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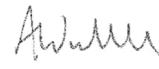
BUILDING CONSENT AUTHORITY ACCREDITATION INITIAL ASSESSMENT REPORT

Christchurch City Council

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7BCA AND ASSESSMENT DETAILS

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

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

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

If you do not agree with the non-compliances identified, or if you need further time to address non-compliances, please 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:

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

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

To be completed at the end of the assessment clearance process:

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

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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

Observations and comments, including good practice and performance

The BCA had appropriately documented its system for notifying the building consent accreditation body and the Ministry of any of the matters listed within Regulation 6A(1) within 20 working days of the matter taking place.

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.

Regulation 7(2)(a) Providing consumer information

Observations and comments, including good practice and performance

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).

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

Observations and comments, including good practice and performance

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

The BCA received the majority of its building consent applications via their online portal. The BCA was seen to be appropriately receiving and accepting complete applications.

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.

Recommendation R1.

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

Observations and comments, including good practice and performance

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

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.

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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

Observations and comments, including good practice and performance

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

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.

GNC 1 was resolved during the assessment, as the BCA provided appropriate clearance evidence to address the issue identified.

Upon reviewing issued building consents, the BCA is recommended to consider 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 for all amendments.

Recommendation R2.

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

Observations and comments, including good practice and performance

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

The 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.

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. 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.

Recommendation R3.

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

Observations and comments, including good practice and performance

The BCA's compliance with the statutory timeframe for granting building consents within 20 working days was seen to be averaging around 80.8% over the last 24 months, which was not considered to be substantially compliant.

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.

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.

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

Observations and comments, including good practice and performance

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

This part of GNC 2 was resolved during the assessment with an appropriately updated procedure submitted by the BCA.

Inspections were adequately planned during consent processing.

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.

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.

Recommendation R4.

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.

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.

GNC 2 to be resolved.

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.

General Non-compliance No. 2: Action Plan accepted **Cleared** select date.

Breach of requirement:	Regulation 7(2)(e)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
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.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:						Select a date	
Final date evidence of implementation can be accepted from BCA:						5 June 2025	
PLAN OF ACTION <i>(To be provided by BCA)</i>							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date							
ORG (Initials)							
Date							
ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:				Date: Select a date			

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

Observations and comments, including good practice and performance

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).

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.

GNC 3A to be resolved.

General Non-compliance No. 3A: Action Plan accepted **Cleared** select date.

Breach of requirement:	Regulation 7(2)(f)(i)
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Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
The BCA was observed rejecting applications for CCC where a final inspection had not been completed and passed.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Select a date		
Final date evidence of implementation can be accepted from BCA:					5 June 2025		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date							
ORG (Initials)							
Date							
ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:				Date: Select a date			

Regulation 7(2)(f)(i)	Preparing, issuing and refusing to issue code compliance certificates
Observations and comments, including good practice and performance	
<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. GNC 3B to be resolved.</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. GNC 3B to be resolved.</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. GNC 3B to be resolved.</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,</p>	

use was indicated as Existing garage/ancillary building, where 2.0 Housing or 2.0.2 Detached dwelling would be more appropriate.

Recommendation R5.

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.

Recommendation R6.

General Non-compliance No. 3B: Action Plan accepted **Cleared** select date.

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)
FINDING DETAILS							
<ul style="list-style-type: none"> 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. 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. 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							
Date this action plan was accepted by IANZ:					Select a date		
Final date evidence of implementation can be accepted from BCA:					5 June 2025		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date							
ORG (Initials)							
Date							
ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:				Date: Select a date			

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 select date.

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)
FINDING DETAILS							
<p>Upon reviewing the 24-month CCC decisions process, the following issues were identified:</p> <ul style="list-style-type: none"> • 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. • The BI report monitored by the Building Support Officers identified around 62 CCCs which requires to have its 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. 							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Select a date		
Final date evidence of implementation can be accepted from BCA:					5 June 2025		
PLAN OF ACTION (To be provided by BCA)							
PROPOSED EVIDENCE OF IMPLEMENTATION (To be provided by BCA):							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							

Date ORG (Initials)	
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Select a date

Regulation 7(2)(f)(i) Compliance with statutory timeframes for code compliance certificates
Observations and comments, including good practice and performance
<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>Recommendation R7.</p>

Regulation 7(2)(f)(ii) Compliance schedules
Observations and comments, including good practice and performance
<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"> 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. <p>Recommendation R8.</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>Advisory Note A1.</p>

Regulation 7(2)(f)(iii) Notices to fix

Observations and comments, including good practice and performance

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

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.

Regulation 10(2) Assessing employees performing building control functions

Observations and comments, including good practice and performance

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

All BCA technical staff had been competency assessed, and all assessments were current at the time of this assessment, with the outcomes recorded in the BCA's *B-660 The Matrix*. Records were seen to be well-maintained in TRIM, the BCA's document management system.

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

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure which specified the technical requirements for a competence assessment system. All competence assessments were undertaken following the National Building Consent Authority Competency Assessment System (NCAS) in accordance with Regulation 10(3).

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.

GNC 4 to be resolved.

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.

GNC 4 to be resolved.

General Non-compliance No. 4: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 10(3)(a) – (f)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<ul style="list-style-type: none"> 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. 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.	
IMPORTANT DATES	
Date this action plan was accepted by IANZ:	Select a date
Final date evidence of implementation can be accepted from BCA:	5 June 2025
PLAN OF ACTION <i>(To be provided by BCA)</i>	
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>	
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
Date ORG (Initials)	
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Select a date

Regulation 11(1) The training system
Observations and comments, including good practice and performance
<p>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.</p>

Regulation 11(2)(a) Making annual (or more frequent) training needs assessments
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for making annual (or more frequent) training needs assessments in accordance with Regulation 11(2)(a).</p> <p>The BCA conducted organisational and individual training needs assessments for their employees conducting building control functions. The <i>B-666 Organisational Training Needs Assessment</i> 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.</p> <p>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.</p> <p>Records of these were seen to have been appropriately maintained and appropriately filed within the BCA's TRIM system.</p> <p>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.</p> <p>Recommendation R9.</p>

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Regulation 11(2)(b) Preparing training plans that specify the training outcomes required
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for preparing training plans that specified the training outcomes required in accordance with Regulation 11(2)(b).</p> <p>The BCA documented its training records for all its staff within the <i>B-620 BCA Training Matrix</i>. 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.</p> <p>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 <i>B-620 BCA Training Matrix</i> and is fit for purpose.</p> <p>Recommendation R10.</p>

Regulation 11(2)(c) Ensuring that employees receive the training agreed for them
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for ensuring that employees received the training agreed for them in accordance with Regulation 11(2)(c).</p> <p>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.</p> <p>Any missed training was recorded with reasons for the training being missed and then rescheduled appropriately.</p>

Regulation 11(2)(d) Monitoring and reviewing employees' application of the training they have received, including by observing relevant activities
Observations and comments, including good practice and performance
<p>The BCA had appropriately documented its procedure for monitoring and reviewing employees' application of the training they had received, including by observing relevant activities, in accordance with Regulation 11(2)(d).</p> <p>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</p>

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 select date.

Breach of requirement:	Regulation 11(2)(e)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
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.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Select a date		
Final date evidence of implementation can be accepted from BCA:					5 June 2025		
PLAN OF ACTION (To be provided by BCA)							
PROPOSED EVIDENCE OF IMPLEMENTATION (To be provided by BCA):							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date							
ORG (Initials)							
Date							
ORG (Initials)							
NON COMPLIANCE CLEARED							

Signed:	Date: Select a date
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Regulation 11(2)(f) Recording employees' qualifications, experience and training

Observations and comments, including good practice and performance

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

Qualifications were recorded in the *Regulation 18 Sheet* in the *B-660 The Matrix*. Known experience and completed trainings were recorded in competency assessments and the *B-620 BCA Training Matrix*.

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

Observations and comments, including good practice and performance

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

However, the BCA had not always consistently implemented its documented procedure for recording continuing training information in their *B-622 BCA Professional Development Logs*. Multiple BCOs folders were seen to have the B-622 document missing.

GNC 6 to be resolved.

General Non-compliance No. 6: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 11(2)(g)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
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.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Select a date		
Final date evidence of implementation can be accepted from BCA:					5 June 2025		
PLAN OF ACTION (To be provided by BCA)							
PROPOSED EVIDENCE OF IMPLEMENTATION (To be provided by BCA):							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date							
ORG (Initials)							
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ORG (Initials)							

NON COMPLIANCE CLEARED	
Signed:	Date: Select a date

Regulation 12(1)	A system for choosing and using contractors to perform its building control functions
Observations and comments, including good practice and performance	
<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"> • One contractor which provided inspection services was listed as accredited for that work, but they were not. • One contractor had inspection listed as part of the scope of services within their contract, but the register had not identified that. • One contractor had added residential processing as part of the contract variation; however, this was not reflected within the register. <p>GNC 7 was resolved during the assessment, where the BCA had appropriately amended the register and updated its information to match the up to date contractual agreements.</p>	

Regulation 12(2)(a)	Establishing contractors' competence
Observations and comments, including good practice and performance	
<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>	

Regulation 12(2)(b)	Engaging contractors
Observations and comments, including good practice and performance	
<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>	

Regulation 12(2)(c)	Making written or electronic agreements with contractors
Observations and comments, including good practice and performance	

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

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.

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** select date.

Breach of requirement:	Regulation 12(2)(c)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<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>							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Select a date		
Final date evidence of implementation can be accepted from BCA:					5 June 2025		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date							
ORG (Initials)							

Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Select a date

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

Observations and comments, including good practice and performance

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

Contractors performing building control functions were recorded as individuals in the *Regulation 18 Sheet* within the *B-660 The Matrix*. All records were seen to be appropriate and all contractors performing building control functions for the BCA held appropriate qualifications.

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

Observations and comments, including good practice and performance

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

The BCA 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.

GNC 9 was resolved during the assessment, 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.

Regulation 12(2)(f) Annually (or more frequently) assessing contractors' competence

Observations and comments, including good practice and performance

The BCA had appropriately documented its procedure for annually (or more frequently) assessing contractors' competence in accordance with Regulation 12(2)(f).

The BCA's documented procedure required the assessment of the contractors' competence to be undertaken and recorded using form *B-619 Section 6 Review of Contractors Performance Form*.

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.

Furthermore, the Training Assessor completed the *B-619 Section 1 Part 2 Form* for some of the contractors upon receiving their competency assessments, which was not a described method within the BCA's documented procedures.

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

GNC 10 to be resolved.

General Non-compliance No. 10: Action Plan accepted Cleared select date.

Breach of requirement:	Regulation 12(2)(f)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
The BCA had not appropriately completed an annual assessment of the contractors' competence as part of the contractors' performance reviews as required by the BCA's documented procedures.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Select a date		
Final date evidence of implementation can be accepted from BCA:					5 June 2025		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date							
ORG (Initials)							
Date							
ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:				Date: Select a date			

Regulation 13(a) Identifying employees and contractors who are competent to provide technical leadership

Observations and comments, including good practice and performance

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

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.

GNC 11 was resolved during the assessment, 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.

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.

Advisory Note A3.

Regulation 13(b) Giving the employees and contractors the powers and authorities to enable them to provide the leadership

Observations and comments, including good practice and performance

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

Appropriate powers and authorities had been delegated to the Technical Leaders through the BCA's Delegations Manual and also through the letter of appointment.

Regulation 14 Ensuring necessary (technical) resources

Observations and comments, including good practice and performance

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

Appropriate technical information and facilities were available and accessible to employees and contractors to perform building control functions appropriately.

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.

Example of replaced equipment were sighted, the BCA kept well documented records, which were easily traceable for each inspector.

Upon reviewing the BCA's processes for testing and calibration of their thermometers, the BCA is advised the following:

- 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.
- 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.
- 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.

Advisory Note A4.

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

Observations and comments, including good practice and performance

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

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

Observations and comments, including good practice and performance

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

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

Observations and comments, including good practice and performance

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

Roles and responsibilities for employees performing building control functions were documented in Job Descriptions. Powers and authorities for employees were documented on the delegations register.

Roles and responsibilities for contractors performing building control functions were documented in the contract.

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

Observations and comments, including good practice and performance

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

A unique building consent number would be generated by the BCA's system when an application was submitted via the online portal.

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.

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.

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

Observations and comments, including good practice and performance

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

All required information relevant to the application was seen to be held within the TRIM document management system.

Regulation 16(2)(b)

System for ensuring that all information relevant to an application for a building consent is kept in a way that makes it readily accessible and retrievable

Observations and comments, including good practice and performance

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

Files relevant to building consent applications were able to be located within the BCA's systems as required.

Regulation 16(2)(c)

System for ensuring that all information relevant to an application for a building consent is stored securely

Observations and comments, including good practice and performance

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).

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.

Regulation 17(1)

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

Observations and comments, including good practice and performance

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

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

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

Observations and comments, including good practice and performance

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

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.

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General Non-compliance No. 13: Action Plan accepted **Cleared** select date.

Breach of requirement:	Regulation 17(2)(h)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
<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"> • 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. 							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:					Select a date		
Final date evidence of implementation can be accepted from BCA:					5 June 2025		
PLAN OF ACTION <i>(To be provided by BCA)</i>							
PROPOSED EVIDENCE OF IMPLEMENTATION <i>(To be provided by BCA):</i>							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date ORG (Initials)							
Date ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:				Date: Select a date			

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

Observations and comments, including good practice and performance

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

Upon declaring a conflict of interest, the employees would fill out the *B685-a Conflict of Interest Review Form*. Once the review was completed, the *B-685 Conflicts of Interest Register* 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.

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**

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).

BCA employees and contractors qualifications were appropriately recorded and maintained on the *Regulation 18 Sheet* in the *B-660 The Matrix*.

Regulation 18(3) Technical qualifications**Observations and comments, including good practice and performance**

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

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.

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 (BWOFF) 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? Enter "Y" where applicable						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (where applicable)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendation	Advisory Note	
6(A)(1)	Choose item.													
6(A)(2)	Choose item.													
Regulation 7														
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		R4			
7(2)(f)(i)	General	GNC 3			Y			No	19/06/2025		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.													
Regulation 8														
8(1)	Choose item.													
8(2)	Choose item.													
Regulation 9														
9	Choose item.													
Regulation 10														
10(1)	Choose item.													
10(2)	Choose item.													
10(3)	General	GNC 4			Y			No	19/06/2025					
Regulation 11														
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					
11(2)(f)	Choose item.													
11(2)(g)	General	GNC 6			Y			No	19/06/2025					
Regulation 12														
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? Enter "Y" where applicable						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (where applicable)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recommendation	Advisory Note	
12(2)(c)	General	GNC 8			Y				No	20/06/2025				
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				
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(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.													