |      |      | Yes                         | -  | 12/03/2025                                  | R2, R3         |               |                                  |
| 7(2)(e)                | General                            | GNC 2                                | Y   | Y    | Y    |      |      |      | No                          | 19/06/2025   | 12/05/2025                                  | R4             |               |                                  |
| 7(2)(f)(i)             | General                            | GNC 3                                |   |      | Y    |      |      |      | No                          | 19/06/2025   | 18/06/2025                                  | R5, R6, R7     |               |                                  |
| 7(2)(f)(ii)            | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   | R8             | A1            |                                  |
| 7(2)(f)(iii)           | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(g)                | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 7(2)(h)                | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| <b>Regulation 8</b>    |                                    |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 8(1)                   | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 8(2)                   | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| <b>Regulation 9</b>    |                                    |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 9                      | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| <b>Regulation 10</b>   |                                    |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 10(1)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 10(2)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 10(3)                  | General                            | GNC 4                                |   |      | Y    |      |      |      | No                          | 19/06/2025   | 03/06/2025                                  |                |               |                                  |
| <b>Regulation 11</b>   |                                    |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 11(1)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 11(2)(a)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   | R9             |               |                                  |
| 11(2)(b)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   | R10            |               |                                  |
| 11(2)(c)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 11(2)(d)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                | A2            |                                  |
| 11(2)(e)               | General                            | GNC 5                                |   |      | Y    |      |      |      | No                          | 19/06/2025   | 27/05/2025                                  |                |               |                                  |
| 11(2)(f)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 11(2)(g)               | General                            | GNC 6                                |   |      | Y    |      |      |      | No                          | 19/06/2025   | 16/05/2025                                  |                |               |                                  |
| <b>Regulation 12</b>   |                                    |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 12(1)                  | General                            | GNC 7                                |   |      | Y    |      |      |      | Yes                         | -  | 12/03/2025                                  |                |               |                                  |
| 12(2)(a)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |
| 12(2)(b)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |  |   |                |               |                                  |

| Regulatory requirement | Non-compliance (Serious / General) | Non-compliance identification number | Breach of Regulation 5/6?<br>Enter “Y” where applicable |      |      |      |      |      | Resolved On-site?<br>Yes/No | Date Non-compliance to be cleared by (DD/MM/YYYY) | Date Non-compliance cleared (DD/MM/YYYY) | Number of      |               | Brief comment (where applicable) |
|------------------------|------------------------------------|--------------------------------------|---|------|------|------|------|------|-----------------------------|---|--|----------------|---------------|----------------------------------|
|                        |                                    |                                      | 5(a)  | 5(b) | 5(c) | 6(b) | 6(c) | 6(d) |                             |   |  | Recommendation | Advisory Note |                                  |
| 12(2)(c)               | General                            | GNC 8                                |   |      | Y    |      |      |      | No                          | 20/06/2025  | 19/05/2025                               |                |               |                                  |
| 12(2)(d)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 12(2)(e)               | General                            | GNC 9                                |   |      | Y    |      |      |      | Yes                         | -   | 12/03/2025                               |                |               |                                  |
| 12(2)(f)               | General                            | GNC 10                               |   |      | Y    |      |      |      | No                          | 19/06/2025  | 16/05/2025                               |                |               |                                  |
| Regulation 13          |                                    |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 13(a)                  | General                            | GNC 11                               |   |      | Y    |      |      |      | Yes                         | -   | 06/03/2025                               |                | A3            |                                  |
| 13(b)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| Regulation 14          |                                    |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 14                     | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                | A4            |                                  |
| Regulation 15          |                                    |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 15(1)(a)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 15(1)(b)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 15(2)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| Regulation 16          |                                    |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 16(1)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 16(2)(a)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 16(2)(b)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 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)               | General                            | GNC 12                               |   |      | Y    |      |      |      | Yes                         | -   | 12/03/2025                               | R11            |               |                                  |
| 17(2)(h)               | General                            | GNC 13                               |   |      | Y    |      |      |      | No                          | 19/06/2025  | 17/06/2025                               |                |               |                                  |
| 17(2)(i)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 17(2)(j)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 17(3)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 17(3A)                 | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 17(4)(a)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 17(4)(b)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 17(5)(a)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 17(5)(b)               | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| Regulation 18          |                                    |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 18(1)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |
| 18(3)                  | Choose item.                       |                                      |   |      |      |      |      |      |                             |   |  |                |               |                                  |