**ACCREDITATION**

**QUESTIONNAIRE**

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.     1.2 **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. Organisation’s scope of work

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| 2.1 Please give the approximate number of the following that have been processed/inspected in the last 12 months:  Building Consent applications  processed  Res 1 Res 2 Res 3  Com 1 Com 2 Com 3  Building work inspected  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** |

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 to IANZ copies of your AOB Skill Matrix and competence assessments** for all staff performing building control functions (or a representative sample of competence assessments where you have greater than 10 staff members performing building control functions)  Note  **Your assessment confirmation letter will also specify a number of records that you will be required to have available at the time of the entry meeting and at all times during the assessment.** |

6. 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** |

7. Authorisation

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| 7.1 Please identify the person who completed this submission.  Name:  Title:  Signature:  Date:  Please attach this submission to your Application for Reassessment and return both to:    International Accreditation New Zealand  **Mail:** Private Bag 28908, Remuera, Auckland 1541  **Physical:** Building 7, Central Park, 660-670 Great South Road, Ellerslie, Auckland 1051  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 organisation.* |