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| IANZ  CONDITIONS CLEARED | |
| INITIALS: | CO |
| DATE: | 17 June 2019 |

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**BUILDING CONSENT AUTHORITY ACCREDITATION**

**ASSESSMENT REPORT**

Rangitikei District Council

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INTRODUCTION

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

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

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

ACCREDITATION FEEDBACK AND CONTINUING ACCREDITATION

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

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

Summary of the non-compliances identified during the assessment

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

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

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

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

Summary of the good practice and performance identified during the assessment

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

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

NEXT ACCREDITATION ASSESSMENT

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

**ASSESSMENT SUMMARY**

|  |  |  |
| --- | --- | --- |
| **ORGANISATION DETAILS** | | |
| **Organisation:** | Rangitikei District Council | |
| **Address for service:** | 46 High Street  Marton 4710  New Zealand | |
| **Client Number:** | 7466 | |
| **Accreditation Number:** | 39 | |
|  | | |
| **Chief Executive:** | Ross.McNeil | |
| **Chief Executive contact details:** | Ross.mcneil@rangitikei.govt.nz | |
| **BCA Authorised Representative:** | Johan Cullis | |
| **BCA Authorised Representative contact details:** | johan.cullis@rangitikei.govt.nz | |
| **BCA Quality Manager:** |  | |
| **Number of BCA FTE’s** | Technical - Two  Administration – One  FTE Vacancies - Nil | |
|  | | |
| **ASSESSMENT TEAM** | | |
| **Lead Assessor:** | Carolyn Osborne | |
| **Lead Assessor contact details:** | cosborne@ianz.govt.nz | |
| **Technical Expert/s:** | |  | | --- | | Colin Pickering | | |
| **MBIE observer/s:** | 0 | |
|  | | |
| **IANZ REPORT PREPARATION** | | |
| **Prepared by:** | Carolyn Osborne | |
| **Signature:** | C Osborne | |
| **Checked by:** | Adrienne Woollard | |
| **Signature:** |  | |
| **Date:** | 27/02/2019 | |
|  | | |
| **ASSESSMENT FINDINGS** | | |
|  | **This assessment:** | **Last assessment:** |
| **Total # of “serious” non-compliances:** | 0 | NA |
| **Total # of “general” non-compliances:** | 23 | NA |
| **Total # of non-compliances outstanding:** | 23 | NA |
| **Number of recommendations:** | 0 | NA |
| **Number of advisory notes:** | 4 | NA |
| **Date clearance plan required from BCA:** | 1/04/2019 | |
| **Date all non-compliances must be finally cleared:** | 3/06/2019 | |
| **Accreditation to continue with non-compliance clearance?** | Yes | |
|  | | |
| **NEXT ASSESSMENT** | | |
| **Recommended next assessment type:** | Full assessment | |
| **Recommended next assessment date:** | February 2021 | |
|  | | |
| **COMMENTS** | | |
|  | | |

**ASSESSMENT OBSERVATIONS**

Regulation 6A Notification requirements

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

Regulation 7 Performing Building Control Functions

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 1** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** (Public Information) did not address the following:  When discussing applying for a consent:  Building work that may be proposed on land subject to natural hazards.  That includes other legislation (than the Building Act) that the applicant should consider e.g. the Resource Management Act.  Public Information didn’t sufficiently clarify s112 requirements where application is for alteration to an existing building.  Did not address s115 requirements during application.  Did not address s116 requirements during application.  Did not address s116A requirements during application.  Did not discuss the need for the applicant to supply information with the application with respect to proposed Inspection, Maintenance and Reporting requirements for Specified Systems.  The documents referred to Design Review Unit (DRU) rather than Fire Emergency New Zealand (FENZ).  When discussing processing of an application the consumer information:  Did not describe (at a high level) how the application is assessed against the relevant Act and associated Regulations.  Did not discuss the s49 requirement to be “Satisfied on reasonable grounds”.  Did not discuss the meaning of “Grant” of a consent.  Did not describe the BCA Complaint process.  Did not describe the Determination process.  When discussing the Code Compliance Certificate process:  Did not discuss the s49 requirement to be “Satisfied on reasonable grounds”.  Requires the consent holder to apply for a Compliance Schedule (if the building requires a Compliance Schedule) when this is not a requirement under the Act.  The Public Information incorrectly states the CCC statutory clock may be stopped pending the final inspection.  The Public Information did not describe the Request for Further Information (RFI) process.  Did not describe the Determination process.  **GNC 1. To be resolved.** | |

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 2** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **7(2)(c) Checking for completeness.**  **Procedures** (for Taihape) **inappropriately** referred to a 72 hour period before an application must be checked for completeness.  **GNC 2. To be resolved.** | |

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

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

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

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

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 3** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** did not discuss referring to the Territorial Authority matters related to building work already undertaken (with or without a consent) which may require a Certificate of Acceptance (COA) under s42.  **Procedures** did not discuss/describe the process the BCA used when handling a request for minor variation during processing (s45A).  **Implementation** of procedures was not appropriate with respect to reviewing Specified Systems.  **Procedures** for managing the statutory clock upon receipt of complete information in response to an RFI did not specify that the clock would be restarted from the day the complete information was submitted to the BCA. This can be at the customer service desk, mail system, electronic portal or email system of the processing BCO.  **Implementation** of this requirement was not able to be demonstrated by the BCA.  **Procedures** for processing did not discuss staged building work.  **Procedures** for processing did not discuss making decisions related to earthquake prone buildings (s133AT) when making decisions related to s112 (1).  **Procedures** for processing did not discuss complyingwith any building methods or product warnings or bans.  **Implementation** of procedures was not effective with respect to compiling and amending Compliance Schedules.  **GNC 3. To be resolved.** | |

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 4** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** did not discuss the process used to ensure that the BCA complied with statutory time frames.  **Implementation** of this requirement had not been effective. Although the BCA had been actively monitoring the statutory clock they had been non-compliant in seven of the previous 24 months. Six of those seven months had been recent and consecutive and appeared to be due to having insufficient staff to cover normal events such as annual leave. The statistic for the BCA’s most recent month was 100% compliance however, that was likely due to the December and January months being holiday months. The BCA had determined the number of Full Time Equivalents (FTE) required to process their workload and had determined that they were one Building Consent Officer (BCO) short.  **GNC 4. To be resolved.**  **Note:** The BCA had not been fully aware of requirements with respect to initiating the statutory clock upon receipt of complete material in response to a Request For Further Information. This may mean their statutory clock statistics were inaccurate and there may have been poorer compliance with the statutory clock than recorded.  **Procedures** for “Granting” consent did not discuss complying with s58.  **Procedures** for “Granting” a consent subject to s72 did not describe how the BCA complied with s 73 of the Act.  **Procedures** (Form 5’s) for issuing a consent inappropriately included lapsing as a condition on the consent.  **Implementation** was not effective in that the Form 5’s reviewed all had lapsing included as a condition on them.  **Implementation** of issuing of consents was not effective in that where Compliance Schedule information was required to be included, Specified System information including Performance Standard information was notappropriate.  **Procedures** did not discuss how the BCA records the decision to extend the timeframe of a consent upon request from the consent holder.  **GNC 4. To be resolved.** | |

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 5** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** did not discuss/describe inspections outside standard types e.g. straw bale construction or site meetings.  **Procedures** did not refer to the process (software) that ensured allocations could only be made to people with appropriate competencies.  **GNC 5. To be resolved.** | |

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 6** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | **Yes** |
| 0 |
| - |
| **2** |
| **A1, A2** |
| **Observations and comments, including good practice and performance** | |
| **Application for a code compliance certificate**  **Procedures** did not sufficiently prompt the BCA to ensure all required information was completed (by the owner) on the Form 6.  **GNC 6. To be resolved**  **Code compliance certificates**  **Procedures** for reviewing CCC applications did not describe the process for rejecting/returning an application for CCC.  **Procedures** for initiating the statutory clock upon receipt of a complete application did not require the BCA to initiate the clock on the date the complete application was submitted. This can be at the customer service desk, mail system, electronic portal or email system of the processing BCO. **Implementation** of this requirement was not able to be demonstrated by the BCA.  **Procedures** for issuing a CCC did not ensure the BCA considered any applicable warnings or bans relating to any building product or method that may have been used.  **Procedures** for issuing a CCC did not describe a process for refusing a CCC.  **GNC 6. To be resolved**  With respect to meeting statutory clock requirements for issue of CCC the BCA had been 100% compliant in each of the previous 24 months.  **Note:** The BCA had not been fully aware of requirements with respect to initiating the statutory clock upon receipt of a complete application for CCC and this may mean their statutory clock statistics were inaccurate and less compliant than recorded.  **Compliance Schedules**  **Implementation** was not appropriate in that Compliance Schedules were not consistent with the Act. Specifically with respect to Specified Systems, Performance Standards and their Inspection, Maintenance and Reporting requirements.  **GNC 6. To be resolved**  **Notices to fix**  **Procedures** did not discuss notifying another responsible authority of the potential need for a Notice to Fix (NTF).  **GNC 6. To be resolved.**  The BCA is advised **(A1)** to record the contravention against s40 where relevant  The BCA is advised **(A2)** to revise procedures to ensure inspections cannot be booked whilst there is a stop work in place due to a NTF. | |

Regulation 7(2)(g): customer inquiries

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

Regulation 7(2)(h): customer complaints

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

Regulation 8 Ensuring enough employees and contractors

Regulation 8(1): forecasting workflow

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | No |
| **Non-compliance number/s:** | **-** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| Procedures addressed requirements and were effectively implemented. The BCA had performed a comprehensive forecast and had determined the number of Full Time Equivalent staff needed to process workflow. | |

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 8** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| Procedures addressed requirements.  **Implementation** had not been effective in that the BCA remained one BCO short of calculated requirements, needed to manage the workflow.  **GNC 8. To be resolved.**  The BCA had recently been successful at engaging a contracting company to assist with processing building consents. | |

Regulation 9 Allocating work

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

Regulation 10 Establishing and assessing competency of employees

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

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

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC’s 9,10,11,12,13,14** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** were comprehensive but did not specify that the BCA would assess competency of individuals against 10(3) (a-f) of the accreditation regulations.  **GNC’s 9, 10, 11, 12, 13, 14. To be resolved.**  Individuals had up-to-date and appropriate competency assessments that had addressed 10(3) (a-f) of these regulations. | |

### Regulation 11 Training employees doing a technical job

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

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

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

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

Regulation 12 Choosing and using contractors

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 15** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** did not discuss that the BCA would define scope of services and deliverables for each different type of contractor.  **Procedures** did not specify that the BCA would establish a contractor assessment team or person and give them decision making authorities.  **Procedures** did not describe how prospective contractors would be sought e.g. direct approach or tender.  **Procedures** did not discuss any rules or criteria that may apply e.g. Territorial Authority procurement policy.  **GNC 15. To be resolved.**  Implementation of current procedures was effective. | |

Regulation 13 Ensuring technical leadership

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

Regulation 14 Ensuring necessary (technical) resources

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 16** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | **Yes** |
| 0 |
| - |
| **2** |
| **A3, A4** |
| **Observations and comments, including good practice and performance** | |
| **Procedures** did not fully identify the facilities that the BCA used. Specifically that the BCA used computers and Tough Books.  **Procedures** did not specify whether the BCA supplied any contractors with facilities and equipment.  **GNC 16. To be resolved.**  Current procedures were effectively implemented.    The BCA is advised **(A3)** to consider using their moisture meter moisture block (must be specific to the moisture meter) to check their working moisture meters. The working moisture meter only needs to be sent to be serviced if it reads outside the specified range that comes with the moisture block. Procedures need to be revised to reflect any change in process.  The BCA is advised **(A4)** to consider reducing the allowable error for working thermometers to as small an amount as possible to reduce room for error when testing water at 45oC. | |

Regulation 15 Keeping organisational records

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 17** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** (organizational chart) did not specify the number of Full Time Equivalent (FTE) technical staff the BCA employed.  **Procedures** (organisational chart) did not specify the number (FTE) Vacancies or no Vacancies.  **GNC 17. To be resolved**.  Other requirements were met. | |

Regulation 16 Filing applications for building consent

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 18** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** addressed requirements but did not specify that the following shall also be retained in records:  If applicable the specified intended life of the building.  Any statutory declarations provided by an owner builder.  Copies of Notices to Fix.  Any advice issued by the District Court under s126 of the Act.  Records of any information on any land or building received by the BCA from a statutory authority.  **GNC 18. To be resolved.**  Current procedures were effectively implemented. | |

Regulation 17 Assuring quality

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | No |
| **Non-compliance number/s:** | - |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| The BCA had quality assurance system that covered management and operations. Where there were gaps they are addressed under their relevant regulation. | |

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

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

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 19**  **GNC 20** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **17(2)(d) Management Review and Reporting**  **Procedures** did not address the following:  Did not require the regular review of BCA functions against their Quality Policy objectives.  Did not specify the frequency of Management Review/Reporting.  Did not specify (at a high level) the form required of the regular Management Review/Reporting.  **GNC 19. To be resolved**  Current procedures for Management Review were effectively implemented.  **17(5) Review of Effectiveness of Quality Assurance System.**  **Procedures** did not prompt the BCA to review the following annually (or more frequently).  Effectiveness of implementation of Internal Audits and Continuous Improvement procedures.  Effectiveness of employee and contractor engagement with Quality Assurance Systems.  Effectiveness of employee and contractor engagement with Continuous Improvement systems.  Effectiveness of engagement with the requirement to declare any perceived or actual Conflict of Interest.  Effectiveness of the BCA’s communications relating to the Quality Assurance Systems.  Effectiveness of the processes for making changes to the Quality Assurance Systems.  **GNC 20. To be resolved.**    Current procedures were effectively implemented. | |

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 21** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** (Induction) did not require new staff to access/familiarise themselves with Quality System procedures.  **Procedures** (Training) did not discuss that staff would be required to learn/refresh relevant procedures when trained in an activity.  **Procedures** (Management Review/Reporting) did not discuss that staff would be required to refresh relevant procedures in response to any relevant issues.  **Procedures** (Internal Audits) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.  **Procedures** (Continuous Improvement) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.  **GNC 21. To be resolved.**  Current procedures had been effectively implemented. Staff had been required to access/familiarise themselves with Quality System procedures. | |

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

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| --- | --- |
| **Non-compliance? Y/N** | NA |
| **Non-compliance number/s:** |  |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** |  |
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| **Observations and comments, including good practice and performance** | |
| Not Applicable | |

Regulation 17(2)(e) Supporting continuous improvement

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| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 22** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** did not prompt the BCA to consider feedback from contractors, although it did require the BCA to consider feedback from customers and employees.  **Procedures** did not prompt the BCA to identify issues and opportunities within its policies, procedures and systems.  **Procedures** did not prompt the BCA to respond to issues identified in the performance of building control functions.  **GNC 22. To be resolved**  Although the above items were not described in procedures the BCA was addressing all appropriate opportunities within their continuous Improvement System. | |

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

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | **Yes - See Record of Non-compliance for details** |
| **Non-compliance number/s:** | **GNC 23** |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| **Procedures** did not give enough detailed audit guidance to ensure internal auditors performed audits as the BCA specifically required.  **Implementation** of this activity had not been effective in that the internal audits had been performed against the MBIE Checklists rather than the processes described within the BCA’s procedures. Also the internal audits did not always record evidence when appropriate.  **Procedures** did not describe a classification system for non-compliances.  **GNC 23. To be resolved.** | |

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

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

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

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

Regulation 17(3A): Complaints about building practitioners

|  |  |
| --- | --- |
| **Non-compliance? Y/N** | No |
| **Non-compliance number/s:** | - |
| **Opportunities for improvement? Y/N**  **Number of recommendations:**  **Recommendation number/s:**  **Number of advisory notes:**  **Advisory note number/s:** | No |
| 0 |
| - |
| 0 |
| - |
| **Observations and comments, including good practice and performance** | |
| Procedures addressed requirements and had been implemented however the BCA had not received a response from MBIE regarding a recent complaint submitted. | |

Regulation 18 Technical qualifications

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

RECORD OF NON-COMPLIANCE

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| --- | --- | --- |
| **Non-compliance number:** | **GNC 1** | |
| **Breach of regulatory requirement:** | Regulation 7(2)(a) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** (Public Information) did not address the following:  When discussing applying for a consent:   * Building work that may be proposed on land subject to natural hazards. * Other legislation (than the Building Act) that the applicant should consider e.g. the Resource Management Act. * Public Information didn’t sufficiently clarify s112 requirements where application is for alteration to an existing building. * Did not address s115 requirements during application. * Did not address s116 requirements during application. * Did not address s116A requirements during application. * Did not discuss the need for the applicant to supply information with the application with respect to proposed Inspection, Maintenance and Reporting requirements for Specified Systems. * The documents referred to Design Review Unit (DRU) rather than Fire Emergency New Zealand (FENZ).   When discussing processing of an application:   * Did not describe (at a high level) how the application is assessed against the relevant Act and associated Regulations. * Did not discuss the s49 requirement to be “Satisfied on reasonable grounds”. * Did not discuss the meaning of “Grant” of a consent. * Did not describe the BCA Complaint process. * Did not describe the Determination process.   When discussing the Code Compliance Certificate process:   * Did not discuss the s49 requirement to be “Satisfied on reasonable grounds”. * Requires the consent holder to apply for a Compliance Schedule (if the building requires a Compliance Schedule) when this is not a requirement under the Act. * The Public Information incorrectly states the statutory clock may be stopped for the CCC application pending the final inspection. * The Public Information did not describe the Request for Further Information (RFI) process. * Did not describe the BCA Complaint process. * Did not describe the Determination process. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
|  | | |
| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/01/2019 | 4/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 17/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 28/03/2019 Accepted 4/04/2019**   |  | | --- | | BCA will review and update public information in total and in particular non- compliance with , When discussing applying for a consent, When discussing processing of an application and When discussing the Code Compliance Certificate process | | BCA to provide copy of updated public information to IANZ to show implementation of updated information by 3 May 2019. | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 14/06/2019 Reviewed by TE Cleared 17/06/2019** | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 17/06/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 2** | |
| **Breach of regulatory requirement:** | Regulation 7(2)(c) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** (for Taihape)refer to a 72 hour period before an application must be checked for completeness. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
|  | | |
| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 8/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 17/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 28/03/2019 Accepted 8/04/2019**   |  | | --- | | Amend QM BC 1.0 to change the wording to Applications received at the Marton and Taihape offices will be vetted within 2 working days upon receipt of the application and if this didn’t occur that it would be noted on the BCA meeting minutes | | Amended QM, page attached, (See attachment 1). Still need to provide evidence supplied of this process being followed | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 12/04/2019 Cleared 17/04/2019**  Procedure and records viewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 17/04/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 3** | |
| **Breach of regulatory requirement:** | Regulation 7(2)(d)(iv) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not discuss referring to the Territorial Authority matters related to building work already undertaken (with or without a consent) which may require a Certificate of Acceptance (COA) under s42.  **Procedures** did not discuss/describe the process the BCA used when handling a request for minor variations during processing (s45A).  **Implementation** of procedures was not appropriate with respect to reviewing Specified Systems.  **Procedures** for managing the statutory clock upon receipt of complete information in response to an RFI did not specify that the clock would be restarted from the day the complete information was submitted to the BCA. This can be at the customer service desk, or through the mail system, electronic portal or email system of the processing BCO. **Implementation** of this requirement was not able to be demonstrated by the BCA.  **Procedures** for processing did not discuss staged building work.  **Procedures** for processing did not discuss making decisions related to earthquake prone buildings (s133AT) when making decisions related to s112 (1).  **Procedures** for processing did not discuss complyingwith any building methods or product warnings or bans.  **Implementation** of procedures was not effective with respect to compiling and amending Compliance Schedules. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
|  | | |
| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 31/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 28/03/2019 Not accepted 8/04/2019**   |  | | --- | | BCA will undertake a review of this procedure and amend QM as appropriate. BCA to undertake internal training with regards to compliance schedules and specified systems. | | Provide copy of updated procedures.  Provide confirmation of training undertaken and completed.  Provide copies of either new compliances schedules issued once training and procedures have been updated, if no new compliances schedules have been received a review of already issued to show implementation of training and procedure with copy of old and new schedule to show effectiveness. Evidence to be provided by 3 May 2019. |   **Received 11/04/2019 Accepted 11/04/2019**  1 Provide copy of updated procedures.  2 Provide confirmation of training undertaken and completed.  3 Provide copies of either new compliances schedules issued once training and procedures have been updated, if no new compliances schedules have been received a review of already issued to show implementation of training and procedure with copy of old and new schedule to show effectiveness. Provide copy of audit to IANZ to show implementation review of specified systems, managing statutory clock for RFI and amending/compiling Compliances Schedules has been implemented effectively. Evidence to be provided by 15 May 2019. | |
| **Evidence of implementation:**  *To be provided by BCA* | Point 1 Evidence received 20/05/2019 Cleared 24/05/2019  Point 2 Evidence received 20/05/2019 Cleared 24/05/2019  Point 3 Evidence received 24/05/2019 Cleared 31/05/2019 | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 31/05/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 4** | |
| **Breach of regulatory requirement:** | Regulation 7(2)(d)(v) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not discuss the process used to ensure that the BCA complied with statutory time frames. **Implementation** of this requirement had not been effective.  **Procedures** for “Granting” consent did not discuss complying with s58.  **Procedures** for “Granting” a consent subject to s72 did not describe how the BCA complied with s 73 of the Act.  **Procedures** (Form 5’s) for issuing a consent included lapsing as a condition on the consent.  **Implementation** was not effective in that the Form 5’s reviewed all had lapsing included as a condition on them.  **Implementation** of issuing of consents was not effective in that where Compliance Schedule information was required to be included, Specified System information, including Performance Standard information was notappropriate.  **Procedures** did not discuss how the BCA recorded the decision to extend the timeframe of a consent upon request from the consent holder. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
|  | | |
| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 31/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**  1 Review procedure and amend to include Statutory timeframes, granting S58, S72, S73 and recording decision extension to timeframe.  2 Amend Form 5 to remove lapsing reference from template (Attachment 2)  3 Provide IANZ with copy of audit to show effective implementation statutory timeframes and Compliance | |
| **Evidence of implementation:**  *To be provided by BCA* | Point 1 Evidence 20/05/2019 Cleared 24/05/2019  Point 2 Evidence 20/05/2019 Cleared 24/05/2019  Point 3 Evidence 28/05/2019 Cleared 31/05/2019 | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 31/05/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 5** | |
| **Breach of regulatory requirement:** | Regulation 7(2)(e) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not discuss/describe inspections outside standard types e.g. straw bale construction or site meetings.  **Procedures** did not refer to the process (software) that ensured allocations could only be made to people with appropriate competencies. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
|  | | |
| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 2/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 28/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend QM BI 1.0 Planning, Performing and Managing Inspections – Regulation to include wording to describe this:  Identify and describe standard inspection types and how work will be inspected  1 Inspection types are identified and listed in Goget Office when the consent is being processed and listed in the building consent documentation on the form Owner Site Inspection Record which details the inspection types that are required for the individual building consent and listed in Magiq  2 The work will be inspected using Goget Mobile loaded onto Microsoft Surface Pro  Identify and deliver non-standard inspections  3 Non-standard inspections are identified through the processing and inspections phases of the project i.e. Site meetings prior to commencement may be appropriate for remedial re-clads for example and unusual construction systems or methods may require inspections by relevant specialists who are then required to provide appropriate documentation. Where identified in the inspection phase details are recorded in a site note with specific requirements outlined, this may include requesting additional supporting documentation (recorded in the documentation tab in GoGet).  4 Non-standard inspections are delivered on a case by case basis during the processing and inspection phases of the project, depending on the nature of the required inspections they may be carried out the BCA or by relevant specialists who are then required to provide appropriate documentation.(See attachment 3) | | Amended QM, and will follow this procedure if we have a non-standard inspection required | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 24/04/2019 Cleared 28/04/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 28/04/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 6** | |
| **Breach of regulatory requirement:** | Regulation 7(2)(f) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Application for a code compliance certificate**  **Procedures** did not sufficiently prompt the BCA to ensure all required information was completed (by the owner) on the Form 6.  **Code compliance certificates**  **Procedures** for reviewing CCC applications did not describe the process for rejecting/returning an application for CCC.  **Procedures** for initiating the statutory clock upon receipt of a complete application did not require the BCA to initiate the clock on the date the complete application was submitted. This can be at the customer service desk, mail system, electronic portal or email system of the processing BCO. **Implementation** of this requirement was not able to be demonstrated by the BCA.  **Procedures** for issuing a CCC did not ensure the BCA considered any applicable warnings or bans relating to any building product or method that may have been used.  **Procedures** for issuing a CCC did not describe a process for refusing a CCC.  **Compliance Schedules**  **Implementation** was not appropriate in that Compliance Schedules were not consistent with the Act. Specifically with respect to Specified Systems, Performance Standards and their Inspection, Maintenance and Reporting requirements.  **Notices to fix**  **Procedures** did not discuss notifying another responsible authority of the potential need for a Notice to Fix (NTF). | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
|  | | |
| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 31/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | BCA will undertake a review of this procedure and amend QM as appropriate. BCA to undertake internal training with regards to compliance schedules , specified systems and CCC applications. | | 1 BCA to provide copy of new procedure.  2 BCA to provide evidence of initiating clock for CCC applications via copy of Audit.  3 Provide copies of either new compliances schedules issued once training and procedures have been updated, if no new compliances schedules have been received a review of already issued to show implementation of training and procedure with copy of old and new schedule to show effectiveness. This will include an audit as undertaken in GNC 3, 4 .Evidence to be provided by 15 May 2019 | | |
| **Evidence of implementation:**  *To be provided by BCA* | Point 1 Evidence 20/05/2019 Cleared 24/05/2019  Point 2 Evidence 24/05/2019 Cleared 31/05/2019  Point 3 Evidence 24/05/2019 Cleared 31/05/2019 | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 31/05/2019 | |

RECORD OF NON-COMPLIANCE

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| --- | --- | --- |
| **Non-compliance number:** | **GNC 7** | |
| **Breach of regulatory requirement:** | Regulation 7(2)(h) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not clarify that the complaints procedure shall be readily available to the public.  **Implementation** of this requirement was not able to be demonstrated.  **Procedures** did not clarify that the BCA would ensure appropriate levels of objectivity and fairness to all parties involved in any complaint.  **Procedures** did not clarify that urgent complaints would be prioritised by the BCA.  **Procedures** did not clarify that the BCA would provide remedies proportionate to the issues raised. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
|  | | |
| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 23/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**  BCA to provide updated procedure.  Provide IANZ with hard copy of complaints procedure and links to electronic version.  Audit will be undertaken to show that implementation has been effective. | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 14/05/2019 Cleared 23/05/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 23/05/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 8** | |
| **Breach of regulatory requirement:** | Regulation 8(2) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Implementation** had not been effective in that the BCA remained one BCO short of calculated requirements, needed | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
|  | | |
| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 8/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 24/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 28/03/2019 Accepted 8/04/2019**   |  | | --- | | BCA has engaged a contractor to assist with processing of consents, contract was in place prior to IANZ visit but only for a short duration. Budget request for the new financial year 2019/2020 has been increased to allow for the employment of one more BCO ( from 1 July 2019) | | BCA to provide copy of budget increase to IANZ to show a capacity to employ an extra staff member has been provided for financially by 3 May 2019 | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 20/05/2019 Cleared 24/05/2019**  Reviewed and cleared | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 24/05/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC 9** | |
| **Breach of regulatory requirement:** | Regulation 10(3)(a) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** but did not specify that the BCA would assess competency of individuals against 10(3) (a) of the accreditation regulations. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (a).  When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment. | | Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (a). (See Attachment 4 for GNC 9-14) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC10** | |
| **Breach of regulatory requirement:** | Regulation 10(3)(b) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not specify that the BCA would assess competency of individuals against 10(3) (b) of the accreditation regulations. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 2/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (b).  When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment. | | Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (b). (See Attachment 4 for GNC 9-14) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC 11** | |
| **Breach of regulatory requirement:** | Regulation 10(3)(c) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not specify that the BCA would assess competency of individuals against 10(3) (c) of the accreditation regulations. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (c).  When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment. | | Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (c). (See Attachment 4 for GNC 9-14) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC 12** | |
| **Breach of regulatory requirement:** | Regulation 10(3)(d) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not specify that the BCA would assess competency of individuals against 10(3) (d) of the accreditation regulations. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (d).  When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment. | | Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (d). (See Attachment 4 for GNC 9-14) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC 13** | |
| **Breach of regulatory requirement:** | Regulation 10(3)(e) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not specify that the BCA would assess competency of individuals against 10(3) (e) of the accreditation regulations. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 |  |
| **Evidence of implementation from BCA:** | 15/05/2019 |  |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (e).  When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment. | | Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (e). (See Attachment 4 for GNC 9-14) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC 14** | |
| **Breach of regulatory requirement:** | Regulation 10(3)(f) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not specify that the BCA would assess competency of individuals against 10(3) (f) of the accreditation regulations. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (f).  When the Building Officers are due for their annual reassessment, they will be assessed against the updated QM and this will be available to IANZ as proof of the implementation at the next routine IANZ assessment. | | Amended Quality Manual CA 1.0 Establishing and Assessing Competence of Employees to include the relevant regulation 10(3) (f). (See Attachment 4 for GNC 9-14) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC 15** | |
| **Breach of regulatory requirement:** | Regulation 12(1) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not discuss that the BCA would define scope of services and deliverables for each different type of contractor.  **Procedures** did not specify that the BCA would establish a contractor assessment team or person and give them decision making authorities.  **Procedures** did not describe how prospective contractors would be sought e.g. direct approach or tender.  **Procedures** did not discuss any rules or criteria that may apply e.g. Territorial Authority procurement policy. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend wording in the procedure to ensure compliance with Reg 12(1) (attach QM amendment attached to show changes)  Highlighted on that page that we already refer to Delegations Register for decision making authorities and also that we adhere to the RDC Procurement Policy | | Did changes to QM as described above and amended wording (see attachment 5) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC 16** | |
| **Breach of regulatory requirement:** | Regulation 14 | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not fully identify the facilities that the BCA used. Specifically that the BCA used computers and tough books.  **Procedures** did not specify whether the BCA supplied any contractors with facilities and/or equipment. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend Quality Manual to include information about computers and amend Equipment register to include them | | Amend words in Ad 3.0 Equipment Management to include:  1 The BO’s and RO maintain a register of equipment used for building control functions. Building Control functions are undertaken using Computers and Tablets. In addition to a list of equipment, the register also contains calibration certificates, results of quarterly tests, and maintenance records.  2 Contract Building Officers processing offsite use their own equipment and facilities  New version of this procedure attached.  And amend Equipment Register to include computers  (see Attachment 6) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

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| **Non-compliance number:** | **GNC 17** | |
| **Breach of regulatory requirement:** | Regulation 15 | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** (organisational chart) did not specify the number of Full Time Equivalent (FTE) technical staff the BCA employed.  **Procedures** (organisational chart) did not specify the number (FTE) Vacancies that it had. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend organisational chart to show FTE staff and vacancies, also include NPL as contractor and remove Neil Gerrish. | | Amended organisational chart to show FTE staff and vacancies, also include NPL as contractor and remove Neil Gerrish. Updated version included.  (See attachment 7) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 18** | |
| **Breach of regulatory requirement:** | Regulation 16 | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not specify that the following shall be retained in records:   * If applicable the specified intended life of the building. * Any statutory declarations provided by an owner builder. * Copies of Notices to Fix. * Any advice issued by the District Court under s126 of the Act. * Records of any information on any land or building received by the BCA from a statutory authority. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 11/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Amend QM AD 1.0 Filing of Building Consent Documents to include the bullet points above. Amend Form 164 to include the bullet points above | | Amended QM AD 1.0 Filing of Building Consent Documents to include the bullet points above. Amended Form 164 to include the bullet points above. Updated forms included  (See Attachment 8) | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 11/04/2019 Cleared 11/04/2019**  Reviewed deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 11/04/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
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| **Non-compliance number:** | **GNC 19** | |
| **Breach of regulatory requirement:** | Regulation 17(2)(d) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not address the following:   * Did not require the regular review of BCA functions against their Quality Policy objectives. * Did not specify the frequency of Management Review/Reporting. * Did not specify (at a high level) the form required of the regular Management Review/Reporting. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 |  |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Review and update procedure. | | Provide IANZ with copy of updated procedure. By 3 May 2019 | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 26/04/2019 Cleared 28/04/2019**  Procedures deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 28/04/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 20** | |
| **Breach of regulatory requirement:** | Regulation 17(5) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not prompt the BCA to review the following annually (or more frequently).   * Effectiveness of implementation of Internal Audits and Continuous Improvement procedures. * Effectiveness of employee and contractor engagement with Quality Assurance Systems. * Effectiveness of employee and contractor engagement with Continuous Improvement systems. * Effectiveness of engagement with the requirement to declare any perceived or actual Conflict of Interest. * Effectiveness of the BCA’s communications relating to the Quality Assurance Systems. * Effectiveness of the processes for making changes to the Quality Assurance Systems. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 23/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Review and update procedure | | Provide copy of new procedure to IANZ by 3 May 2019 | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 14/05/2019 Cleared 23/05/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 23/05/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 21** | |
| **Breach of regulatory requirement:** | Regulation 17(4) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** (Induction) did not require new staff to access/familiarise themselves with Quality System procedures.  **Procedures** (Training) did not discuss that staff would be required to learn/refresh relevant procedures when trained in an activity.  **Procedures** (Management Review/Reporting) did not discuss that staff would be required to refresh relevant procedures in response to any relevant issues.  **Procedures** (Internal Audits) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.  **Procedures** (Continuous Improvement) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 23/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Review and update procedure. | | Provide updated procedure to IANZ by 3 May 2019. | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Received 14/05/2019 Cleared 23/05/2019**  Reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 23/05/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
| --- | --- | --- |
| **Non-compliance number:** | **GNC 22** | |
| **Breach of regulatory requirement:** | Regulation 17(2)(e) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not prompt the BCA to consider feedback from contractors, although it did require the BCA to consider feedback from customers and employees.  **Procedures** did not prompt the BCA to identify issues and opportunities within its policies procedures and systems.  **Procedures** did not prompt the BCA to respond to issues identified in the performance of building control functions. | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 28/04/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | **Received 11/04/2019 Accepted 11/04/2019**   |  | | --- | | Review and update procedure. | | Provide updated procedure to IANZ by 3 May 2019. | | |
| **Evidence of implementation:**  *To be provided by BCA* | **Evidence 26/04/2019 Cleared 28/04/2019**  Procedures reviewed and deemed appropriate | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 28/04/2019 | |

RECORD OF NON-COMPLIANCE

|  |  |  |
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| **Non-compliance number:** | **GNC 23** | |
| **Breach of regulatory requirement:** | Regulation 17(2)(h) | |
| **Finding:** | General Non-compliance | |
| **Finding details:** | **Procedures** did not give enough detailed audit guidance to ensure internal auditors performed audits as the BCA specifically required.  **Implementation** of this activity had not been effective in that the internal audits had been performed against the MBIE Checklists rather than the processes described within the BCA’s procedures. Also the internal audits did not record always record evidence when appropriate.  **Procedures** did not describe a classification system for non-compliances | |
| **BCA Actions required:** | Please develop and submit to IANZ to address the findings. Please include in the Plan the documents the BCA intends to submit at a later date to demonstrate the Plan has been effective.  Please submit the Evidence that demonstrates the Plan has been effective. | |
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| **IMPORTANT DATES** | | |
| **Non-compliance to be cleared by:** | **3/06/2019** | |
|  | **Due by:** | **Accepted by IANZ:** |
| **Plan of action from BCA:** | 1/04/2019 | 11/04/2019 |
| **Evidence of implementation from BCA:** | 15/05/2019 | 24/05/2019 |
| **EVIDENCE** | | |
| **Plan of action:**  *To be provided by BCA* | |  | | --- | | **Received 11/04/2019 Accepted 11/04/2019**  Review procedure and undertake internal training for auditors. | | Provide IANZ with copy of new procedures and copy of audits to show effectiveness with regards to training and audits under taken after training. Including Audits for GNC identified as to show effective implementation where identified. | | |
| **Evidence of implementation:**  *To be provided by BCA* | Part 1 Evidence 20/05/2019 Cleared 24/05/2019  Part 2 Evidence 20/05/2019 Cleared 24/05/2019  Part 3 Evidence 20/05/2019 Cleared 24/05/2019 | |
| **Non-compliance cleared? Y/N** | Yes | |
| **Signed:** | Carolyn Osborne | |
| **Date:** | 24/05/2019 | |

SUMMARY OF RECOMMENDATIONS

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

No recommendations were made.

SUMMARY OF ADVISORY NOTES

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

**IANZ advises that:**

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

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](#recordofnoncompliance) 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 Yes where applicable)** | | | | | | **Resolved On-site? Yes/No** | **Date Non-compliance to be cleared by**  **(DD/MM/YYYY)**  N/A where NC is resolved on-site | **Date Non-compliance cleared**  **(DD/MM/YYYY)** | **Number of** | | **Brief comment (to get to the heart of the issue)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5(a)** | **5(b)** | **5(c)** | **6(b)** | **6(c)** | **6(d)** | **Recommendations** | **Advisory notes** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6(A)(1) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6(A)(2) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Regulation 7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7(1) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7(2)(a) | General | GNC 1 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | Gaps (19) in public information |
| 7(2)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7(2)(c) | General | GNC 2 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** (for Taihape)refer to a 72 hour period before an application must be checked for completeness. |
| 7(2)(d)(i) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7(2)(d)(ii) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7(2)(d)(iii) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7(2)(d)(iv) | General | GNC 3 | x | x | x |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not discuss referring to the Territorial Authority matters related to building work already undertaken (with or without a consent) which may require a Certificate of Acceptance (COA) under s42.  **Procedures** did not discuss/describe the process the BCA used when handling a request for minor variations during processing (s45A).  I**mplementation** of procedures was not appropriate with respect to reviewing Specified Systems.  **Procedures** for managing the statutory clock did not specify that the clock would be restarted from the day the complete RFI information was submitted to the BCA.  **Implementation** of this requirement was not able to be demonstrated by the BCA.  **Procedures** for processing did not discuss staged building work.  **Procedures** for processing did not discuss making decisions related to earthquake prone buildings (s133AT) when making decisions related to s112 (1).  **Procedures** for processing did not discuss complying with any building methods or product warnings or bans.  **Implementation** of procedures was not effective with respect to compiling and amending Compliance Schedules. |
| 7(2)(d)(v) | General | GNC 4 | x | x | x |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not discuss the process used to ensure that the BCA complied with statutory time frames. Implementation of this requirement had not been effective.  **Procedures** for “Granting” consent did not discuss complying with s58.  **Procedures** for “Granting” a consent subject to s72 did not describe how the BCA complies with s 73 of the Act.  **Procedures** for issuing a consent included lapsing as a condition on the consent. Implementation was not effective in that the Form 5’s reviewed all had lapsing included as a condition on them.  **Implementation** of issuing of consents was not effective in that where Compliance Schedule information was required to be included, Specified System information, including Performance Standard information, was not appropriate.  **Procedures** did not discuss how the BCA recorded the decision to extend the timeframe of a consent upon request from the consent holder. |
| 7(2)(e) | General | GNC 5 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not discuss/describe inspections outside standard types e.g. straw bale construction or site meetings.  **Procedures** did not refer to the process (software) that ensured allocations could only be made to people with appropriate competencies. |
| 7(2)(f) | General | GNC 6 | x | x | x |  |  |  |  |  |  |  |  | **Application for a code compliance certificate**  **Procedures** did not sufficiently prompt the BCA to ensure all required information was completed (by the owner) on the Form 6.  **Code compliance certificates**  **Procedures** for reviewing CCC applications did not describe the process for rejecting/returning an application for CCC.  **Procedures** for initiating the statutory clock upon receipt of a complete application did not require the BCA to initiate the clock on the date the application was first submitted. **Implementation** of this requirement was not able to be demonstrated by the BCA.  **Procedures** for issuing a CCC did not ensure the BCA considered any applicable warnings or bans.  **Procedures** did not describe a process for refusing a CCC.  **Compliance Schedules**  **Implementation** was not appropriate in that Compliance Schedules were not consistent with the Act. Specifically with respect to Specified Systems, Performance Standards and their Inspection, Maintenance and Reporting requirements.  **Notices to fix**  **Procedures** did not discuss notifying another responsible authority of the potential need for a Notice to Fix (NTF). |
| 7(2)(g) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7(2)(h) | General | GNC 7 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not clarify that the complaints procedure shall be readily available to the public. Implementation of this requirement was not able to be demonstrated.  **Procedures** did not clarify that the BCA would ensure appropriate levels of objectivity and fairness to all parties involved in any complaint.  **Procedures** did not clarify that urgent complaints would be prioritised by the BCA.  **Procedures** did not clarify that the BCA would provide remedies proportionate to the issues raised. |
| **Regulation 8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8(1) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8(2) | General | GNC 8 |  |  | x |  |  |  | No | 3/06/2019 |  |  |  | **Implementation** had not been effective in that the BCA remained one BCO short of calculated requirements, needed |
| **Regulation 9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Regulation 10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10(1) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10(2) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10(3)(a) | General | GNC 9 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** but did not specify that the BCA would assess competency of individuals against 10(3) (a) of the accreditation regulations. |
| 10(3)(b) | General | GNC 10 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** but did not specify that the BCA would assess competency of individuals against 10(3) (b) of the accreditation regulations. |
| 10(3)(c) | General | GNC 11 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** but did not specify that the BCA would assess competency of individuals against 10(3) (c) of the accreditation regulations. |
| 10(3)(d) | General | GNC 12 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** but did not specify that the BCA would assess competency of individuals against 10(3) (d) of the accreditation regulations. |
| 10(3)(e) | General | GNC 13 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** but did not specify that the BCA would assess competency of individuals against 10(3) (e) of the accreditation regulations. |
| 10(3)(f) | General | GNC 14 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** but did not specify that the BCA would assess competency of individuals against 10(3) (f) of the accreditation regulations. |
| **Regulation 11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11(1) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11(2)(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11(2)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11(2)(c) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11(2)(d) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11(2)(e) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11(2)(f) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11(2)(g) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Regulation 12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12(1) | General | GNC 15 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not discuss that the BCA would define scope of services and deliverables for each different type of contractor.  **Procedures** did not specify that the BCA would establish a contractor assessment team or person and give them decision making authorities.  **Procedures** did not describe how prospective contractors would be sought e.g. direct approach or tender.  **Procedures** did not discuss any rules or criteria that may apply e.g. Territorial Authority procurement policy. |
| 12(2)(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12(2)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12(2)(c) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12(2)(d) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12(2)(e) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12(2)(f) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Regulation 13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Regulation 14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | General | GNC 16 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not fully identify the facilities that the BCA used. Specifically that the BCA used computers and tough books.  **Procedures** did not specify whether the BCA supplied any contractors with facilities and equipment. |
| **Regulation 15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15(1)(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15(1)(b) | General | GNC 17 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** (organisational chart) did not specify the number of Full Time Equivalent (FTE) technical staff the BCA employed.  **Procedures (**organisational chart) did not specify the number (FTE) Vacancies or no Vacancies. |
| 15(2) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Regulation 16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16(1) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16(2)(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16(2)(b) | General | GNC 18 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not specify that the following shall be retained in records:   * If applicable the specified intended life of the building. * Any statutory declarations provided by an owner builder. * Copies of Notices to Fix. * Any advice issued by the District Court under s126 of the Act. * Records of any information on any land or building received by the BCA from a statutory authority. |
| 16(2)(c) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Regulation 17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(1) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(2)(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(2)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(2)(c) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(2)(d) | General | GNC 19 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not address the following:   * Did not require the regular review of BCA functions against their Quality Policy objectives. * Did not specify the frequency of Management Review/Reporting. * Did not specify (at a high level) the form required of the regular Management Review/Reporting. |
| 17(2)(e) | General | GNC 22 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not prompt the BCA to consider feedback from contractors, although it did require the BCA to consider feedback from customers and employees.  **Procedures** did not prompt the BCA to identify issues and opportunities within its policies procedures and systems.  **Procedures** did not prompt the BCA to respond to issues identified in the performance of building control functions. |
| 17(2)(h) | General | GNC 23 | x | x | x |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not give enough detailed audit guidance to ensure internal auditors performed audits as the BCA specifically required.  **Implementation** of this activity had not been effective in that the internal audits had been performed against the MBIE Checklists rather than the processes described within the BCA’s procedures. Also the internal audits did not always record evidence when appropriate.  **Procedures** did not describe a classification system for non-compliances |
| 17(2)(i) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(2)(j) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(3) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(3A)(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(3A)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(3A)(c) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(4)(a) | General | GNC 21 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** (Induction) did not require new staff to access/familiarise themselves with Quality System procedures.  **Procedures** (Training) did not discuss that staff would be required to learn/refresh relevant procedures when trained in an activity.  **Procedures** (Management Review/Reporting) did not discuss that staff would be required to refresh relevant procedures in response to any relevant issues.  **Procedures (**Internal Audits) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings.  **Procedures** (Continuous Improvement) did not discuss that staff would be required to refresh relevant procedures in response to any relevant findings |
| 17(4)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17(5)(a) | General | GNC 20 | x | x |  |  |  |  | No | 3/06/2019 |  |  |  | **Procedures** did not prompt the BCA to review the following annually (or more frequently).   * Effectiveness of implementation of Internal Audits and Continuous Improvement procedures. * Effectiveness of employee and contractor engagement with Quality Assurance Systems. * Effectiveness of employee and contractor engagement with Continuous Improvement systems. * Effectiveness of engagement with the requirement to declare any perceived or actual Conflict of Interest. * Effectiveness of the BCA’s communications relating to the Quality Assurance Systems. * Effectiveness of the processes for making changes to the Quality Assurance Systems. |
| 17(5)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Regulation 18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18(1)(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18(1)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18(1)(c) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18(3)(a) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18(3)(b) | Choose an item. |  |  |  |  |  |  |  |  |  |  |  |  |  |