





The NZ mark of competence  
Tohu Matatau Aotearoa

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

**Rangitikei District Council**

## BCA AND ASSESSMENT DETAILS

ORGANISATION DETAILS							
<b>Organisation:</b>		Rangitikei District Council					
<b>Address for service:</b>		46 High Street, Marton 4710					
<b>Client Number:</b>	7466	<b>Accreditation Number:</b>	39				
<b>Chief Executive:</b>		Carol Gordon					
<b>Chief Executive Contact Details:</b>		carol.gordon@rangitikei.govt.nz					
<b>Responsible Manager:</b>		Mr Johan Cullis					
<b>Responsible Manager Contact Details:</b>		johan.cullis@rangitikei.govt.nz					
<b>Authorised Representative:</b>		Mr Johan Cullis					
<b>Authorised Representative Contact Details:</b>		johan.cullis@rangitikei.govt.nz					
<b>Quality Assurance Manager:</b>		Mr Johan Cullis					
<b>Quality Assurance Manager Contact Details:</b>		johan.cullis@rangitikei.govt.nz					
<b>Number of FTEs</b>	<b>Technical</b>	3	<b>Support functions</b>	1			
Total FTEs should = technical FTEs + admin FTEs + vacancies	<b>Vacancies (Technical)</b>	1	<b>Vacancies (Support)</b>	0			
<b>Activity during the previous 12 months</b>		<b>Building Consents (excl. Amendments)</b>					
		<b>R1</b>	168	<b>R2</b>	12	<b>R3</b>	3
		<b>C1</b>	10	<b>C2</b>	4	<b>C3</b>	
		<b>National Multi-use Approvals</b>			4		
		<b>Amendments (Total)</b>			33		
		<b>CCCs</b>			197		
		<b>New compliance schedules</b>			5		
		<b>BCA Notices to Fix</b>			0		
ASSESSMENT TEAM							
<b>Assessment Dates:</b>		18 February 2025 to 20 February 2025					
<b>Lead Assessor:</b>		Georgina Jackson					
<b>Technical Expert:</b>		Steven Williams					
<b>Observer:</b>		N/A					
ASSESSMENT FINDINGS							
	<b>This assessment (RR):</b>		<b>Last assessment (RR):</b>				
<b>Total # of "serious" non-compliances:</b>	0		0				
<b>Total # of "general" non-compliances:</b>	16		10				
<b>Total # of non-compliances outstanding:</b>	16		10				
<b>Recommendations:</b>	20		4				
<b>Advisory notes:</b>	5		5				
<b>Date all action plans must be accepted:</b>	4 April 2025						
<b>Date all non-compliances must be cleared:</b>	6 June 2025						
NEXT ASSESSMENT							
<b>Recommended next assessment type:</b>		Routine Reassessment					
<b>Recommended next assessment month:</b>		February 2027					
IANZ REPORT PREPARATION							
<b>Prepared by:</b> Georgina Jackson	<b>Date:</b> 3 March 2025	<b>Signature:</b> 					
<b>Checked by:</b> Adrienne Woollard	<b>Date:</b> 6 March 2025	<b>Signature:</b> 					

## STEPS TO ADDRESSING NON-COMPLIANCES IDENTIFIED

### Action plans

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

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

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

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

## ABBREVIATIONS

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



- Notices to Fix were mentioned but there was no further information regarding this, such as who, what, when or why.
- The consumer information discussed a 'Stop Work Instruction'. To stop work the BCA must identify a breach of the Act, with a Notice to fix. The "stop work instruction" cannot be legally enforced and so is not appropriate.

**GNC 2 – To be resolved.**

The BCA is also recommended to revise its consumer information relating to the following:

- At a high level, how the application is assessed against the relevant Act and associated Regulations.
- The Form 6 requires that Building Consents with specified systems will require evidence of a specified systems capability, however this was not adequately indicated (as a requirement of acceptance of the application) on the relevant consumer information page.
- S112, S115, S116 and S116A as links to the Act and general MBIE guidance do not provide fully adequate information on what the BCA will require to process these types of building consents.
- Removing the disclaimer that "The information on this website is not all inclusive".

**Recommendation R1.****General Non-compliance No. 2: Action Plan accepted ☐ Cleared** select date.

<b>Breach of requirement:</b>	Regulation 7(2)(a)						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input checked="" type="checkbox"/> 5(a)	<input checked="" type="checkbox"/> 5(b)	<input type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<p>The BCA's consumer information did not fully meet requirements, as below:</p> <ul style="list-style-type: none"> <li>• Although Minor Variations were explained, there was no specific information as to what the applicant would be required to do for the BCA to agree to the change.</li> <li>• Notices to Fix were mentioned but there was no further information regarding this, such as who, what, when or why.</li> <li>• The consumer information discussed a 'Stop Work Instruction'. To stop work the BCA must identify a breach of the Act, with a Notice to fix. The "stop work instruction" cannot be legally enforced and so is not appropriate.</li> </ul>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>						Select a date	
<b>Final date evidence of implementation can be accepted from BCA:</b>						23 May 2025	
<b>PLAN OF ACTION</b> (To be provided by BCA)							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> (To be provided by BCA):							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
Date							
<b>ORG (Initials)</b>							
Date							
<b>ORG (Initials)</b>							
<b>NON COMPLIANCE CLEARED</b>							
<b>Signed:</b>				<b>Date:</b> Select a date			

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

## Regulation 7(2)(d)(iv) Processing building consent applications

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

The BCA had documented its procedure for processing building consent applications to establish whether the applications complied with the requirements of the Act, the Building Code, and any other applicable regulations under the Act specified for buildings. These were mostly appropriate, except:

- The BCA did not have documented processes for processing building consents with BuiltReady Modular Components or Codemark Product Certificate, as required.
- The BCA's procedure for processing building consent amendments was not adequately detailed. There were specific details observed in the implementation of processing amendments that were not documented in the procedure (i.e. the Naming conventions, the raising of warning memos on the parent consent and issuing of documents).

#### GNC 3 – To be resolved.

Regarding the BCA's documented processing procedure, it was found that requirements of Regulation 7(2)(d)(iv) had been addressed in GoGet but was not fully described in the BCA's Simpli QMS in Promapp. It is recommended that the BCA conducts a review to ensure all procedures are cohesive.

#### Recommendation R2.

There have been changes to acceptable solutions that had not yet been incorporated into the BCA's processing prompts in GoGet. Examples included water temperatures in G12, Smoke detection for residential houses in F7, and H1 requirements for thermally broken glazing. In addition, there were two different checklists provided for C/AS2 (including one for pre-2021), which might be confusing. The BCA is therefore recommended to review the current processing prompts in GoGet.

#### Recommendation R3.

Within sighted processing checklists, it was not always possible to assess whether something was assessed and then had been excluded intentionally or if this was missed by accident. The BCA is recommended to complete the processing checklist by identifying non-applicable items, such as using the 'N/A' on the checklist.

#### Recommendation R4.

The BCA is recommended to revise their documented procedure regarding building consents concerning the subdivision of buildings under S116A, to include relevant prompts in their GoGet system.

#### Recommendation R5.

### General Non-compliance No. 3: Action Plan accepted ☐ Cleared ☐ select date.

Breach of requirement:	Regulation 7(2)(d)(iv)						
Breach of requirement:	Regulation(s)	✓ 5(a)	✓ 5(b)	<input type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<ul style="list-style-type: none"> <li>• The BCA did not have documented processes for processing building consents with BuiltReady Modular Components or Codemark Product Certificate, as required.</li> <li>• The BCA's procedure for processing building consent amendments was not adequately detailed. There were specific details observed in the implementation of processing amendments that were not documented in the procedure (i.e. the Naming conventions, the raising of warning memos on the parent consent and issuing of documents).</li> </ul>							
<b>IMPORTANT DATES</b>							
Date this action plan was accepted by IANZ:						Select a date	
Final date evidence of implementation can be accepted from BCA:						23 May 2025	

<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>	
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>	
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>	
Date <b>ORG (Initials)</b>	
Date <b>ORG (Initials)</b>	
<b>NON COMPLIANCE CLEARED</b>	
<b>Signed:</b>	<b>Date:</b> Select a date

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

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

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

The BCA was seen to have created training material which outlined the steps taken to report on and then record lapsing building consents. This document was seen to demonstrate a particularly effective training methodology of the BCA's newest staff member, who was seen to be conducting this task.

Sighted examples of lapsed building consents were seen to have been recorded appropriately. Only one recent example of an application for an extension to the lapse date was available to view and it was found that in this example the decision, reason for decision and relevant correspondence had all been recorded appropriately.

In one example sighted, the BCA was seen to have marked a consent as 'withdrawn' in their system. The BCA cannot 'withdraw' a consent once this has been issued. In addition, correspondence regarding this action was unable to be located and the BCA did not appear to have a clear process regarding how they would manage requests to withdraw consents. As this was a one-off example and staff were able to explain that consents could not be 'withdrawn' and would still lapse as per Section 52 of the Act, this has only been raised as a recommendation that the BCA considers and documents how they would manage any requests to withdraw a consent, while ensuring that the BCA complies with Section 52.

**Recommendation R6.**

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

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

The BCA's compliance with the statutory timeframe for granting building consents within 20 working days was seen to be averaging around 99%, which was considered to be substantially compliant.

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

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



EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:	
Date ORG (Initials)	
Date ORG (Initials)	
NON COMPLIANCE CLEARED	
Signed:	Date: Select a date

Regulation 7(2)(f)(i) Application for code compliance certificates
<b>Observations and comments, including good practice and performance</b>
<p>The BCA had appropriately documented its procedure for receiving and considering applications for a Code Compliance Certificate in accordance with Regulation 7(2)(f)(i).</p> <p>In sighted examples, it was observed that CCC applications were not accepted until all "required items" had been received. This requirement was beyond the requirements of s92 of the Act and so was not appropriate. It should also be noted that S93 (4) allows for suspension of the CCC statutory clock once the application has been accepted while waiting for further reasonable information.</p> <p><b>GNC 6A – To be resolved.</b></p>

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

Breach of requirement:	Regulation 7(2)(f)(i)						
Breach of requirement:	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
FINDING DETAILS							
CCC applications were not accepted until all "required items" had been received. This requirement was beyond the requirements of s92 of the Act and so was not appropriate.							
IMPORTANT DATES							
Date this action plan was accepted by IANZ:						Select a date	
Final date evidence of implementation can be accepted from BCA:						23 May 2025	
PLAN OF ACTION (To be provided by BCA)							
PROPOSED EVIDENCE OF IMPLEMENTATION (To be provided by BCA):							
EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:							
Date ORG (Initials)							
Date ORG (Initials)							
NON COMPLIANCE CLEARED							
Signed:						Date: Select a date	

Regulation 7(2)(f)(i) Preparing, issuing and refusing to issue code compliance certificates
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Issued Code Compliance Certificates did not include appropriate wording when the building consent included specified systems and a compliance schedule. The Compliance Schedule was seen to be listed as an attachment, but the Form 7 did not indicate that the specified systems in the building were capable of performing to the performance standards set out in the building consent.

The 'Date first constructed' records on issued CCCs were not accurate, in that they were recorded as 'unknown', when the applicant had provided accurate dates of when the building had been first constructed.

#### IMPORTANT DATES

Date this action plan was accepted by IANZ:

Select a date

Final date evidence of implementation can be accepted from BCA:

23 May 2025

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

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

#### EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:

Date

ORG (Initials)

Date

ORG (Initials)

#### NON COMPLIANCE CLEARED

Signed:

Date: Select a date

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

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

The BCA had documented its procedure for making a 24-month decision on whether to issue or refuse to issue a Code Compliance Certificate where no application for Code Compliance Certificate had been received. However, the BCA's 21-month reminder letter for upcoming 24-month CCC decisions stated that "If we do not hear from you by (date), the Rangitikei District Council Building Consent Authority will decide not to issue a CCC for the building project at that time." This is not appropriate, as at that time the BCA should consider whether the building work complies with the building consent (along with the other matters set out in section 94) based on the information available to the BCA, which may have changed within this time period.

**GNC 6C – To be resolved.**

This same point was also reflected inappropriately within the BCA's documented procedure under point 1(d) of the procedure "Issue or refuse to issue code compliance certificates" which indicates that in this scenario "the outcome will be that the BCA will refuse to issue the CCC".

**GNC 6C – To be resolved.**

The BCA was seen to be appropriately monitoring their 24-month CCC decisions through generated weekly reports, as well as the BCA's weekly team meetings, to ensure these decisions were being made within the required 20 working days of the consents granted date 2-year anniversary. As the BCA had not always explicitly stated whether these CCC decisions had been made within 20 working days (for 24-month CCC decisions), the BCA is recommended to make this clearer within their monitoring records to ensure this requirement is consistently being met and to include these statistics in their CCC timeframe compliance statistics.

**Recommendation R10.**

**Regulation 7(2)(f)(ii) Compliance schedules****Observations and comments, including good practice and performance**

The BCA had appropriately documented its procedure for preparation and issuing of Compliance Schedules in accordance with Regulation 7(2)(f)(ii).

The BCA was seen to have appropriately implemented its procedure for preparation and issuing of Compliance Schedules, however the BCA is recommended to revise the process for finalising of Compliance Schedules, to ensure one of the two BCO's with technical competence has reviewed the content before it is issued.

**Recommendation R12.**

**Regulation 7(2)(f)(iii) Notices to fix****Observations and comments, including good practice and performance**

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

There were no new Notices to Fix issued for BCA matters, therefore the assessment team was not able to review the effectiveness of the implementation to the BCA's procedures.

**Regulation 7(2)(g) Customer inquiries****Observations and comments, including good practice and performance**

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

Inquiries were able to be received face to face (at the BCA's public counter), by email, by phone and through the BCA's service request system. Sighted examples were seen to have been appropriately responded to within two working days, as per the BCA's documented procedure. Appropriate records had been made to show the workflow of inquiries to relevant staff, as well as the relevant actions taken.

**Regulation 7(2)(h) Customer complaints****Observations and comments, including good practice and performance**

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

Complaints were recorded and managed through the BCA/TA Compliment and Complaint Register, held in SharePoint. Only example of a complaint against the BCA had been recorded for the period assessed. This example included good explanatory comments and was seen to have been recorded, investigated and responded to appropriately.

The BCA's documented procedure stated that 'Contractor competencies and qualifications are recorded in the BCA's skills and technical leadership matrix'. This was appropriate; however, it was found that for the BCA's processing contractor, only one staff member from the contracting organisation (who did not have evidence of competency to perform building control functions) had been recorded on the matrix.

#### IMPORTANT DATES

Date this action plan was accepted by IANZ:	Select a date
Final date evidence of implementation can be accepted from BCA:	23 May 2025

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

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

#### EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:

Date  
ORG (Initials)

Date  
ORG (Initials)

#### NON COMPLIANCE CLEARED

Signed: Date: Select a date

### Regulation 10(1) Assessing prospective employees

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

The BCA had appropriately documented its procedure for establishing the competence of a person who applied to it for employment as an employee performing building control functions in accordance with Regulation 10(1).

No new technical staff had joined the BCA since the previous assessment.

### Regulation 10(2) Assessing employees performing building control functions

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

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

All BCA technical staff had been competency assessed, and all assessments were current at the time of this assessment.

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

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



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

The BCA undertook annual training needs assessments for their employees conducting building control functions. Records of these had been appropriately maintained and captured in training plans. Considerations of training needs included those identified from competence assessments, internal audits, BCA team meetings, legislative changes and refresher training prompts.

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

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

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

The BCA's training plans had been completed for each BCA staff member conducting technical work. These included training needs identified and timeframes for training to be undertaken, together with the desired outcomes and how training was to be monitored and reviewed.

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

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

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

BCA staff training was seen to have been received as per planned timeframes.

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

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

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

Examples of evidence of the monitoring and review of the application of training were sighted and were considered to be appropriate. These included items such as quizzes, competency assessments, supervision records and examples of completed work.

The BCA is recommended to ensure that the planned method of monitoring and review is specific to the outcome desired. Where it was identified that no further monitoring or review is required, the BCA should state this (or where this is not possible, a record of the reason for the change should be recorded) as this was not very clear in some examples sighted.

**Recommendation R14.**

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

BCO's qualifications, known experience and completed training records were sighted for all employees performing a technical job. Relevant supporting documents were located within individual folders in the BCA's R Drive.

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

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

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

Continuous professional development entries were seen to be recorded within sighted training plans, with monitoring being noted as a 'general review'. Upon discussion with BCA staff, it was established that the BCA had considered these continuous professional development entries as not requiring further monitoring or review (as opposed to identified training needs, which did). The BCA is recommended to consider separating continuous professional development entries from recorded training needs, to make this clearer.

**Recommendation R15.**

### **Regulation 12(1) A system for choosing and using contractors to perform its building control functions**

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

The BCA had appropriately documented its procedure for choosing and using contractors to perform its building control functions in accordance with Regulation 12(1).

The BCA had not engaged any new contractors since the last assessment, so there was no evidence of choosing a new contractor to review.

### **Regulation 12(2)(a) Establishing contractors' competence**

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

The BCA had appropriately documented its procedure to establish contractors' competence in accordance with Regulation 12(2)(a).

The BCA had not engaged any new contractors since the last assessment; however, the BCA was seen to have obtained up to date copies of competency assessments and qualifications from their existing contractor that was conducting building control work.

### **Regulation 12(2)(b) Engaging contractors**

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

Records of the annual monitoring and review of contractors' performance against the defined standards documented in their contract (e.g. timeliness, accuracy, customer focused, complaint, value with reasons for these decisions) were not able to be located.	
<b>IMPORTANT DATES</b>	
Date this action plan was accepted by IANZ:	Select a date
Final date evidence of implementation can be accepted from BCA:	23 May 2025
<b>PLAN OF ACTION</b> (To be provided by BCA)	
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> (To be provided by BCA):	
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>	
Date ORG (Initials)	
Date ORG (Initials)	
<b>NON COMPLIANCE CLEARED</b>	
Signed:	Date: Select a date

Regulation 12(2)(f)	Annually (or more frequently) assessing contractors' competence
<b>Observations and comments, including good practice and performance</b>	
<p>The BCA documented its procedure for annually (or more frequently) assessing contractors' competence, however, the BCA's documented procedure stated, "contractors will be assessed for competency on a 2 yearly basis in accordance with Competency Assessments procedure or must provide evidence of assessment within a 24-month period since their previous assessment". This is inappropriate, as the BCA is required to undertake an annual assessment of the competency of all contractors performing building control functions.</p> <p>In addition, the BCA was not able to demonstrate that it had conducted an annual assessment of the competency of all contractors performing building control functions.</p> <p><b>GNC 11 – To be resolved.</b></p>	

**General Non-compliance No. 11: Action Plan accepted** ☐ **Cleared** select date.

Breach of requirement:	Regulation 12(2)(f)						
Breach of requirement:	Regulation(s)	✓ 5(a)	✓ 5(b)	✓ 5(c)	✓ 6(b)	✓ 6(c)	✓ 6(d)
<b>FINDING DETAILS</b>							
<p>The BCA's documented procedure stated, "contractors will be assessed for competency on a 2 yearly basis in accordance with Competency Assessments procedure or must provide evidence of assessment within a 24-month period since their previous assessment". This is inappropriate, as the BCA is required to undertake an annual assessment of the competency of all contractors performing building control functions.</p> <p>The BCA was not able to demonstrate that it had conducted an annual assessment of the competency of all contractors performing building control functions.</p>							



Other equipment had been recorded within GoGet. The BCA's documented procedure described equipment to be kept in vehicles. The BCA is required to maintain the equipment; however, it was found that the BCA's annual equipment check (found in GoGet) did not include spirit levels, which were used when conducting inspections.

**GNC 12 – To be resolved.**

In addition, the BCA's procedure stated that "The level of accuracy for moisture meter for a 18% moisture test block limits are 17-19%", however on the moisture meter calibrations result spreadsheet, the testing indicated that the result was 20% for the meters tested. The procedure also stated that "accuracy and calibration check will be carried out by an authorised agent or an accredited testing laboratory when they fall outside the tolerance", which had not occurred despite a 20% result being identified.

**GNC 12 – To be resolved.**

**General Non-compliance No. 12: Action Plan accepted** ☐ **Cleared** select date.

<b>Breach of requirement:</b>	<b>Regulation 14</b>						
<b>Breach of requirement:</b>	<b>Regulation(s)</b>	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
<p>The BCA's annual equipment check (found in GoGet) did not include spirit levels used when conducting inspections.</p> <p>The BCA's procedure stated that "The level of accuracy for moisture meter for a 18% moisture test block limits are 17-19%", however on the moisture meter calibrations result spreadsheet, the testing indicated that the result was 20% for the meters tested.</p> <p>The procedure also stated that "accuracy and calibration check will be carried out by an authorised agent or an accredited testing laboratory when they fall outside the tolerance", which had not occurred despite a 20% result being identified.</p>							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>					Select a date		
<b>Final date evidence of implementation can be accepted from BCA:</b>					23 May 2025		
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
Date							
<b>ORG (Initials)</b>							
Date							
<b>ORG (Initials)</b>							
<b>NON COMPLIANCE CLEARED</b>							
<b>Signed:</b>				<b>Date:</b> Select a date			

<b>Regulation 15(1)(a)</b>	<b>A building consent authority must record its organisational structure</b>
<b>Observations and comments, including good practice and performance</b>	

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

All required information relevant to the application was seen to be held GoGet and then automatically duplicated within the BCA's SharePoint system.

#### Regulation 16(2)(b)

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

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

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

Some consent files were found to include more than 30 individual files, where these could have been grouped for ease of navigation. The BCA is recommended to adopt a consistent naming convention and method for grouping information within building consent files, including the management and storage of files after a CCC has been issued, as it was difficult to trace specific CCC files during assessment sampling. Relating to this, the BCA may consider modifying their consumer information, so that applications are pre-prepared in a desirable format.

**Recommendation R16.**

#### Regulation 16(2)(c)

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

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

The BCA had appropriately documented its procedure for ensuring that all information relevant to an application for a building consent was stored securely in accordance with Regulation 16(2)(c).

Records were seen to be maintained through both local and external servers, with cloud-based backups in place. The council's IT team was able to explain a detailed process that applied to each of the BCA's systems and how each would be backed up.

Data was protected with measures such as access management control, authentication requirements and active monitoring of their internal network for any unusual activity. Staff received cyber security training regarding information technology security as part of their induction and ongoing training.

The BCA had also put additional measures in place such as firewalls, devices being password protected with multi-factor authentication and antivirus / anti-phishing software.

#### Regulation 17(1)

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

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

management reviews are attached to the relevant BCA meeting minutes.” While it was noted that the BCA had undertaken management reporting against its quality policy through its weekly BCA meeting, this had not been outlined in their documented procedure.

The BCA did not appear to be attaching the management reviews to the minutes as per their documented procedure.

#### IMPORTANT DATES

Date this action plan was accepted by IANZ:

Select a date

Final date evidence of implementation can be accepted from BCA:

23 May 2025

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

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

#### EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:

Date

ORG (Initials)

Date

ORG (Initials)

#### NON COMPLIANCE CLEARED

Signed:

Date: Select a date

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

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

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

The BCA maintained a continuous improvement (CI) register to manage identified opportunities for improvement. CIs were seen being raised from internal audits, contractor suggestions and staff.

The BCA's CI procedure stated that they would 'assess the seriousness of an issue or non-compliance' and 'monitor and evaluates any action implemented' as part of their continuous improvement processes, however, this had not occurred in sighted examples.

**GNC 14 – To be resolved.**

### General Non-compliance No. 14: Action Plan accepted ☐ Cleared select date.

Breach of requirement: Regulation 17(2)(e)

Breach of requirement: Regulation(s) ☐ 5(a) ☐ 5(b) ☒ 5(c) ☐ 6(b) ☐ 6(c) ☐ 6(d)

#### FINDING DETAILS

The BCA's CI procedure stated that they would 'assess the seriousness of an issue or non-compliance' and 'monitor and evaluates any action implemented' as part of their continuous improvement processes, however, this had not occurred in sighted examples.

#### IMPORTANT DATES

Date this action plan was accepted by IANZ:

Select a date



<b>IMPORTANT DATES</b>	
Date this action plan was accepted by IANZ:	Select a date
Final date evidence of implementation can be accepted from BCA:	23 May 2025
<b>PLAN OF ACTION</b> <i>(To be provided by BCA)</i>	
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> <i>(To be provided by BCA):</i>	
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>	
Date ORG (Initials)	
Date ORG (Initials)	
<b>NON COMPLIANCE CLEARED</b>	
Signed:	Date: Select a date

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

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

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

Identified conflicts of interests were recorded on a templated form. Sighted examples included appropriate consideration of the conflict of interest, with reasons for decisions, declarations of how these would be managed and any outcomes recorded.

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

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

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

The BCA used several communication methods such as face-to-face, email, team and management meetings, strategic reviews, and the council's website. Sighted continuous improvements, emails, meeting minutes, contractual arrangements and inquiries were seen to have been communicated as per the documented procedure.

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

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

The BCA had appointed a Quality Assurance Manager, named as the Group Manager Regulatory & Emergency Management, in its quality assurance system in accordance with Regulation 17(3).

For each of the required Regulation 17(5) line items, the BCA's documented procedure stated that the BCA would undertake these points "annually as part of the BCA Audit Schedule", however this was not seen to have been conducted.

**GNC 16 – To be resolved.**

Despite the above, the BCA had conducted a strategic management review report on 1 Sept 2024. The information and discussions provided were considered to address each of the required line items of Regulation 17(5). However, the BCA is recommended to specifically include prompts within the strategic management review template regarding their specific consideration of the appropriateness and effectiveness of each of the line items, to ensure that the requirements of 17(5) are consistently addressed.

**Recommendation R20.**

**General Non-compliance No. 16: Action Plan accepted ☐ Cleared ☐ select date.**

<b>Breach of requirement:</b>	Regulation 17(5)(a)						
<b>Breach of requirement:</b>	Regulation(s)	<input type="checkbox"/> 5(a)	<input type="checkbox"/> 5(b)	<input checked="" type="checkbox"/> 5(c)	<input type="checkbox"/> 6(b)	<input type="checkbox"/> 6(c)	<input type="checkbox"/> 6(d)
<b>FINDING DETAILS</b>							
For each of the required Regulation 17(5) line items, the BCA's documented procedure stated that the BCA would undertake these points "annually as part of the BCA Audit Schedule", however this was not seen to have been conducted. However, it was noted that the BCA had completed a strategic management review report.							
<b>IMPORTANT DATES</b>							
<b>Date this action plan was accepted by IANZ:</b>					Select a date		
<b>Final date evidence of implementation can be accepted from BCA:</b>					23 May 2025		
<b>PLAN OF ACTION</b> (To be provided by BCA)							
<b>PROPOSED EVIDENCE OF IMPLEMENTATION</b> (To be provided by BCA):							
<b>EVIDENCE OF IMPLEMENTATION AND ANY DISCUSSIONS:</b>							
Date							
<b>ORG (Initials)</b>							
Date							
<b>ORG (Initials)</b>							
<b>NON COMPLIANCE CLEARED</b>							
<b>Signed:</b>				<b>Date:</b> Select a date			

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

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

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

Changes in the quality assurance system were seen to be made through their strategic management review meeting, internal audits management team meetings and by utilising their continuous improvement process as documented under Regulation 17(2)(e).

## SUMMARY OF RECOMMENDATIONS

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

### It is recommended that:

- R1 Regulation 7(2)(a)** - The BCA is recommended to revise consumer information relating to the following:
- To provide a high level explanation regarding how the application is assessed against the relevant Act and associated Regulations.
  - The Form 6 requires that Building Consents with specified systems will require evidence of a specified systems capability, however this was not adequately indicated (as a requirement of acceptance of the application) on the relevant consumer information page.
  - S112, S115, S116 and S116A as links to the Act and general MBIE guidance do not provide fully adequate information on what the BCA will require to process these types of building consents.
  - Removing the disclaimer that "The information on this website is not all inclusive".
- R2 Regulation 7(2)(d)(iv)** - Regarding the BCA's documented processing procedure, it was found that requirements of Regulation 7(2)(d)(iv) had been addressed in GoGet but was not fully described in the BCA's Simpli QMS in Promapp. It is recommended that the BCA conducts a review to ensure all procedures are cohesive.
- R3 Regulation 7(2)(d)(iv)** - There have been changes to acceptable solutions that had not yet been incorporated into the BCA's processing prompts in GoGet. Examples included water temperatures in G12, Smoke detection for residential houses in F7, and H1 requirements for thermally broken glazing. In addition, there were two different checklists provided for C/AS2 (including one for pre-2021). The BCA is recommended to review the current processing prompts in GoGet regarding this.
- R4 Regulation 7(2)(d)(iv)** - Within sighted processing checklists, it was not always possible to assess whether something was assessed and then had been excluded intentionally or if this was missed by accident. The BCA is recommended to complete the processing checklist by identifying non-applicable items, such as using the 'N/A' on the checklist.
- R5 Regulation 7(2)(d)(iv)** - The BCA is recommended to revise their documented procedure regarding building consents concerning the subdivision of buildings under S116A, to include relevant prompts in their GoGet system.
- R6 Regulation 7(2)(d)(v)** - The BCA did not appear to have a clear process regarding how they would manage requests to withdraw issued consents. The BCA is recommended to consider and document how they would manage any requests to withdraw a building consent, while ensuring that the BCA complies with Section 52 of the Act.
- R7 Regulation 7(2)(e)** - The BCA is recommended to improve inspection records to include a succinct summary by routinely listing information such as the site contact, status of job, any previous inspection details and specific instructions around the next inspection
- R8 Regulation 7(2)(e)** - The BCA is recommended to include photos on site notices, to provide a more robust inspection record.
- R9 Regulation 7(2)(f)(i)** - The BCA is recommended to use language consistent with the Act in regard to CCC decision making. While the BCA had a clear process for gathering and reviewing evidence in order to issue a Code Compliance Certificate, the final statement was simply "Approve to Issue Code Compliance Certificate" when this would be more consistent with S94 of the Act by making a statement regarding being satisfied on reasonable grounds that the building work complies with the building consent.



- R10 Regulation 7(2)(f)(i)** - The BCA had not always explicitly stated within their weekly reports whether the 24-month CCC decisions had been made within 20 working days. The BCA is recommended to make this clearer within their monitoring records to ensure this requirement is consistently met and to include these statistics in their CCC timeframe compliance statistics.
- R11 Regulation 7(2)(f)(i)** - The BCA stated their decision to refuse to issue CCC within their 24-month CCC decision letters sent to customers. However, reasons for this decision were not clearly outlined within these letters. It is recommended that the BCA takes all reasonable steps to notify the building owner of its reasons to refuse to issue CCC, such as including this within their letters (while ensuring these comply with section 94).
- R12 Regulation 7(2)(f)(ii)** - The BCA is recommended to revise the process for finalising of compliance schedules, to ensure one of the two BCO's with technical competence has reviewed the content before it is issued.
- R13 Regulation 8(1)** - The BCA's documented procedure indicated that the annual planning exercise would be located in a different (but similarly located) folder to where this was actually located. The BCA is recommended to investigate this and update their storage location/procedure to align these.
- R14 Regulation 11(2)(d)** - The BCA is recommended to ensure that the planned method of monitoring and review is specific to the outcome desired. Where it was identified that no further monitoring or review is required, the BCA should state this (or where this is not possible, a record of the reason for the change should be recorded) as this was not very clear in some examples sighted.
- R15 Regulation 11(2)(g)** - The BCA is recommended to consider separating continuous professional development entries from recorded training needs in its training plans.
- R16 Regulation 16(2)(b)** - The BCA is recommended to adopt a consistent naming convention and method for grouping information within building consent files, including considering the management and storage of files after a CCC has been issued.

If the BCA chooses to define a naming convention for building consent files, it may consider modifying the consumer information to communicate the preferred format to applicants, so that applications are pre-prepared in a desirable format.

- R17 Regulation 17(2)(h)** - The BCA was seen to have last reviewed the competency of their contractor conducting internal audits for the BCA in 2023. The BCA is recommended to ensure they are consistently recording sufficient, up to date evidence to demonstrate competency of their auditor.
- R18 Regulation 17(2)(h)** - The BCA's procedure for internal auditing referred to MBIE's guidance for their framework for classifying non-compliance but it then also outlined the BCA's framework for classifying non-compliance within sighted audits. The BCA is recommended to clearly outline their framework for classifying non-compliance within their quality manual and to provide clearer definitions regarding the classifications.
- R19 Regulation 17(4)(a)** - The BCA is recommended to ensure the induction checklist is completed within an appropriately timely manner for all new staff to the BCA.
- R20 Regulation 17(5)(a)** - The BCA is recommended to specifically include prompts within the strategic management review template regarding the consideration of the appropriateness and effectiveness of each of the line items, to ensure that the requirements of 17(5) are consistently addressed.