

**ACCREDITATION**

**QUESTIONNAIRE**

FOR SPECIAL AOB ASSESSMENT

Accredited Organisation – Building

Accreditation Programme

1. General Information

Information may be provided on separate attachments as necessary.

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| * 1. Name of accredited or applicant Organisation.      * 1. **Please provide a copy of the documented management system** developed to demonstrate compliance with **Regulations 4 – 18** inclusive of the Building (Accreditation of Building Consent Authorities) Regulations 2006.   **Note:** A document cross-referencing your documentation against the Regulations is also requested.  1.3 **Please provide a copy of your organisation chart** |

1. AOB Activity

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| 2.1 Please give the approximate number of the following that have been assessed in the last 12 months:  Building Consents  Res 1 Res 2 Res 3  Com 1 Com 2 Com 3  **Note: If you use an alternate set of categories please provide the** **definitions and the number of consents in each category**  Please cross out if not applicable:  Code Compliance Certificates  New Compliance Schedules  Notices to Fix (relating to BCA issues) |

1. Staffing

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.1 Staff numbers (please record in whole or part FTEs):   |  |  | | --- | --- | | Number of Technical FTEs |  | | Number of Technical FTE vacancies |  | | Number of Administration FTEs |  | | Number of Administration FTE vacancies |  | |  |  | |

1. Contractors

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| **4.1 Please list contractors and identify what building service they provide.** |

1. Records

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| **5.1 Please provide the following records:**   * **Copy of your Skills Matrix** for all staff performing building control functions * **Copy of your quality system documentation (Quality Manual)** |

1. Covid-19 Requirements and Vaccination status

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| **6.1 Please provide to IANZ information regarding any BCA or Council Covid-19 requirements while the assessment team are at your site** |

1. Authorisation

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| 7.1 Please identify the person who completed this submission.  Name:  Title:  Signature:  Date:  Please return this submission, along with your Application for Reassessment and required documentation, using the IANZ portal, by email, or using a suitable alternative to:  International Accreditation New Zealand  Private Bag 28908, Remuera, Auckland 1541  Email: [info@ianz.govt.nz](mailto:info@ianz.govt.nz)  **Attention:** Adrienne Woollard  *Please keep at least one copy of the completed submission for your files and for reference during the assessment of your AOB.* |