



Kaipara te Oranganui

**KAIPARA
DISTRICT**

Two Oceans Two Harbours

Audit, Risk, and Finance Committee Open Meeting Agenda

Date: Thursday 10 December 2020
Time: 10.00 am
Location: Mangawhai Meeting Room
Kaipara District Council Offices
The Hub, 6/6 Molesworth Drive
Mangawhai

Committee members: Stana Pezic (Chair)
Councillor Peter Wethey (Deputy Chair)
Deputy Mayor Anna Curnow
Councillor Jonathan Larsen
Councillor David Wills
Councillor Eryn Wilson-Collins

*For any queries regarding this meeting please contact
the Kaipara District Council on (09) 439 7059*

Thursday, 10 December, 2020

10:00 am

KDC Mangawhai Office

The Hub

6/6 Molesworth Drive

Mangawhai

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8. Closure

Confirmation of previous Minutes

Recommendation/Ngā tūtohunga

That the Audit, Finance, and Risk Committee:

- a) Confirms the Ordinary Meeting Minutes of 10 September 2020 as a true and accurate record.
- b) Confirms the Extraordinary Meeting Minutes of 27 November 2020 as a true and accurate record.

Minutes of the Ordinary meeting of the Audit, Risk and Finance Committee

Date: 10 September 2020
Time: 10:04 a.m. – 1:07 p.m.
Location: KDC Mangawhai Office
The Hub
6/6 Molesworth Drive
Mangawhai

Members present: Stana Pezic (Independent Chair)
Councillor Peter Wethey (Deputy Chair)
Deputy Mayor Anna Curnow
Councillor Jonathan Larsen
Councillor David Wills
His Worship the Mayor Jason Smith
Apology: Councillor Eryn Wilson-Collins
Non-member present: Councillor Victoria del la Varis-Woodcock (via audio link, items 1—5.4)

1. Opening

1.1 Karakia

Mayor Smith opened the meeting with a karakia.

1.2 Apologies

Moved: Mayor Smith

Seconded: Deputy Mayor Curnow

That the apology of Cr Wilson-Collins be received.

Carried

1.3 Confirmation of agenda

Moved: Deputy Mayor Curnow

Seconded: Mayor Smith

That the agenda for the 10 September 2020 meeting be confirmed, noting the change of order of business (item 5.4 to be taken between sections 2 and 3 to accommodate the presenters).

Carried

1.4 Conflict of interest declaration

Nil.

2. Confirmation of minutes

2.1 Confirmation of open committee meeting minutes 11 June 2020

Moved: Cr Wethey

Seconded: Cr Wills

That the Audit, Risk and Finance Committee:

- a) Confirms that the open minutes of the Audit, Risk and Finance Committee meeting held 11 June 2020 are a true and correct record.

Carried

5.4 Annual Report 30 June 2020 – Recommendation to Council to Adopt

[Secretarial note: Item 5.4 was taken out of order with the Chair's approval and noted during the confirmation of agenda. Bryce Henderson and Vera Chian of Deloitte, Council's appointed auditor, attended the meeting via audio visual link.]

Moved: Cr Wethey

Seconded: Mayor Smith

That the Audit, Risk and Finance Committee:

- a) Notes Deloitte's draft report to the Audit, Risk and Finance Committee for year ended 30 June 2020 (Attachment A of the report).
- b) Notes the Draft 2019/2020 Annual Report (Attachment B of the report) and that further changes will be made before it is recommended to Council for adoption.

Carried

[Secretarial note: The Committee requested that an extraordinary meeting be held to review the final draft of the 2019/2020 Annual Report before adoption by Council.]

The Committee held a session with members and auditors only – the staff left the room for this section of the meeting, including the minute-taker.]

Cr del la Varis-Woodcock left the meeting (via audio link) at 10:36 a.m.

3. Audit

3.1 Land Information Memorandum (LIM) Audit

Moved: Cr Wills

Seconded: Cr Larsen

That the Audit, Risk and Finance Committee:

- a) Notes the Land Information Memorandum (LIM) Audit report prepared by Paua Planning dated 19 June 2020 (Attachment A to the report).

Carried

3.2 Recognised Agency Assessment Report – Food Health

Moved: Mayor Smith

Seconded: Cr Wethey

That the Audit, Risk and Finance Committee:

- a. Notes the Recognised Agency Surveillance Audit Report from IANZ.

Carried

[Secretarial note: The Committee congratulated the staff on outstanding work.]

3.3 Resolution of past audit recommendations

Moved: Cr Wethey

Seconded: Deputy Mayor Curnow

That the Audit, Risk and Finance Committee:

- a) Notes the resolution of past audit recommendations report and attachments.

Carried

4. Risk

4.1 Legal compliance update

Moved: Deputy Mayor Curnow

Seconded: Cr Larsen

That the Audit, Risk and Finance Committee:

- a) Notes the legal compliance update report.

Carried

4.2 Legislative Compliance - Awareness of Obligations

Moved: Cr Wethey

Seconded: Deputy Mayor Curnow

That the Audit, Risk and Finance Committee:

- a) Notes the 'Legislative changes relevant or potentially relevant to Kaipara District Council 1 April 2019 – 31 March 2020' (Attachment A to the report).
- b) Notes the Awareness of Obligations and Endeavour to Meet Statement (Attachment B to the report).

Carried

4.3 Whistleblowing and Fraud Policies review

Moved: Deputy Mayor Curnow

Seconded: Cr Wethey

That the Audit, Risk and Finance Committee:

- a) Recommends to Kaipara District Council to approve the amended Whistleblowing Policy and Fraud Policy (Attachment A and B to the report) and to engage PriceWaterhouseCoopers as the new whistleblower service provider.

Carried

4.4 Policy Register review programme update

Moved: Mayor Smith

Seconded: Deputy Mayor Curnow

That the Audit, Risk and Finance Committee:

- a) Notes the update on the Council adopted external policy register and the Executive approved internal policy register.

Carried

4.5 Health and safety update

Moved: Mayor Smith

Seconded: Deputy Mayor Curnow

That the Audit, Risk and Finance Committee:

- a) Notes the health and safety update for March to June 2020.

Carried

Meeting adjourned for lunch at 11:59 a.m.

Meeting reconvened at 12:30 p.m.

5. Finance

5.1 Quarterly finance report

Moved: Cr Wethey

Seconded: Mayor Smith

That the Audit, Risk and Finance Committee:

- a) Notes the quarterly finance report at 31 July 2020.

Carried

5.2 Te Tai Tokerau Worker Redeployment Package progress update

Moved: Mayor Smith

Seconded: Cr Wethey

That the Audit, Risk and Finance Committee:

- a) Notes the Te Tai Tokerau Worker Redeployment Package progress update report.

Carried

5.3 Treasury management report

Moved: Cr Wills

Seconded: Deputy Mayor Curnow

That the Audit, Risk and Finance Committee:

- a) Notes the treasury management report for July 2020.

Carried

6. Recommendation to move into public excluded session

Moved: Deputy Mayor Curnow

Seconded: Mayor Smith

a) That the following items are considered with the public excluded:

Item	Grounds for excluding the public
Confirmation of public excluded committee minutes 11 June 2020	To protect the privacy of natural persons, including that of deceased natural persons (LGOIMA s7(2)(a)), to avoid prejudice to measures protecting the health or safety of members of the public(LGOIMA s7(2)(d)), to enable any local authority holding the information to carry out, without prejudice or disadvantage, commercial activities (LGOIMA s7(2)(h)) and to enable any local authority holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) (LGOIMA s7(2)(i))
Contract monitoring and reporting	To enable any local authority holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) (LGOIMA s7(2)(i))
Insurance renewal update	To enable any local authority holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) (LGOIMA s7(2)(i))

Carried

7. Public excluded

Meeting went into public excluded session at 12:49 p.m.

Meeting returned to open session at 1:07 p.m.

In the public excluded session, the Audit, Risk and Finance Committee resolved to make the following decisions publicly available after the meeting:

<p>7.1 Confirmation public excluded committee meeting minutes 11 June 2020 Moved: Cr Wethey Seconded: Cr Larsen That the Audit, Risk and Finance Committee: a) Confirms that the public excluded minutes of the Audit, Risk and Finance Committee meeting held 11 June 2020 are a true and correct record. b) Agrees that this decision will be published in the open minutes of this meeting.</p>	<p>Carried</p>
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7.2 Contract monitoring and reporting

Moved: Deputy Mayor Curnow

Seconded: Mayor Smith

That the Audit, Risk and Finance Committee:

- a) Notes the contract monitoring report for period ending June 2020, for the following contracts:
 - CON860 Maintenance of Parks, Reserves, Cemeteries, Public Toilets, Buildings and Dargaville Gardens
 - CON888 Roding Network Maintenance
 - CON798 3 Waters Operations and Maintenance
 - CON706 Solid Waste.
- b) Agrees that this decision be published in the open minutes of this meeting, and that the report will remain confidential due to the commercially sensitive information contained within the report.

Carried

7.3 Insurance renewal update

Moved: Cr Wetthey

Seconded: Deputy Mayor Curnow

That the Audit, Risk and Finance Committee:

- a) Notes that work is underway in preparation for the renewal of Council's insurance arrangements for 2020/2021 and in particular a review of the need for underground infrastructure insurance cover.
- b) Agrees that this decision be published in the open minutes of this meeting, and that the report will remain confidential due to the commercially sensitive information contained within the report.

Carried

[Secretarial note: This item is in regards to the preparation of the 2020/2021 insurance arrangements and not 2019/2020 as stated in the executive summary of the report.]

7.4 Recommendation to return to open session

Moved: Mayor Smith

Seconded: Cr Wills

That the Audit, Risk and Finance Committee:

- a) Returns to open session of the meeting.
- b) Notes that all decisions and reports that were resolved to be made publicly available during the public excluded session will be included in the open minutes of this meeting and published on the Kaipara District Council website.

Carried

8. Closure

8.1 Karakia

Mayor Smith closed the meeting with a karakia.

Meeting closed at 1:07 p.m.

Kaipara District Council

Unconfirmed

**Minutes of the Extraordinary Meeting of the
Audit, Risk, and Finance Committee**

Date: Friday 27 November 2020
Time: 12.48 pm – 1.22 pm
Location: Via Webex and Broadcast live on Facebook

Members Present: Stana Pezic (**Independent Chair**)
Councillor Peter Wethey (**Deputy Chair**)
Councillor Jonathan Larsen
Councillor Eryn Wilson-Collins
Deputy Mayor Anna Curnow
Mayor Dr Jason Smith

Apologies: Councillor David Wills

1. Opening

1.1 Karakia

Mayor Smith opened the Meeting with a Karakia.

1.2 Apologies

Moved: S Pezic

Seconded: Deputy Mayor Curnow

That the Audit, Risk, and Finance Committee:

- a) Accepts the apology of Councillor David Wills.

Carried

1.3 Confirmation of agenda

Moved: S Pezic

Seconded: Cr Wilson-Collins

That the Audit, Risk, and Finance Committee:

- a) Confirms the Extraordinary agenda for the meeting held 27 November 2020.

Carried

1.4 Conflict of interest declaration

Nil

2. Audit Management Report year ended 30 June 2020

Moved: Cr Wethey

Seconded: Deputy Mayor Curnow

That the Audit, Risk and Finance Committee:

- a) Notes the Audit Management Report and Deloitte's Report to Management year ended 30 June 2020 dated 20 November 2020, circulated as Attachment A.

Carried

3. Annual Report 30 June 2020 – Recommendation to Council to Adopt

Moved: Cr Wethey

Seconded: Deputy Mayor Curnow

That the Audit, Risk and Finance Committee:

- a) Recommends to Council the adoption of the 2019/2020 Annual Report incorporating feedback and corrections (Attachment A of the report).

Carried

4. Closure

4.1 Karakia

Mayor Smith closed the Meeting with a Karakia.

The meeting closed at 1.22 pm.

Monitoring Report – Territorial Authority

Building Control Functions

Meeting: Audit, Risk and Finance Committee
Date of meeting: 10 December 2020
Reporting officer: Neil Donnellan, Building Services Manager

Purpose/Ngā whāinga

To report on the Performance Monitoring Assessment of Kaipara District Council's Territorial Authority Building Control Functions undertaken in September 2020 by the Ministry of Building Innovation and Employment and the actions which are now being initiated in response.

Executive summary/Whakarāpopototanga

The outcome of the performance monitoring assessment confirmed KDC have a number of sound systems in place, and MBIE have made a number of recommendations to meet expectations where proper performance of TA functions are performing well much like BCA functions.

Recommendation/Ngā tūtohunga

That the Audit, Risk and Finance Committee:

- a) Notes the MBIE performance monitoring assessment of Kaipara District Council's territorial authority functions.

Context/Horopaki

The Ministry of Business, Innovation and Employment's (MBIE's) Compliance and Assurance (C&A) team have completed a performance monitoring assessment of Kaipara District Council's (KDC) territorial authority (TA) functions. Performance monitoring assessments are carried out under s204 of the Building Act 2004. It has been 12 years since KDC has had an assessment completed.

Discussion/Ngā kōrerorero

The performance monitoring assessment has covered the following TA functions:

- Means of restricting access to residential pools
- Compliance schedules
- Building warrants of fitness.

The assessment looks into four areas of each of the functions:

1. Policies, procedures and systems
2. Forms, public information and education
3. Staff, resource and training
4. Performance of functions.

Failure to meet one or more of the above indicators does not mean a council is failing to perform its functions, duties and powers under the Act.

Key recommendations include;

Recommendation	Status
Improvements to KDC's how to guides on of restricting access to residential pools	Action completed
Improvements to KDC's public information available on its website to make information more easily accessible	Action completed
A strong recommendation for additional full-time equivalent (FTE) resource for carrying out pool barrier inspections ensure all pool barriers are inspected during each 3-year cycle, as well as functions relating to compliance schedules and building warrant of fitness'	Completed recruitment of an additional role has been filled
A review of existing compliance schedules to improve accuracy, ensuring they comply with the Building (Amendment) Act 2012.	Work in progress

Actions completed are being forwarded to MBIE for their review and any further feedback. The process is expected to be completed by year end.

Policy and planning implications

This monitoring assessment is completed every two years by MBIE.

Financial implications

No significant financial implications. All improvements are carried out as part of BAU. The additional FTE was already held as a vacancy within the building services team.

Risks and mitigations

This assessment aids in mitigating risks in the future, to ensure Council's Territorial Authority building control functions comply. This report provides evidence of the maturity of council systems and processes for managing TA building control functions. It shows Kaipara's TA building control functions have been independently assessed and highlights areas where council are performing well and where improvements can be made. This helps to build the reputation of the Kaipara District Council staff and Elected Members amongst domestic, commercial and industrial building owners, architects and builders in the district.

Significance and engagement/Hirahira me ngā whakapāpā

The decisions or matters of this report do not trigger the significance criteria outlined in Council's Significance and Engagement Policy, and the public will be informed via agenda on the website.

Next steps/E whaiake nei

Council continue to implement improvements as advised by the report.

Attachments/Ngā tapiritanga

	Title
A	Monitoring Report – Territorial Authority Building Control Functions

Kaipara District Council

Monitoring Report - Territorial Authority Building Control Functions

Overview

The assessment approach

The Ministry of Business, Innovation and Employment's (MBIE's) Compliance and Assurance (C&A) team carried out a performance monitoring assessment of Kaipara District Council (KDC) in September 2020.

Performance monitoring assessments are carried out under s204 of the Building Act 2004 (the Act) and are one of several methods we use to meet the objectives of our building consent authority (BCA)/territorial authority (TA) compliance strategy. Performance monitoring allows us to gain a better picture of the existence and maturity of council systems and processes for managing TA building control functions.

The assessment looked at the performance of KDC's TA functions relating to:

- Compliance schedules and building warrants of fitness (BWOFs); and
- Means of restricting access to residential pools.

In order to get an overall view of how KDC is carrying out the above functions, the C&A team assessed the council against performance indicators within the following four focus areas¹:

1. Policies, procedures and systems
2. Forms, public information and education
3. Staff, resource and training
4. Performance of functions i.e. the practice of carrying out each function.

The assessment was conducted as a **desktop assessment** which involved the assessment of KDC's documentation, forms and online material.

This document details the findings from the assessment.

Assessment results

The results of the assessment are formed by comparing the council's performance of a function against a series of performance indicators. The primary benefit of assessing councils against these performance indicators is that it highlights where council are performing well and where improvements can be made. However, it has the added benefit of ensuring:

- each council is assessed in the same way
- easy data analysis and comparison between councils
- an incentive is created for councils to improve their performance with easy identification of where to improve.

It is important to note that failure to meet one or more of the indicators does not mean a council is failing to perform its functions, duties and powers under the Act.

The C&A team will follow-up on the council's progress towards addressing the recommendations made in this report within 3 months.

¹ See Appendix one

About Kaipara

The Kaipara district is a region of approximately 24,000 people, covering an area of 3,117 km². The region is located in the upper North Island and is bordered by Far North District Council to the north, Whangarei District Council to the east and Auckland Council to the south.

Kaipara District Council – Assessment statistics*

	Subject	Period/total	Total
	Compliance schedules and BWoFs		
1	Buildings with a compliance schedule	As at 1 May 2020	235
2	Buildings with a BWoF	As at 1 May 2020	193
3	Number of applications to amend a compliance schedule received (not captured by building consent process)	1 May 2017 to 1 May 2020	7
4	Number compliance schedules amended as a result of applications received (not captured by building consent process)	1 May 2017 to 1 May 2020	7
5	BWoF audits carried out	1 May 2017 to 1 May 2020	24
6	Notices to fix (NTF) issued	1 May 2017 to 1 May 2020	3
7	Infringement notices issued	1 May 2017 to 1 May 2020	0
	Means of restricting access to residential pools		
8	Number of residential pools (subject to means of restricting access requirements) on TA's register/records subject to s162D inspections	As at 1 May 2020	470
9	On-site pool barrier inspections carried out under s162D by TA (excl re-inspections)	1 May 2017 to 1 May 2020	76
10	On-site pool barrier inspections carried out under s162D by independent qualified pool inspectors (IQPIs)	1 May 2017 to 1 May 2020	0
11	Number certificates of periodic inspection received from IQPIs	1 May 2017 to 1 May 2020	0
12	Waivers and/or modifications issued under s67A	1 May 2017 to 1 May 2020	0
13	NTFs re pool barriers issued for breaches of the means of restricting access requirements	1 May 2017 to 1 May 2020	0
14	Infringement notices issued for breaches of the means of restricting access requirements	1 May 2017 to 1 May 2020	0

**As supplied by Kaipara District Council*

Findings

Summary

Overall strengths

- KDC have an audit/inspection check sheet for conducting pool barrier inspections which covers all aspects required to confirm compliance with s162C or 450B of the Act.
- KDC has public information on pool barrier requirements for pool owners which provides links to MBIE's guidance.
- KDC has audit/inspection check sheet for conducting BWoF inspections which covers the key checks MBIE would expect to take place during an audit.
- KDC has public information on BWoF and compliance schedule requirements which is easy to locate.

Overall areas for improvement

- KDC should consider reviewing and rewriting their policy and procedure document for administering the means of restricting access to residential pools' requirements. The policy should have high-level objectives followed by a series of procedures for performing the functions. There are also a number of additional aspects that should be covered by this document (see the 'policy, procedure and systems' section on pages 5 and 6).
- Ensure public information on pool barriers is easy to locate and legislatively correct, up to date and covers off the key 'new' provisions. (See PI2-5)
- KDC have only carried out 76 pool barrier inspections (out of 470) in the last 3 years. It is a statutory requirement that TAs ensure inspections of pool barriers are carried out at least once every 3 years. This has not happened, which is a serious concern.
- It is strongly recommended that more full-time equivalent (FTE) resource be employed/assigned to carrying out pool barrier inspections in order to complete the remaining inspections and ensure all pool barriers are inspected during each 3-year cycle.
- KDC's 'how to guide' for compliance schedule and BWoF matters is limited to providing general guidance about these functions and would not be seen as a policy or procedure document. KDC should document and adopt a policy and procedure document for administering the compliance schedule and BWoF requirements. The policy should have high-level objectives followed by a series of procedures for performing the functions. (See the 'policy, procedure and systems' section on pages 14-16).
- The compliance schedules reviewed as part of the assessment did not comply with the Building (Amendment) Act 2012, lacked sufficient information and in many cases were not building-specific enough.
- Ensure prescribed forms received from external parties comply with legislation and ensure council staff request any non-compliance to be corrected.
- Ensure sufficient staff resource to carry out functions in relation to compliance schedules and BWoFs. KDC has a ratio of 2350 compliance schedule per FTE which is very high. Over the last 3 years, KDC have only carried out 24 BWoF audits, which equates to about 3.4% of buildings per year.
- KDC could not advise how many of their compliance schedules need to be amended to comply with the Building Amendment Act 2012. 100% of compliance schedules were required to be updated to comply by 31 March 2013. MBIE recommends KDC do a scoping exercise to establish exactly how many of its 235 compliance schedules need to be amended and ensure this takes place immediately.

Building Consent Authority IANZ Accreditation Assessment Report 2020

Meeting: Audit, Risk and Finance Committee
Date of meeting: 10 December 2020
Reporting officer: Neil Donnellan, Building Services Manager

Purpose/Ngā whāinga

To have confidence that the Kaipara District Council Building Consent Authority (BCA) team continues to meet its statutory obligations under the Building Act 2004 (Act) and meets the performance requirements as an authority to perform building control functions under the Act.

Executive summary/Whakarāpopototanga

The successful outcome of the accreditation assessment audit report by the International Accreditation New Zealand (IANZ) confirms that the Kaipara District Council Building Consent Authority (BCA) team continues to meet the requirements of an authority to perform building control functions under the Act.

Recommendation/Ngā tūtohunga

That Audit, Risk and Finance Committee:

- a) Notes the BCA Accreditation Assessment Audit Report from IANZ.

Context/Horopaki

This report is to inform the Audit, Risk and Finance Committee of the outcome of the accreditation assessment audit conducted by IANZ of KDC's BCA Quality Management System (QMS) undertaken between the 7th and 11th September 2020. This information is provided in order that the committee is aware of the performance of our building consent team and give Council the confidence that the Kaipara BCA is meeting its statutory obligations and is recognised for its exemplary practice and service delivery.

The following is an extract from the IANZ auditor recognising the BCA for its efforts;

".....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 continued to have a strong commitment towards implementing their Quality System....."

At the exit meeting the lead auditor stated the following in the presence of the Building team:

"....the BCA team have the making of a 'Superior' team..."

The IANZ report is attached as Attachment A.

Discussion/Ngā kōrerorero

After more than the 250 items being reviewed, the BCA received no SNC's (serious non-compliance) and only 17 GNC's ('general non-compliance') 4 of which were resolved during the audit. Another 7 have been resolved already and evidence of this has been sent to IANZ. The remaining GNC's are near completion and require training of team members and several examples of evidence to be provided to IANZ for clearance.

The dates specified by IANZ are:

1. A Plan of action to clear the non-compliance to be sent to IANZ by 21st October 2020. The BCA has already formulated and forwarded the GNC clearance plan.
2. All non-compliances must be addressed by 21st December 2020. The BCA is expecting to clear all GNC's within this timeframe.

The report covers the areas assessed.

Policy and planning implications

This is a statutory assessment which is completed every two years.

Financial implications

The associated financial implications, IANZ fees, are estimated to be approximately \$23,000.

Risks and mitigations

This assessment aids in mitigating risks in the future, to ensure Council's building control functions comply. This report provides evidence for a good news story that shows Kaipara's BCA has been externally audited and continues to be trusted as a professional body. This helps to build the reputation of the Kaipara District Council staff and Elected Members amongst domestic, commercial and industrial building owners, architects and builders in the district.

Significance and engagement/Hirahira me ngā whakapāpā

The decisions or matters of this report do not trigger the significance criteria outlined in council's Significance and Engagement Policy, and the public will be informed via agenda on the website.

Next steps/E whaiake nei

The BCA obtains clearance by IANZ on all GNC's within the given timeframe.

Attachments/Ngā tapiritanga

	Title
A	IANZ Building Consent Authority Accreditation Assessment Report



The NZ mark of competence
Tohu Matatau Aotearoa

BUILDING CONSENT AUTHORITY ACCREDITATION ASSESSMENT REPORT

Kaipara District Council

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INTRODUCTION

This report relates to the accreditation assessment of the Kaipara District Council Building Consent Authority (BCA) which took place during 7 to 10 September 2020 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 misrepresents the content within. It may also be released under the Local Government Meetings and Official Information Act 1987 consistent with any ground for withholding that might be applicable.

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 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.

Addressing non-compliances identified during the assessment

Action Plan: Your non-compliances with the Regulations have been summarised and recorded in detail in this report. Please complete the Record of Non-compliance table/s detailing your proposed corrective actions and the evidence that will be provided, and forward a copy to IANZ. This plan of action must be provided to IANZ by 21/10/2020. for IANZ review and acceptance.

Evidence of addressing non-compliances: Evidence, as described in your action plan, must be supplied to IANZ to demonstrate that you have addressed your non-compliances. All non-compliances must be finally addressed and cleared by 21/12/2020. To maintain accreditation you must provide evidence of the actions taken to clear non-compliance to IANZ within the required timeframe. Please allow at least 10 working days for IANZ to respond to any submitted material and allow sufficient time after submission of your evidence in case further evidence is required.

If you do not agree with the non-compliances identified, or 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. These will only be granted for unpredictable and unmanageable reasons.

If you have a complaint about the assessment process, please refer the BCA Accreditation disagreements guidance which can be found [here](#).

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 continued to have a strong commitment towards implementing their Quality System.

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 September 2022. You will be formally notified of your next assessment six weeks prior to its planned date.

ASSESSMENT SUMMARY

ORGANISATION DETAILS																																			
Organisation:		Kaipara District Council Building Consent Authority																																	
Address for service:		PO Box 224 Mangawhai 0540 New Zealand																																	
Client Number:	7457	Accreditation Number:	46																																
Chief Executive:		Louise Miller																																	
Chief Executive Contact Details:		lmiller@kaipara.govt.nz																																	
BCA Responsible Manager:		Neil Donnellan																																	
BCA Responsible Manager Contact Details:		ndonnellan@kaipara.govt.nz																																	
BCA Authorised Representative:		Sue Davidson																																	
BCA Authorised Representative Contact Details:		sdavidson@kaipara.govt.nz																																	
BCA Quality Manager:		Alistair Dunlop																																	
BCA Quality Manager Contact Details:		adunlop@kaipara.govt.nz																																	
Number of BCA FTEs	Technical	9	Admin support	6																															
Total FTEs should = technical FTEs + admin FTEs + vacancies	Vacancies (Technical)	2	Vacancies (Admin)	0																															
BCA Activity during the previous 12 months		Building Consents <table border="1"> <tr> <td>R1</td> <td>392</td> <td>R2</td> <td>210</td> <td>R3</td> <td>30</td> </tr> <tr> <td>C1</td> <td>7</td> <td>C2</td> <td>4</td> <td>C3</td> <td>0</td> </tr> <tr> <td colspan="4">CCCs</td> <td colspan="2">186</td> </tr> <tr> <td colspan="4">New compliance schedules</td> <td colspan="2">15</td> </tr> <tr> <td colspan="4">BCA Notices to Fix</td> <td colspan="2">2</td> </tr> </table>				R1	392	R2	210	R3	30	C1	7	C2	4	C3	0	CCCs				186		New compliance schedules				15		BCA Notices to Fix				2	
R1	392	R2	210	R3	30																														
C1	7	C2	4	C3	0																														
CCCs				186																															
New compliance schedules				15																															
BCA Notices to Fix				2																															
ASSESSMENT TEAM																																			
Assessment Date:		7 September 2020 to 10 September 2020																																	
Lead Assessor:		Carolyn Osborne																																	
Lead Assessor Contact Details:		cosborne@ianz.govt.nz																																	
Technical Experts:		John Tait																																	
MBIE observer/s:		Mike Reedy, Gary Higham																																	
ASSESSMENT FINDINGS																																			
		This assessment:		Last assessment:																															
Total # of "serious" non-compliances:		0		0																															
Total # of "general" non-compliances:		17		15																															
Total # of non-compliances outstanding:		14		-																															
Recommendations:		0		0																															
Advisory notes:		2		1																															
Date clearance plan required from BCA:		21 October 2020																																	
Date non-compliances must cleared:		21 December 2020																																	
NEXT ASSESSMENT																																			
Recommended next assessment type:		Full assessment																																	
Recommended next assessment date:		September 2022																																	
IANZ REPORT PREPARATION																																			
Prepared by: Carolyn Osborne		Signature: 																																	
Checked by: Adrienne Woollard		Signature: 																																	
IANZ Report Preparation Date:		17 September 2020																																	

ASSESSMENT OBSERVATIONS

REGULATION 6A NOTIFICATION REQUIREMENTS

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

REGULATION 7 PERFORMING BUILDING CONTROL FUNCTIONS

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

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 1 Resolved during assessment.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Procedures addressed most requirements.</p> <p>Public Information where it addressed the application process did not discuss method of fee and levy payment for consents, inspections and Code Compliance Certificates. GNC 1. Resolved during assessment.</p> <p>Public Information where they discussed when to apply for a CCC incorrectly required at 24 months that " Your consented building work should be completed within 2 years of the date consent was granted "GNC 1. Resolved during assessment.</p> <p>Public Information did not discuss required content and detail required of plans, and supporting material. GNC 1. Resolved during assessment.</p> <p>Public Information where it addressed the CCC process did not discuss method of fee and levy payment for consents, inspections and Code Compliance Certificates. GNC 1. Resolved during assessment.</p>	

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

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 2. Resolved during assessment.
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	1
Advisory note number/s:	A1
Observations and comments, including good practice and performance	
<p>7(2)(b) Receiving Procedures addressed requirements and were effectively implemented.</p> <p>7(2)(c) Checking for completeness Procedures did not describe what happens if the application is not complete (e.g. reject and or return) GNC 2. Resolved during assessment. Procedures were implemented.</p> <p>The BCA is advised (A1) to consider ensuring the BCA does not accept applications that are incomplete.</p> <p>7(2)(d) (i) Lodging Procedures addressed requirements and were effectively implemented</p>	

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

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

Regulation 7(2)(d)(iv): processing building consent applications and Regulation 7(2)(e): planning inspections

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 3. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>7(2)(d)(iv) Processing Procedures addressed requirements.</p> <p>Implementation of the procedure for managing receipt of RFI was not consistent. Specifically the BCA was not always backdating the statutory clock and was not always aware when to restart/not restart the clock. GNC 3. To be resolved.</p> <p>Implementation was not appropriate where the BCA was not recording consideration of Specified Systems, Performance Standards and Inspection Maintenance and Reporting information during processing. GNC 3. To be resolved.</p> <p>7(2)(e) Planning Site Inspections Procedures addressed requirements and were effectively implemented. Site inspections were determined during processing.</p>	

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. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Compliance with Form 5 Procedures addressed requirements.</p> <p>Implementation was not effective when issuing a building consent (Form 5) for a new construction or an alteration to an existing building with specified systems that must be covered by the Compliance Schedule. Specifically, the BCA was not attaching a Draft Compliance Schedule to the Form 5 listing the specified systems and their performance standards as per the BCA procedure. GNC 4. To be resolved.</p> <p>Lapsing Procedures addressed requirements and were effectively implemented.</p> <p>Compliance with statutory timeframes Procedures addressed requirements. The BCA had been mostly compliant with the statutory clock for granting consents in all the previous 24 months. The BCA was investigating recording and resolving any exceptions to compliance.</p>	

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Inspections were planned as part of processing. Procedures addressed requirements. Implementation of procedures onsite was not fully reviewed due to COVID-19 restrictions. Records of site inspections were reviewed and deemed appropriate.</p>	

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 5. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
<p>Application for a code compliance certificate Procedures addressed requirements and were effectively implemented.</p> <p>Code compliance certificates Procedures addressed requirements. Implementation was not effective where the BCA was issuing CCCs without receiving Fire Alarm Installation Certificates from an accredited Inspection Body. GNC 5. To be resolved</p> <p>24 month CCC decision Procedures addressed requirements and were effectively implemented. There were a few (21) historic consents in the BCA system where the BCA was required to make a decision to issue/not issue CCC at 24 months as there had been no application for CCC, but where the BCA was yet to make this decision. The BCA was actively managing those few.</p> <p>Compliance with statutory timeframes Procedures addressed requirements. Implementation was not effective where the BCA was not initiating the clock when there was a complete application but there had been no final inspection. GNC 5. To be resolved.</p> <p>Implementation of procedures to establish compliance with the statutory clock was not reliable because of the previous finding. Therefore the Assessors were not able to determine compliance with this requirement. GNC 5. To be resolved.</p> <p>Compliance schedules Procedures addressed requirements. Implementation was not effective where the BCA was issuing Compliance Schedules with incorrect and non-specific Performance Standards. GNC 5. To be resolved</p> <p>Notices to fix Procedures did not address the requirement to issue a NTF to the specified person. GNC 5. Resolved during assessment.</p> <p>Procedures did not address the requirement to notify another responsible authority of the potential need for a NTF. GNC 5. Resolved during assessment.</p> <p>The BCA had not issued any NTF for Building Control Functions since their last assessment.</p>	

Regulation 7(2)(g): customer inquiries

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

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	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

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

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

REGULATION 9 ALLOCATING WORK

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

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

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNCs 6, 7, 8, 9, 10, 11. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements.	
Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(a-f) in the Site Inspector Competency Assessments. GNCs 6, 7, 8, 9, 10, 11. To be resolved.	

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	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNCs 12, 13. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
11(2)(a) Training Needs Assessments Procedures addressed requirements. Implementation was not effective where the BCA had not undertaken annual training needs assessment of all employees performing a building control function by doing a technical job since July 2018. GNC 12. To be resolved.	
11(2)(b) Training Plans Procedures addressed most requirements. Procedures and implementation were not effective where the Training Plans did not specify the outcome desired from any training. GNC 13. To be resolved.	

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	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented.	

REGULATION 12(1) and (2)(a) to (f) CHOOSING AND USING CONTRACTORS

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

REGULATION 13(a) and (b) ENSURING TECHNICAL LEADERSHIP

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and were effectively implemented. The BCA was currently contracting the services of Technical Leadership from an external contractor.	

REGULATION 14 ENSURING NECESSARY (TECHNICAL) RESOURCES

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

REGULATION 15(1)(a) and (b) and (2): KEEPING ORGANISATIONAL RECORDS

Non-compliance? Y/N	Yes
Non-compliance number/s:	GNC 14. Resolved during assessment
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements. Implementation was mostly effective.	
<p>Implementation was not effective where the BCA had not recorded/delegated the power to implement s133 AT of the Building Act. GNC 14. Resolved during assessment.</p>	

REGULATION 16(1) and (2)(a) to (c): FILING APPLICATIONS FOR BUILDING CONSENT

Non-compliance? Y/N	Yes - See Record of Non-compliance for details
Non-compliance number/s:	GNC 15. To be resolved
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements. Implementation was mostly effective.	
Implementation was not effective where a summary of complaints laid in relation to buildings, and the BCA's response were not retained in the Consent Files. GNC 15. To be resolved.	

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	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had developed a Quality Assurance System that covered management and operations. Where omissions were found 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	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
The BCA had a suitable Quality Policy with appropriate objectives. The BCA had named their Quality Manager as Alistair Dunlop.	

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

Non-compliance? Y/N	Not applicable
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Not applicable.	

Regulation 17(2)(d): Regular 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 16. To be resolved.
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures and their implementation were not effective where the BCA was not specifically reporting progress against the objectives in their Quality Policy. GNC 16. To be resolved.	

Regulation 17(2)(e) Supporting continuous improvement

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

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

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

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

Non-compliance? Y/N	No
Non-compliance number/s:	-
Opportunities for improvement? Y/N	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
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	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
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	No
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	0
Advisory note number/s:	-
Observations and comments, including good practice and performance	
Procedures addressed requirements and 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 17. To be resolved
Opportunities for improvement? Y/N	Yes
Number of recommendations:	0
Recommendation number/s:	-
Number of advisory notes:	1
Advisory note number/s:	A2
Observations and comments, including good practice and performance	
<p>Procedures addressed requirements.</p> <p>Implementation was not demonstrated where the BCA is required as a result of any relevant outcome from management review or audit under regulations 17(2)(d), (h) or (5) to communicate QA matters to employees and contractors. GNC 16. To be resolved.</p> <p>The BCA is advised (A2) to consider embedding in their respective procedures (rather than as a stand-alone procedure) the prompt "The BCA will communicate Quality Assurance matters to employees and contractors" as a result of any relevant outcome from 17(2)(d), (h) and 17(5) review.</p>	

Regulation 17(5): Strategic management reporting and review

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

REGULATION 18 TECHNICAL QUALIFICATIONS

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

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 3	
Breach of regulatory requirement:	Regulation 7(2)(d)(iv)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation of the procedure for managing receipt of RFI was not consistent. Specifically the BCA was not always backdating the statutory clock and was not always aware when to restart/not restart the clock.</p> <p>Implementation was not appropriate where the BCA was not recording consideration of Specified Systems, Performance Standards and Inspection Maintenance and Reporting information during processing.</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 4	
Breach of regulatory requirement:	Regulation 7(2)(d)(v)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective when issuing a F5 with specified systems that must be covered by the compliance schedule. Specifically the BCA was not attaching Draft CS to F5 as per BCA procedure.</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 5	
Breach of regulatory requirement:	Regulation 7(2)(f)	
Finding:	General Non-compliance	
Finding details:	<p>Compliance with statutory timeframes Implementation was not effective where the BCA was not initiating the clock when there was a complete application but there had been no final inspection.</p> <p>Implementation of procedures to establish compliance with the statutory clock was not reliable because of the previous finding. Therefore the Assessors were not able to determine compliance with this requirement.</p> <p>Compliance schedules Implementation was not effective where the BCA was issuing Compliance Schedules with incorrect and/or non-specific Performance Standards.</p> <p>Implementation was not effective where the BCA was issuing CCCs without Fire Alarm Installation Certificates from an accredited Inspection Body.</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		

Proposed evidence of implementation: <i>To be provided by BCA</i>	
Evidence of implementation:	
Non-compliance cleared? Y/N	Choose an item.
Signed:	
Date:	Click here to enter a date.

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 6	
Breach of regulatory requirement:	Regulation 10(3)(a)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(a) in the Site Inspector Competency Assessments</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 7	
Breach of regulatory requirement:	Regulation 10(3)(b)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(b) in the Site Inspector Competency Assessments</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 8	
Breach of regulatory requirement:	Regulation 10(3)(c)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(c) in the Site Inspector Competency Assessments</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 9	
Breach of regulatory requirement:	Regulation 10(3)(d)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(d) in the Site Inspector Competency Assessments</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 10	
Breach of regulatory requirement:	Regulation 10(3)(e)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(e) in the Site Inspector Competency Assessments</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 11	
Breach of regulatory requirement:	Regulation 10(3)(f)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(f) in the Site Inspector Competency Assessments</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 12	
Breach of regulatory requirement:	Regulation 11(2)(a)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective where the BCA had not undertaken annual training needs assessment of all employees performing a building control function by doing a technical job since July 2018.</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 13	
Breach of regulatory requirement:	Regulation 11(2)(b)	
Finding:	General Non-compliance	
Finding details:	Procedures and implementation were not effective where the Training Plans did not specify the outcome desired from any training.	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 15	
Breach of regulatory requirement:	Regulation 16(2)(a)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not effective where a summary of complaints laid in relation to buildings, and the BCA's response were not retained in the Consent Files</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 16	
Breach of regulatory requirement:	Regulation 17(2)(d)	
Finding:	General Non-compliance	
Finding details:	Procedures and their implementation were not effective where the BCA was not specifically reporting progress against the objectives in their Quality Policy	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) <u>no later than</u> the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

RECORD OF NON-COMPLIANCE

Non-compliance number:	GNC 17	
Breach of regulatory requirement:	Regulation 17(4)	
Finding:	General Non-compliance	
Finding details:	<p>Implementation was not demonstrated where the BCA is required as a result of any relevant outcome from management review or audit under regulations 17(2)(d), (h) or (5) to communicate QA matters to employees and contractors.</p>	
BCA Actions required:	<p>Please analyse the cause of the above finding and then develop and implement an action plan to address the finding.</p> <p>Please provide the action plan to IANZ for acceptance (Plan of action), along with details of the records of the evidence that will be supplied to address the non-compliance (Proposed evidence of implementation), by the Plan of action from BCA date indicated below .</p> <p>Once the action plan has been accepted and implemented please provide complete evidence to demonstrate that the findings have been addressed (Evidence of implementation) no later than the Evidence of implementation from BCA date indicated below. Please allow sufficient time to ensure that the non-compliance can be cleared by the Non-compliance to be cleared by date.</p>	
IMPORTANT DATES		
Non-compliance to be cleared by:	21/12/2020	
	Due by:	Accepted by IANZ:
Plan of action from BCA date:	21/10/2020	Click here to enter a date.
Evidence of implementation from BCA date:	7/12/2020	Click here to enter a date.
EVIDENCE		
Plan of action: <i>To be provided by BCA</i>		
Proposed evidence of implementation: <i>To be provided by BCA</i>		
Evidence of implementation:		
Non-compliance cleared? Y/N	Choose an item.	
Signed:		
Date:	Click here to enter a date.	

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:

- A1 The BCA consider ensuring that it does not accept incomplete applications.
- A2 The BCA consider embedding in their respective procedures (rather than as a stand-alone procedures) the prompt "The BCA will communicate Quality Assurance matters to employees and contractors" as a result of any relevant outcome from 17(2)(d), (h) and 17(5) review.

SUMMARY TABLE OF NON-COMPLIANCE

The following table summarises the non-compliance identified with the accreditation requirements in your BCA's accreditation assessment. Where a non-compliance has been identified, a Record of Non-compliance template has been prepared detailing the issue, and to enable you to detail your proposed corrective actions to IANZ. You must update and return a template for each non-compliance identified.

Regulatory requirement	Non-compliance (Serious / General)	Non-compliance identification number	Breach of regulation 5/6? Enter "Yes" where applicable						Resolved On-site? Yes/No	Date Non-compliance to be cleared by (DD/MM/YYYY)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (one sentence/line only to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recs	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	Yes	Yes					Yes					<p>The Public Information did not discuss method of fee and levy payment for consents, inspections and Code Compliance Certificates under application or CCC processes.</p> <p>Public Information incorrectly required at 24 months that "Your consented building work should be completed within 2 years of the date consent was granted"</p> <p>Public Information did not discuss required content and detail required of plans, and supporting material.</p>
7(2)(b)	Choose an item.													
7(2)(c)	General	GNC 2	Yes	Yes					Yes				1	Procedures did not describe what happens if the application is not complete (e.g. reject and or return)
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			Yes				No	21/12/2020				<p>Implementation of the procedure for managing receipt of RFI was not consistent. Specifically the BCA was not always backdating the statutory clock and was not always aware when to restart/not restart the clock.</p> <p>Implementation was not appropriate where the BCA was not recording consideration of Specified Systems, Performance Standards and Inspection Maintenance and Reporting information during processing.</p>
7(2)(d)(v)	General	GNC 4			Yes				No	21/12/2020				Implementation was not effective when issuing a Form 5 with specified systems as it was not attaching a Draft Compliance Schedule as per BCA procedure.
7(2)(e)	Choose an item.													
7(2)(f)	General	GNC 5	Yes	Yes	Yes				Part	21/12/2020				<p>Compliance with statutory timeframes</p> <p>Implementation was not effective where the BCA was not initiating the clock when there was a complete application but there had been no final inspection.</p> <p>Implementation of procedures to establish compliance with</p>

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)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (one sentence/line only to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recs	Advisory notes	
														<p>the statutory clock was not reliable because of the previous finding. Therefore the Assessors were not able to determine compliance with this requirement.</p> <p>Compliance schedules Implementation was not effective where the BCA was issuing Compliance Schedules with incorrect and/or non-specific Performance Standards.</p> <p>Code Compliance Certificates Implementation was not effective where the BCA was issuing CCCs without Fire Alarm Installation Certificates from an accredited Inspection Body.</p> <p>Notices to fix Procedures did not address the requirement to issue a NTF to the specified person or the requirement to notify another responsible authority of the potential need for a NTF.</p>
7(2)(g)	Choose an item.													
7(2)(h)	Choose an item.													
Regulation 8														
8(1)	Choose an item.													
8(2)	Choose an item.													
Regulation 9														
9	Choose an item.													
Regulation 10														
10(1)	Choose an item.													
10(2)	Choose an item.													
10(3)(a)	General	GNC 6			Yes				No	21/12/2020				Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(a) in the Site Inspector Competency Assessments
10(3)(b)	General	GNC 7			Yes				No	21/12/2020				Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(b) in the Site Inspector Competency Assessments
10(3)(c)	General	GNC 8			Yes				No	21/12/2020				Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(c) in the Site Inspector Competency Assessments
10(3)(d)	General	GNC 9			Yes				No	21/12/2020				Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(d) in the Site Inspector Competency Assessments
10(3)(e)	General	GNC 10			Yes				No	21/12/2020				Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(e) in the Site Inspector Competency Assessments
10(3)(f)	General	GNC 11			Yes				No	21/12/2020				Implementation was not effective where the BCA was not consistently recording specific evidence against 10(3)(f) in the Site Inspector Competency Assessments
Regulation 11														
11(1)	Choose an item.													
11(2)(a)	General	GNC 12			Yes				No	21/12/2020				Implementation was not effective where the BCA had not undertaken annual training needs assessment of all

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)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (one sentence/line only to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recs	Advisory notes	
														employees performing a building control function by doing a technical job since July 2018
11(2)(b)	General	GNC 13	Yes	Yes	Yes				No	21/12/2020				Procedures and implementation were not effective where the Training Plans did not specify the outcome desired from any training.
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)	Choose an item.													
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	Choose an item.													
Regulation 15														
15(1)(a)	Choose an item.													
15(1)(b)	Choose an item.													
15(2)	General	GNC 14			Yes				Yes					Implementation was not effective where the BCA had not recorded/delegated the power to implement s133 AT of the Building Act
Regulation 16														
16(1)	Choose an item.													
16(2)(a)	General	GNC 15			Yes				No	21/12/2020				Implementation was not effective where a summary of complaints laid in relation to buildings, and the BCA's response were not retained in the Consent Files.
16(2)(b)	Choose an item.													
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 16	Yes	Yes	Yes				No	21/12/2020				Procedures and their implementation were not effective where the BCA was not specifically reporting progress against the objectives in their Quality Policy
17(2)(e)	Choose an item.													
17(2)(h)	Choose an item.													

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)	Date Non-compliance cleared (DD/MM/YYYY)	Number of		Brief comment (one sentence/line only to get to the heart of the issue)
			5(a)	5(b)	5(c)	6(b)	6(c)	6(d)				Recs	Advisory notes	
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 17			Yes				No	21/12/2020			1	Implementation was not demonstrated where the BCA is required as a result of any relevant outcome from management review or audit under regulations 17(2)(d), (h) or (5) to communicate QA matters to employees and contractors.
17(4)(b)	Choose an item.													
17(5)(a)	Choose an item.													
(a)17(5)(b)	Choose an item.													
Regulation 18														
18(1)	Choose an item.													
18(3)(a)	Choose an item.													
18(3)(b)	Choose an item.													

Legal compliance update

Meeting: Audit, Risk and Finance Committee
Date of meeting: 10 December 2020
Reporting officer: Sue Davidson, General Manager Sustainable Growth and Investment

Purpose/Ngā whāinga

This report summarises our legal compliance with Council's statutory obligations. It provides oversight to the approach to risk and complying with regulatory and statutory requirements.

Executive summary/Whakarāpopototanga

This report details instances of non-compliance and progress with addressing the instances of actual or potential non-compliance.

Recommendation/Ngā tūtohunga

That the Audit, Risk and Finance Committee:

- a) Notes the legal compliance update report.

Context/Horopaki

The Audit, Risk and Finance Committee (the Committee) is responsible for identifying and monitoring risks associated with legislative compliance. This report provides details where council is not complying and how this is looking to be remedied.

Discussion/Ngā kōrerorero

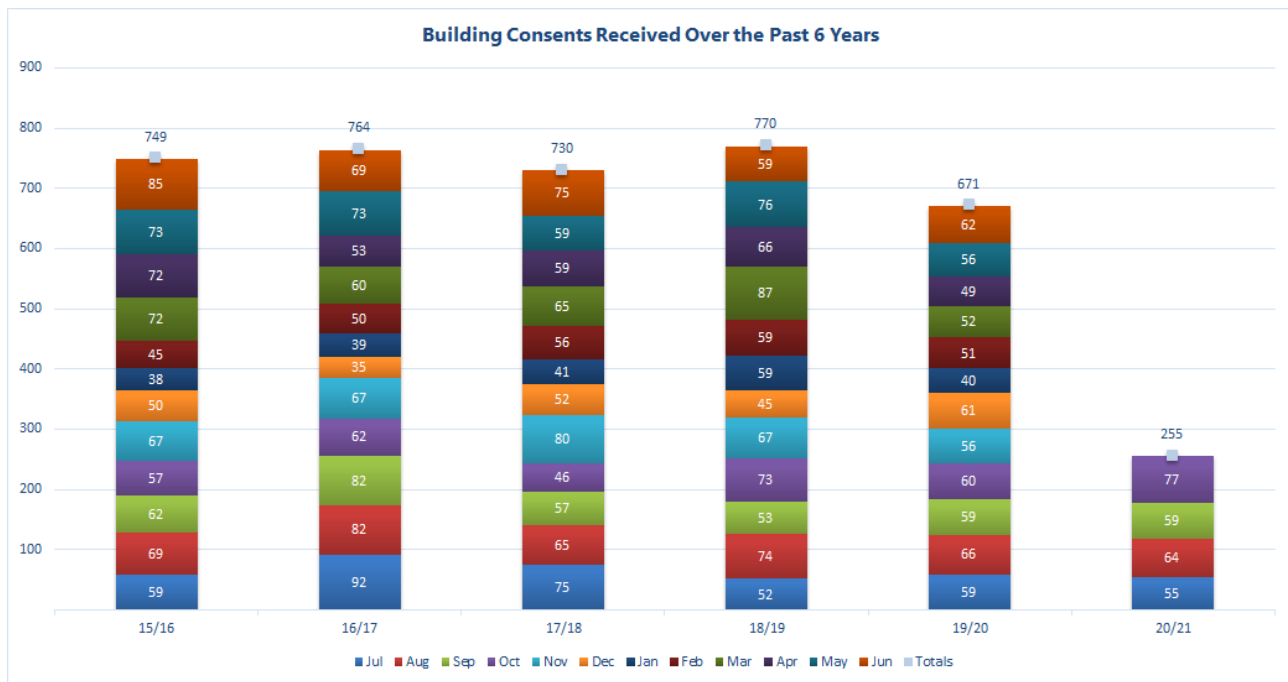
Council provides the following information.

Building consents

The aim is to have 100% of building consents processed within the statutory timeframe.

Percentage of building consents processed within statutory timeframes						
2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	YTD
100%	100%	99%	96%	96%	96%	96%

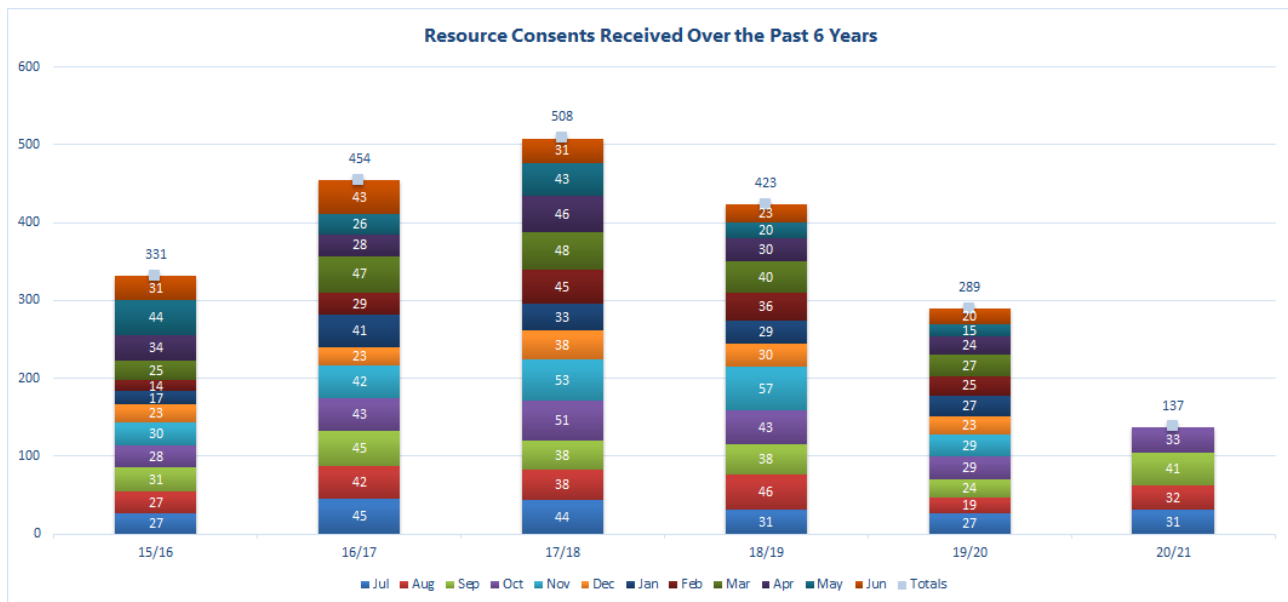
This is a good result with high work levels continuing, and Council at the upper end of meeting the statutory compliance rate.



Resource consents

The aim is to have all non-notified land use and subdivision consents processed within the statutory timeframe.

Percentage of resource consents processed within statutory timeframes						
2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	YTD
94%	100%	100%	67%	92%	98%	98%



Environmental health

There are currently nine Kaihu properties connected to a raw water supply that Council has been supplying bottled water to. We currently have a contractor helping us to get these properties onto a roof water supply. The original quotes have been reconfirmed. Update – Two of the residential premises have recently signed an agreement with Council, works are soon to be started in approximately two weeks' time. We are hopeful that the other residents will soon sign up and follow suit. Only one property has refused to date, and this is being revisited by management to convince the property owner otherwise.

The Council has a wastewater bylaw and is proactively monitoring a percentage of the district housing with onsite domestic wastewater systems. The monitoring being undertaken has resulted in several areas being identified where there are pollution / nuisance issues. The Council have been made aware of the issues of Paparoa and Spring Street, Dargaville at a Council meeting. Update – The Paparoa community are looking for alternative funding options for a community wastewater supply (with the Council collaboration). An advisor from Foundation North has been onsite attending an onsite meeting to assess the physical environment surrounds and discuss the next steps. Foundation North will fund a high-level community-based solution project plan and SWAT analysis report for the Paparoa community (to the sum of \$25K). This report will include finding alternative funding arrangements, unfortunately they are unable to fund such infrastructure projects. Whilst this is disappointing the Monitoring & Compliance team will continue to work / collaborate with the local community to find a local solution.

Infrastructure

Waters:

The discharges of treated effluent from the Kaiwaka and Te Kopuru wastewater treatment plants (WWTPs) are occasionally outside of the discharge limits set by Northland Regional Council (NRC).

Investigations have been undertaken to identify what is causing these issues and what we can do to rectify them.

- Kaiwaka – The Kaiwaka Wastewater treatment plant has been constructed. Final commissioning to follow, after the testing is complete.
- Te Kopuru –A refurbished aerator was installed, and an additional new aerator will be installed under the 3 Waters stimulus projects.

Solid Waste:

The NRC database shows all Kaipara landfills as complying as at 18 November 2020.

Significance and engagement/Hirahira me ngā whakapāpā

The decisions or matters of this report do not trigger the significance criteria outlined in Council's Significance and Engagement Policy, and the public will be informed via agenda on the website.

Next steps/E whaiake nei

Continue to monitor and work towards compliance.

Health and Safety update

Meeting: Audit, Risk and Finance Committee
Date of meeting: 10 December 2020
Reporting officer: Ricci Matthews, Health and Safety Specialist

Purpose/Ngā whāinga

To update the committee on Kaipara Council's health and safety performance for the 1st quarter, 1-July-2020 to 30-Sep-2020.

Executive summary/Whakarāpopototanga

This report and its attachments provide key information that addresses Organisational Health, Safety and Wellness matters at a governance level.

Recommendation/Ngā tūtohunga

That the Audit, Risk and Finance Committee:

- a) Notes the health and safety update for 1-July-2020 to 30-Sep-2020.

Context/Horopaki

Under the Health and Safety at Work Act 2015, all elected members are deemed officers and must exercise a duty of due diligence in relation to health and safety.

The elected members' role is to provide strategic direction to the business, to oversee the management of business risks to ensure that the PCBU (Persons Conducting a Business or Undertaking) has available for use, and uses, appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out as part of the conduct of the business or undertaking.

Discussion/Ngā kōrerorero

Analysis and advice

To ensure Council is informed on the current state of health and safety performance and meeting legal health and safety obligations, we submit the following:

- Risks/Issues/Mitigations - Verify the provision and use of these resources and processes (**Attachment D**)
- How we are meeting our due diligence duties.

Significance and engagement/Hirahira me ngā whakapāpā

The decisions or matters of this report do not trigger the significance criteria outlined in Council's Significance and Engagement Policy, and the public will be informed via agenda on the website.

Achievements

Development OHS Committee subject matter expertise, PCBU from all periphery stakeholders (NTA and Contractor Management model).

Smarttrak implementation and KDC Fleet Vehicle Policy alignment.

Safety and Design for new Kaipara Service Centre in final stages of development.

Infrastructure improvements:

- Review of Security Procedures (refer to Taharoa and Kaiwi Lakes Report).
- Training Needs Analysis in alignment with Security Review
- Resource Allocation to KDC OHS Committee

Next steps/E whaiake nei

- Adopt corporate H&S targets and objectives for inclusion in the H&S Strategy.
- Measure targets and objectives into Divisional and Business Unit Plans and for Executive/T3 Roadmap plans.
- Monitor the current H&S Policy.
- Prioritise the development of Core H&S Standards for H&S Accountability, H&S Planning and H&S Assurance.
- HS Training funding has been approved for all GM's as the KDC Risk Owners.
- Commence a full review of existing H&S Standards to ensure currency and alignment to newly adopted Risk Management Framework.
- Completion of annual reviews of operational risk registers (Business Unit KPI).
- Maintain the gap/issues register and assign, manage and report on actions.
- Continue to review Council's end to end risk management processes.
- Assist HSEQ Officer in the further development of the Infrastructure Contractor H&S Performance and Monitoring report (including with KPI's in the Business Plan).
- Monitor outstanding action items from previous AR&F Committee Meetings.
- Nominate candidates for incident investigation training (ICAM and entry level).
- Reschedule H&S training after cancellations from COVID-19.
- Commence monitoring and reporting of staff mental wellbeing including stress, burnout, bullying, harassment etc.
- Work with HRIS to ensure H&S system delivers on expectations.
- Develop naming protocols for H&S documents, data and records to suit the final taxonomy model for Te Aka.

Attachments/Ngā tapiritanga

	Title
A	Examples of reports on health and safety matters of concern to date
B	Incidents, near miss or hazards with potential to cause a serious outcome
C	Lead indicators - fourth quarter scorecard – 1-July-2020 to 30-Sep-20
D	Risks/Issues/Mitigations

Kai Iwi Lakes Security Review

Kaipara District Council



September 2020

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This Report has been produced independently by FearFree at the request of Kaipara District Council (KDC). The information contained in this Report has been prepared by FearFree from publicly available material, onsite assessment and from information provided by KDC. No representation, warranty or undertaking, expressed or implied is made or given and no responsibility or liability will be accepted by FearFree or by any of its directors, employees, or advisors in relation to the accuracy or completeness of this Report. FearFree has based this Report on information received or obtained from KDC, on the basis that such information is accurate and complete. In no event, shall FearFree be liable for any direct, indirect, punitive, incidental, consequential, or other damages whatsoever arising of or connected with the contents of this report.



This report presents the findings of a security review requested by the Kaipara District Council (KDC) for Kai Iwi Lakes, Taharoa Domain, located 35kms north of Dargaville. An onsite assessment was conducted on 2nd September 2020 by Craig Bidois and Greg Bolton from Security Consultants, FearFree Ltd.

The review which included comprehensive discussions with the KDC Parks and Recreation Manager, Kai Iwi Lakes Campground Coordinator and Parks Officer, concluded that there are relatively basic actions that can be taken to considerably improve staff safety and overall security. The area of highest risk relates to staff working alone, at night, with unreliable communications.

It has been observed that due to COVID related international travel restrictions, New Zealanders are now visiting our parks and recreational areas in far greater numbers. Given Kai Iwi lakes proximity to Auckland, considerably higher numbers of visitors than usual are likely, which will increase the risk of conflict and safety-security related incidents.

Health and Safety in employment has received considerable attention by government agencies. This comes after some high-profile incidents and the introduction of the new Health & Safety at Work Act 2015. It is advised that Health & Safety and Security should share an equal focus, as they both have the potential to impact on people's safety. There is a general duty under the Act to eliminate all risks to health and safety, and if risks cannot be eliminated, they must be minimised as far as is reasonably practical.

FearFree would like to commend KDC for taking a pro-active approach with improving the safety-security of Kai Iwi Lakes which will not only benefit their staff, but also the general public.

The review details risks and provides practical, achievable advice at organisational and site-specific level.

MAIN FINDINGS:

The following provides a summary of main findings with advice to lower the associated risks. In-depth details are provided within the main body of the document with current risk levels depicted in the right-hand column

Staffing: Advised minimum staff levels

High Risk of assault, conflict and safety-security related incidents stemming from an influx of visitors

In line with lone worker best practices particularly at night and considering the risks of unreliable communications, we advise KDC prepare to increase staffing levels during the peak period (December to April, or as the situation dictates) as follows;

- A minimum of two Parks Officers (Warranted) on duty during the day.
- During evening and nights, a minimum of two staff based at Pine Beach campground with at least one staff being Warranted for enforcement purposes.

Communications

High Risk of staff unable to call for assistance if assaulted, threatened, or another emergency due to unreliable cell phone coverage in parts of Taharoa Domain. The current handheld radios only have basic line-of-site capabilities and are unreliable in bad weather or if obstructed by topography, trees and distance.

- Advised to upgrade handheld radios to a VHF or similar system

Duress alert system

High Risk of staff unable to alert others if they need immediate help.

Due to limited cell network coverage, personal duress pendants are not suitable for staff use within the Taharoa Domain. The currently used GPS-Iridium based device with SOS function is deemed adequate and regularly tested although the following is required to improve the duress alert system;

- Formalise guidelines on operational use, limitations, testing and response procedures
- Ensure all staff either full or part time are provided a device with appropriate training including understanding their limitations and ensuring they keep the device with them at all times.
- Consider upgrading the current GPS device to enable greater communication options including messaging capabilities

Pine Beach campground reception office:

Medium Risk of violence, aggressiveness, robbery and theft impacting reception staff.

- Although the counter is an adequate height, we recommend the Perspex screen is fixed to the counter to prevent it being used as a weapon or pushed onto staff with consideration of extending the screen along the counter.
- Install a gate or door preventing anyone walking around the side of the counter to the staff area and office.
- Create a safe haven for staff by installing dead locks on both internal/external office doors.
- Install frosting to the reception window, office windows and external office door to prevent cash handling being observed
- Bolt safe to floor, review cash handling procedures, minimal cash should be kept on premises

CCTV system

Medium Risk of not being able to detect incidents adequately and insufficiently recorded

- Upgrade CCTV as the current system has noticeable limitations.

Incident Reporting - Emergency Response procedures

Medium Risk of incidents going unreported, uncoordinated/delayed responses to emergency situations

- Revise incident/information reporting system, implement incident risk assessment procedures including assaults, trespassing, disorderly/threatening behaviour
- Identify staff responsibilities, develop guidelines relating to incident/emergency response

Staff Training

Medium Risk of incidents not being reported on time and accurately. Staff being harmed due to lack of situation awareness, skills and training to respond to incidents/emergencies

- Continue with staff training related to conflict de-escalation, incident reporting, working alone, communications, lockdown, duress alarm procedures, and robbery training for cash handlers.

Access Control

Medium Risk of unauthorised entry, willful damage and theft - delays in emergency response during peak season due to gates being opened/locked manually with unreliable communication with key holders

- Installation of automated gate at the main entrance (Intersection of Kai Iwi lakes and Domain roads)



REPORTING PROCESS:

FearFree advocates the use of a risk-based security framework. Potential risks and gaps in physical security systems and procedures are identified, with recommendations formulated to mitigate the risks.

Reports provide information to assist making cost effective, and practical risk-based decisions to improve staff and public safety.

In order to identify potential risks, FearFree consultants create a template for site visits detailing a range of procedural and physical security aspects to be assessed.

Staff are interviewed with systems and processes seen in action. Recommendations are made on what steps should be taken to mitigate risks when identified.

To highlight where the most serious risks have been identified, a table outlining, findings, advised mitigation and risks has been created so that organisations can prioritise where to focus time and funding.

SITE ASSESSMENT OBSERVATIONS AND RECOMMENDATIONS

General

Kai Iwi Lakes consists of three lakes within the 640-hectare Taharoa Domain, located 35kms north of Dargaville and is administered by the Kaipara District Council. There are two camping ground areas, Pine Beach with a capacity of 480 campers and Promenade Point with a capacity of 120 campers.

During peak holiday season (Mid December through to Easter) there can be an estimated 1000 visitors a day in addition to up to 600 campers within the Domain, partaking in a variety of recreational activities.

Indications are that numbers of campers and day visitors will increase substantially due to the COVID related international travel restrictions with New Zealanders now visiting parks and recreational areas in far greater numbers than normal. Given Kai Iwi lakes relative proximity to Auckland, considerably higher numbers of visitors than usual are likely, which will increase the risk of conflict and safety-security related incidents.

Safety-Security related incidents

Reported incidents occurring within the Domain over the recent past include;

- Alcohol fuelled disorderly/abusive behaviour
- Drunken teen threatening persons with a knife
- Wilful damage to camp infrastructure and grassed areas by vehicles performing 'donuts' and 'burnouts'
- Several car break-ins involving unattended vehicles parked next to the toilet block on Kai-iwi Lakes road

Staffing

Findings	<p>From our observations and discussions with KDC staff, Kai Iwi Lakes low and high season staffing arrangements have until now been adequate in relation to maintaining a reasonable level of safety and security.</p> <p>National trends indicate numbers of campers and day visitors to Kai Iwi Lakes will increase substantially due to the COVID related international travel restrictions with New Zealanders now visiting parks and recreational areas in far greater numbers than normal.</p> <p>Given Kai Iwi lakes relative proximity to Auckland, considerably higher numbers of visitors than usual are likely, which will increase the risk of conflict and safety-security related incidents</p> <p>Early indications have already been observed with a substantial increase in camper van visits to Kai Iwi Lakes compared to the same period in previous years which averaged about 5 a week compared to 5 a night currently.</p>	HIGH
Advice	<p>In line with lone worker best practices particularly at night and considering the risks of unreliable communications, we advise KDC prepare to increase staffing levels during the peak period (December to April, or as the situation dictates) as follows;</p> <ul style="list-style-type: none"> • A minimum of two Parks Officers (Warranted) on duty during the day. • During evening and nights, a minimum of two staff based at Pine Beach campground with at least one staff being Warranted for enforcement purposes. • The peak season staffing arrangement at Promenade Point camping ground appears sufficient. 	
Risk	<p>Staff assaulted while working alone and at night.</p>	

Pine Beach campground reception office



As an organisation's interface with the public, front counter/reception areas must have safeguards to protect assets and people from risk.

The reception office is well situated just inside the entrance to the Pine Beach camping ground area and consists of two rooms, a reception area and office connected by an internal door. There are 2 CCTV cameras attached to the exterior walls covering the front entrance area and side/rear of the building and another 2 cameras positioned inside the reception area.

The building is fitted with an internal sensor activated audio alarm system. Entry into the reception area consists of a ranch slider fitted with a standard lock.

The reception counter is 'L' shaped, 1100mm high although has no door/gate preventing unauthorised persons from walking around the counter to where a staff member usually sits.

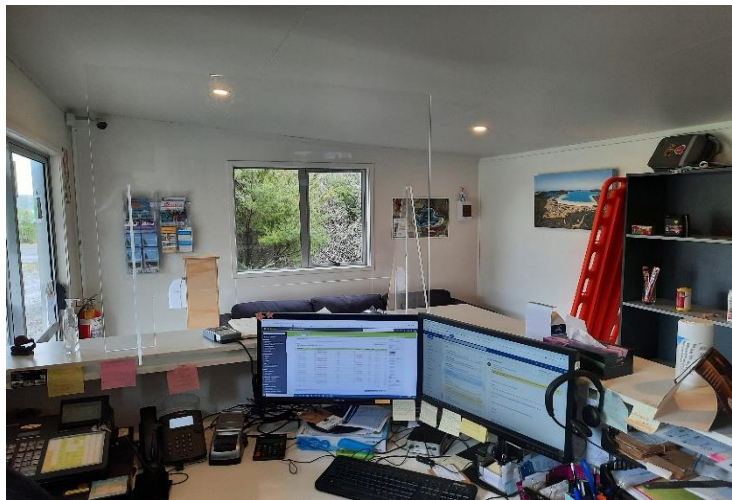
A cash register and computer are positioned on the desk with the staff member facing towards the entrance door with a good line of site towards the entry door and campground entrance.

An internal door with no lock connecting the reception area with the office is located to the rear of the counter area. A staff-only office entry door is located off the side of the building and fitted with a standard manual key entry lock.

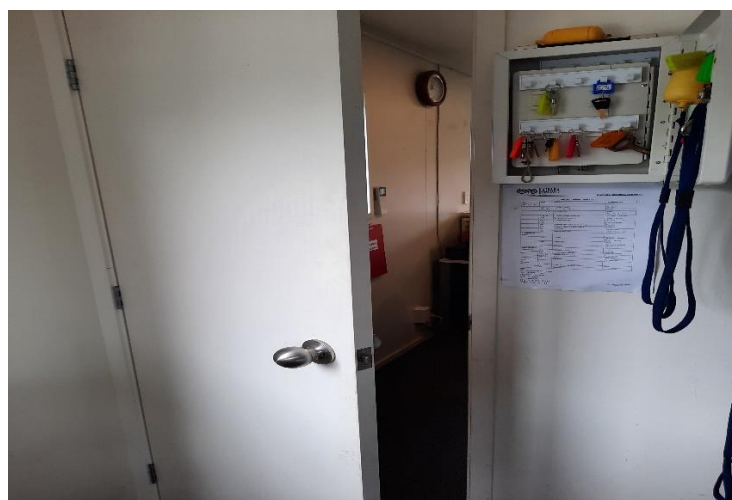
A small floor safe is located under a desk in the office although is currently not bolted to the floor.



Reception area



Staff desk space facing reception area



Internal office door



Rear office door



Office floor safe

<p>Findings</p>	<p>The buildings external security has adequate external lighting and both entry doors are in clear sight.</p> <p>The reception area counter is well positioned allowing staff to observe people and vehicles entering the camp area and people approaching/entering the reception area.</p> <p>Although the counter is an adequate height, we recommend it is fixed to the counter to prevent it being used as a weapon or pushed onto staff with consideration of extending it along the counter.</p> <p>Currently there is no gate or door preventing anyone walking around the side of the counter to the staff area and office.</p>	<p>MEDIUM</p>
------------------------	--	----------------------

	<p>The internal door to the office area is ideally located behind the reception area allowing an escape route although currently has no lock.</p> <p>The office would serve as an ideal safe haven for staff to retreat to in case of an aggressive/violent person.</p> <p>The window located next to the reception desk and windows along with glass entry door allows a person outside to observe cash handling.</p> <p>The CCTV system monitor is located on the wall in the reception providing a good visual deterrent while able to be observed by staff. The cameras have reasonable coverage although video digital footage can only be saved up to 7 days and the cameras can only be monitored from within the office and not remotely.</p>	
Advice	<p>Fix Perspex screen to counter to prevent it being pushed onto staff or used as a weapon.</p> <p>Install a gate or door between the end of the counter and internal wall to slow down an attacker allowing time for staff to retreat to the office.</p> <p>Install dead locks to the internal and external office doors creating a safe haven for staff allowing time to retreat to and call for help.</p> <p>Apply frosting to the reception and office windows to prevent someone observing cash handling as large amounts of cash can be received per day during peak season.</p> <p>Bolt safe to floor.</p>	
Risk	<p>Inadequate internal physical security exposes staff to assault, aggressiveness/threatening behaviour, robbery and theft.</p>	

Communications



Findings	<p>There is unreliable or no cell phone coverage in areas of Taharoa Domain although Vodafone has better coverage than other providers.</p> <p>The current handheld radios only have basic line-of-site capabilities and are unreliable in bad weather or if obstructed by topography, trees and distance.</p>	HIGH
Advice	<p>Upgrade handheld radios to a VHF or similar system to improve reliability.</p> <p>All staff working in the Domain should be equipped with an upgraded radio.</p>	
Risk	<p>Staff assaulted, unable to call for help in an emergency or unable effectively communicate between each other in the Domain and/or KDC Operations in Dargaville.</p>	

Personal duress alert system

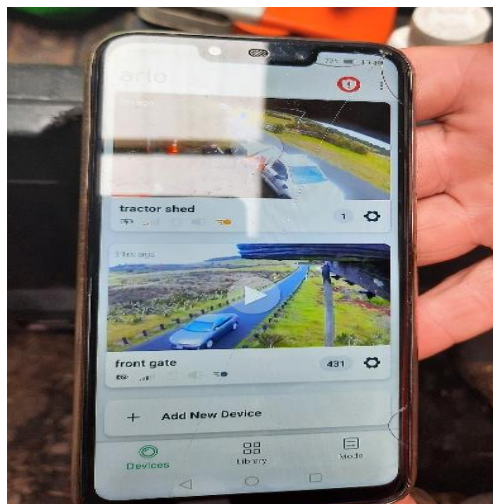


Findings	<p>Due to limited cell network coverage, personal duress pendants are not suitable for staff use within the Taharoa Domain. The currently used GPS-Iridium based device with SOS function is deemed adequate and regularly successfully tested according to staff.</p> <p>The Parks Officers vehicle is fitted with a fleet management system duress alarm.</p>	HIGH
Advice	<p>Formalise guidelines on operational use, SOS/emergency activation and response, regular testing and limitations (GPS based systems do not work inside buildings or under thick tree foliage)</p> <p>Staff advised to keep the device with them at all times.</p> <p>Consider upgrading current devices to include more advanced communication capabilities including messaging.</p>	
Risk	<p>Risk of staff unable to call for help in an emergency.</p>	

CCTV



Camp Office reception CCTV monitor



Arlo CCTV system (2 cameras only)



Findings	<p>There are currently 14 CCTV cameras operating in the Domain although they are not connected by a common system.</p> <p>2 cameras are positioned inside the Pine Beach camp office reception area, 2 cover the exterior areas of the building including the entry area into the camping ground.</p> <p>1 solar powered camera covers the area in front of the Parks Officers utility shed with another solar powered camera covering the main entry into the Domain although only the Parks Officer can monitor the camera remotely on his smart phone with live imagery prone to freezing.</p> <p>Another 4 cameras cover the Promenade Point camping ground office including the building exterior and immediate surrounds.</p> <p>The final 4 cameras cover the exterior surrounds of the education building on the western shore of Lake Waikare although cameras are not set up to be monitored remotely.</p> <p>The hard drive for the CCTV is located under the reception office desk.</p>	MEDIUM
Advice	<p>Upgrade CCTV as the current system has noticeable limitations.</p> <p>CCTV should cover all areas of risk and entry/exit points. The quality should be confirmed to ensure that people are recognisable in all light conditions that will be present.</p> <p>An updated system should provide the ability for key staff and KDC Operations to monitor cameras remotely with motion activation capability.</p> <p>Footage should be kept for 30 days rather than the current 7-day capacity in case of enquires and investigations. This may also include COVID related investigations where a person/s movement and activity require verification.</p> <p>Due to reported incidents of vehicles being broken into with valuables been taken, advised to install 2 extra cameras covering the toilet block area on Kai Iwi Lakes road to detect/deter car break-ins, willful damage and disorderly related incidents. CCTV signage should also be in place.</p>	
Risk	<p>Risk of not being able to detect incidents adequately and not sufficiently recorded.</p>	

Incident Reporting - Emergency Response procedures - Training

Findings	<p>The current incident reporting system comprises of staff filling out forms manually and keeping physical copies in folders than are prone to being misplaced or damaged.</p> <p>As a result of extensive consultation, it is apparent the Kai Iwi Lakes Campground Coordinator and Parks Officer are very experienced with excellent local knowledge and people skills.</p> <p>During an incident or emergency, staff employed on a temporary bases over peak periods may not have the necessary level of skills and experience to respond effectively.</p>	MEDIUM
Advice	<p>Update reporting guidelines to ensure incidents and important information are recorded accurately in a secure KDC data base using appropriate templates.</p> <p>Update best practice guidelines and reporting structures to ensure staff are aware of their individual responsibilities. We advise soft/hard copies are maintained for staff reference and include;</p> <ul style="list-style-type: none"> • Important/emergency contact numbers (phone tree) • Incident/emergency response and reporting • Trespass protocol • Communications (Radio use) • Duress alarm activation and response- testing procedures • Robbery safety – cash handling • Active shooter – hostile act - lockdown • CCTV (recording/reviewing footage) • Access Control (front gate protocol) <p>Review risk assessment procedures for all incidents particularly involving violence, willful damage, trespass, disorderly/threatening behaviour. Management to evaluate if measures are required to lower the risk to staff, public and assets.</p> <p>Provide a standard orientation for new full time/part time staff including site visits and best practice guidelines.</p> <p>Continue with regular training including conflict de-escalation, incident reporting, emergency response, working alone, communications, lockdown, duress alarm procedures, and robbery especially for cash handlers.</p>	
Risk	<p>Incidents not being reported on time and accurately.</p> <p>Staff being harmed due to lack of situation awareness, skills and training to respond to incidents/emergencies.</p>	

Pine Beach camping ground staff accommodation



Findings	<p>The Pine Beach camping ground staff accommodation is a prefab building consisting of a small living area with kitchenette and bedroom is located adjacent to the reception office.</p> <p>The building is primarily used to accommodate extra staff who are on duty during nighttime through the peak season.</p> <p>The building does not contain a television or other assets that maybe attractive to would be thieves and has a single-entry door with standard door lock.</p>	LOW
Advice	<p>We have no significant safety and security related concerns for this building although occupants should be reminded to keep the door locked if away, even for short periods.</p> <p>Windows should only be left open if fitted with security catches to prevent unlawful entry.</p>	
Risk	Unlawful entry.	

Parks Officer Utility Shed



Findings	<p>Parks Officer utility/maintenance shed located close to Pine Beach on the main entry road into the Domain. The shed is comprised of an open garage housing a tractor and an enclosed garage housing a range of equipment and off-road vehicle.</p> <p>The keys for the tractor and off-road vehicle are not kept on site and the entry door and garage door are fitted with standard locks.</p> <p>The area in front of the shed is covered by 2 CCTV cameras which are monitored by the Parks Officer via an App on his smart phone.</p>	LOW
Advice	Install dead locks on the entry and garage door to deter unlawful entry and theft.	
Risk	Unlawful entry and theft.	

Access Control – Main Entrance



<p>Findings</p>	<p>Domain Road, off Kai Iwi Lakes Road, is the main entry into Taharoa Domain and leads to the Pine Beach Camping ground located approximately 2kms from the main road.</p> <p>The entrance has two metal gates that are manually closed together and padlocked from 21:30hrs until 07:00hrs during peak season although is left open during the off season.</p> <p>The entrance is covered by a single CCTV camera with signs advising of CCTV, no dogs and no hunting-shooting present.</p> <p>Parks Officer informed that local people expect to have access to the Domain 24/7 in the off season and when the gates have been locked during the off season, the gate padlock was cut, and the gates opened shortly after.</p> <p>On occasions vehicles has entered the domain and wilfully damaged grassed areas by performing 'donuts' including an incident involving a vehicle damaging campground equipment.</p> <p>During peak season, staff on duty overnight have to travel 2kms from the Pine Beach campground to unlock the gates in the event of an emergency or similar. Poor cell phone coverage can make this process more challenging.</p>	<p>MEDIUM</p>
<p>Advice</p>	<p>As is the practice at other large parks and domains, particularly if infrastructure and camping facilities are present, we advise an automated gate system is installed at the main entrance.</p> <p>An automated gate with CCTV can be opened and closed remotely, activated by road pad sensors (for exiting vehicles) or by keypad/key card.</p>	

	<p>An automated gate with compatible CCTV system would reduce unauthorized entry, willful damage and theft incidents while ensuring vehicles can enter and exit during emergencies.</p> <p>Besides KDC staff and regular contractors, keypad codes or key cards could be provided to police, fire and ambulance services in the event of an emergency.</p>	
Risk	<p>Unauthorized entry, willful damage and theft.</p> <p>Delays in emergency response during peak season due to gates being opened/locked manually with unreliable communication with key holders.</p>	

Promenade Point campground reception office



Findings	<p>The Promenade camping ground reception office is located close to the entrance with Kai Iwi Lakes road and consists of a small reception area and bedroom with cooking facilities.</p> <p>The office is only used during peak camping season with exterior area covered by 4 CCTV cameras although are not routinely monitored.</p> <p>During peak season, the camping ground is staffed by a couple who stay in a camper vehicle close to the office which appears to be an ideal arrangement.</p>	LOW
Advice	<p>The current safety and security arrangement for the Promenade camping ground office and surrounds seems adequate.</p>	
Risk	<p>Theft, willful damage, unauthorized entry.</p>	

Kai Iwi Lake Road toilet block



Findings	<p>The Kai Iwi Lakes road toilet block is located near the entrance of the Promenade campground and is within the Domain confines. The parking area is used by day trippers who park their vehicles and walk or ride along tracks within the Domain including a loop track around lake Taharoa.</p> <p>There have been two reported incidents where multiple vehicles were broken into while parked next to the toilet block with valuables taken.</p>	MEDIUM
Advice	<p>As part of an upgraded CCTV system, we advise to install cameras covering the toilet block area on Kai Iwi Lakes road to detect/deter car break-ins, willful damage and disorderly related incidents.</p> <p>Install prominent signs advising of CCTVs and signs warning not to leave valuables due to thieves operating in the area.</p>	
Risk	Theft, willful damage, disorderly behaviour.	



KAIPARA DISTRICT COUNCIL

37 Hokianga Rd, Dargaville

Ref BDEC012.1 | EXPERT REPORT- MOULD | 21/09/20

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Subject Property

37 Hokianga Rd, Dargaville

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Commissioned by

The instructing party
on behalf of
Kaipara District Council

Document date

21/09/20

Report No.

Ref BDEC012.1

Signed: _____



Dated: 21/09/20



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1. PREAMBLE

1.1. INTRODUCTION

1. This report was prepared by BIODEC DECONTAMINATION ('BIODEC'). Carl Sheehan is the BIODEC consultant who undertook the inspection and carried out the investigation documented herein.
2. BIODEC was retained by The instructing party on behalf of Kaipara District Council to provide an expert opinion on matters raised in respect of a property known as 37 Hokianga Rd, Dargaville, ('the **Property**').
3. The instructing party acts on behalf of Kaipara District Council (the **Owner**), in relation to the matters contained in this report.

1.2. BACKGROUND

4. I am aware that the following is the background to the issue:
 - a) The building suffered from long-term water intrusion due to defects in the roof;
 - b) The defects whilst being documented to some degree have not as yet been rectified or scoped in detail rectification; and
 - c) Significant mould issues have been detected throughout the building.

1.3. INSTRUCTIONS

5. In relation to this report, BIODEC was instructed to:
 - a) Investigate and report on the current organic load within the property as a result of the ongoing scope of works.
 - b) Undertake diagnostic investigation of organic load to determine whether further remediation is now required.
 - c) Document the issues by photographs.
 - d) *In addition, provide a supplementary report which includes a detailed scope of work for repair* (this report namely the BDEC012.5 includes the supplementary material pertaining to this detailed scope of work).

1.4. CARL SHEEHAN'S QUALIFICATIONS

6. Carl is a licensed builder with over 25 years' experience in the construction industry. He has project managed the construction of residential and commercial building work.
7. Carl has worked with Biodec Decontamination, assessing and rectifying mould-related issues in buildings for more than 10 years.
8. He is an IICRC certified technician in the areas of water damage restoration and mould remediation.

1.5. JASON PICKERING'S QUALIFICATIONS

9. Jason Pickering is a licensed builder with over 25 years' experience in the construction industry.

10. Jason founded Biodec Decontamination and has been assessing and rectifying mould - related issues and buildings for more than 17 years.
11. He is IICRC certified in the areas of water damage restoration, and mould remediation.
12. He holds a certification in mould assessing with MICRO.
13. Jason has completed the "Mould Assessment" course at the College of Environmental Studies in Australia.

2. INSPECTION PARAMETERS

2.1. DESCRIPTION OF THE PROPERTY

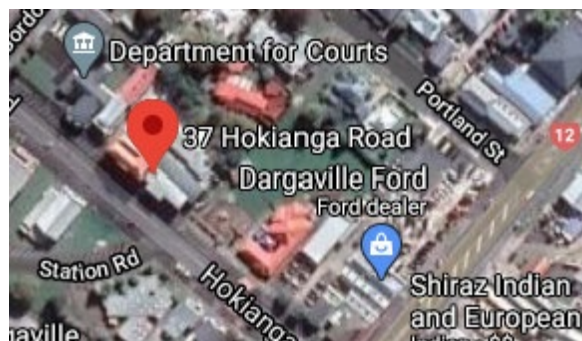


Figure 1: Aerial view of the subject property

15. The construction of the Property generally consists of precast concrete panels with a timber frame structure and plasterboard linings.

2.2. INSPECTION METHODOLOGY

16. During the inspection, I (Carl), undertook a visual assessment of window frames, bench tops, and the general organic load.
17. I documented notes of my observations and investigations whilst on site.
18. I took photographs for reference using my Samsung phone camera.

2.3. DATE OF INSPECTION

19. I last inspected the property on 14th September 2020.

2.4. WEATHER CONDITIONS AT THE TIME OF INSPECTION

20. It was fine at the time of my inspection, with no significant weather events in the preceding 24 hours.

2.5. CONDITION OF THE PROPERTY AT THE TIME OF INSPECTION

21. At the time of my inspection, the property was not occupied.

2.6. PRESENT DURING INSPECTION

22. Investigation and testing were carried out independently of my instructing party or site contact.

2.7. RESEARCH AND TESTING METHODS

Protimeter MMS2 moisture meter

23. I used a Protimeter MMS2 moisture meter on the surfaces of various building elements to detect the presence of dampness.
24. Using a moisture meter allows for non-destructive testing and mapping of a suspect area to determine the areas with a difference in moisture content. This is a relatively quick process and enables the inspector to evaluate and identify differences in relative moisture content between different locations in a room by comparative dry readings, and to pin point probable moisture sources and problem areas, without intrusive testing.
25. The Protimeter provides the following information on an LCD display:
 - a) Pin probe wood moisture equivalent measurement;
 - b) Non-invasive pin less surface scan moisture measurement;
 - c) Non-contact infrared surface temperature measurement; and
 - d) Relative humidity and ambient temperature measurement.



Pin mode

26. Using the pins, I was able to measure moisture contact in timber materials to a depth of approximately 10mm. The moisture content displays as a percentage between 7.6% and 99%.
27. When taking moisture readings, I compared the moisture level taken in an area of suspected dampness against a 'relative dry' moisture reading in the same type of material elsewhere in that space.
28. The comparison between the 'relative dry' reading or baseline datum, against the damp reading assisted me to form an opinion as to the point of origin for water penetration.

Scan mode

29. The Protimeter moisture meter has the ability to detect moisture through paint, wall coatings, wood and tiles and has a signal penetration of approximately 19mm depending on the material being tested. The moisture content displays as a numerical value between 60 and 999.
30. When taking moisture readings, I followed the same procedure of comparing recorded levels against a 'relative dry' reading as described in paragraph 22 above, which assisted me to form an opinion as to the point of origin for water penetration.

Surface temperature mode

31. The MMS2 uses infrared to take the surface temperature of materials and can measure in the range of -20° to +80° Celsius with an accuracy of +/-2° Celsius.

Hygrometer mode

32. The Protimeter can measure ambient temperature and relative humidity, which assists in determining if elevated moisture content is a result of active water penetration or condensation.

Calibration accuracy

33. Prior to commencement of inspection, I confirmed the accuracy of the instrument by checking its calibration.
34. The calibration of the Protimeter is checked by holding the electro-needles across exposed wires of the calcheck device.
35. The correctly calibrated MMS2 will register a (%MC) value in the range of 18.0+/-1%.
36. The Protimeter registered within 0.1% of the calcheck device.
37. For the purposes of my inspections, I used the mm/m function to give a grade reading.

Zefon Bio-Pump Plus

38. I used a Bio-Pump Plus to take a measured amount of air over a measured period to give a total volume. The air is pulled through the cassette and particulate is captured on a gel slide held within.
39. The Cassette/s were then sent to Symbiotic Microbiology Laboratories for microscopy analysis.
40. The Bio-Pump is calibrated and checked prior to each project to ensure the pull rate is 15L/min.



Surface Sampling Bio-Tapes

41. I undertook surface sampling using bio tapes which were then sent to Symbiotic Microbiology Laboratories for microscopy analysis.

3. REPORT PARAMETERS

3.1. REPORT METHODOLOGY

42. This report is set out in five (5) sections, as follows.

Section 1. Preamble

43. Section 1 is the preamble to this report and includes the background to the issue, my instructions and any assumptions that have been made.

Section 2. Inspection Parameters

44. Section 2 outlines the test instruments and methodology that I employed during the inspections, and any weather or site conditions that I considered to be relevant.

Section 3. Report Parameters

45. Section 3 sets out the general format of the report, including relevant Codes, Standards and Guides and any limitations placed on the report.

Section 4. Investigation

46. Section 4 documents the following in response to the instructions received from the instructing party, being:

to investigate the probability of new mould growth as described by the owner resulting from a moisture ingress...

47. In forming my opinion, I have considered the following:

- a) My observations and investigation of the Property during my site inspection.
- b) Any results from the laboratory relating to my sampling.

Section 5. Annexures

48. Section 5 contains the annexures to this report.

3.2. CODES, STANDARDS AND GUIDES

49. The following Codes, Standards, and Guides, are representative of industry practices and indicative of what should be expected:
- a) ANSI/IICRC S520 standard for mould remediation – Institute of Inspection, Cleaning, and Restoration Certification;
the 'ANSI/IICRC S520' standard for mould remediation is the industry accepted standard for the removal, remediation, and rectification of Mould issues in the built environment and its contents.
 - b) MICRO certified mould inspection manual – Mold Inspection, Consulting, and Remediation Organization;
The 'mold inspection, consulting, and remediation organisation' manual for certified mould inspectors is a nationally (American) recognised certification manual.
 - c) D4840-99: Standard guide for sample Chain-of-Custody procedures – American Society for Testing and Materials;
the 'ASTM (American Society for Testing and Materials) D4840-99 standard guide for sample chain of custody procedures', is a nationally (American) recognised procedure for the production of, filling, and posting of chain of custody forms for use in the handling of samples.
 - d) D7338-14: Standard guide for assessment of fungal growth in buildings- American Society for Testing and Materials;
the 'ASTM (American Society for Testing and Materials) D7338-14 standard guide for assessment of fungal growth in buildings' is a nationally (American) recognised procedure which outlines the methodology and requirements for assessing fungal growth in the built environment.
 - e) D7910-14: Standard practice for collection of fungal materials from surfaces by tape lift – American Society for Testing and Materials;
 - f) *the 'ASTM (American Society for Testing and Materials) D7910-14 standard practice for collection of fungal materials from service by tape lift' outlines the procedures required for a successful surface sampling of Mould, and its relevance.*
 - g) Worldwide Exposure Standards for Mold & Bacteria – Assessment Guidelines for Air, Water, Dust Ductwork, Carpet & Insulation 10th edition – Robert C Brandys, Gail M Brandys;
the 'Worldwide Exposure Standards for Mold & Bacteria' contains standards from around the world and offer assessment guidelines for air, water, dust ductwork, carpet, and installation. Whilst Australia does not have a national standard, the research and guidelines depicted in this publication do reflect the industry standard and offer guidance which is applicable for assessing mould and bacteria.
 - h) Post-Remediation Testing and Verification for Mold and Bacteria – Risk-Based Levels of Cleanness Assurance – 5th edition – Robert C Brandys, Gail M Brandys;
the 'Post-Remediation Testing and Verification for Mold and Bacteria' contains guidance for hygienists who are conducting a host remedial validation of mould remediation and assessing its effectiveness.

- i) Recognition, Evaluation, and Control of Indoor Air Mold – American Industrial Hygiene Association;
the publication, 'Recognition, Evaluation, and Control of Indoor Air Mold' published by the American industrial hygiene Association, offers guidance on recognising and evaluating indoor air quality in relation to fungal particulate. Whilst in and of itself is not a standard, it does offer sound, scientific based guidance for hygienists who are assessing, monitoring, and controlling indoor air quality of our building with known fungal issues.
- j) WHO Guidelines for Indoor Air Quality – Dampness and Mould 2010 - World Health Organisation;
the " WHO guidelines for indoor air quality -dampness and mould 2010', whilst in and of itself is not a standard, does offer research-based guidelines and advice for legislators in the global community to produce said standards and legislation. (Note: as noted on the forward, the use of this document for its intended purpose expired in 2017 unless reviewed and/or replaced. To date no review has occurred, however the research, sentiment, and guidance this document offers still has validity and is reflected either in sentiment or by quotation in many of the aforementioned standards, guidelines, and publications).

3.3. REPORT LIMITATIONS

- 50. This report has the following limitations:
 - a) Except in areas where destructive investigation has been performed the inspection is a visual non-destructive inspection only, which may be limited in use.
 - b) The inspection report does not include inspection and assessment of items or matters outside the scope of the requested inspection and report, which mainly relates to observable waterproofing issues on the day of my inspection.
 - c) The inspection report does not include inspection and assessment of items or matters that do not fall within the consultant's direct expertise.
 - d) This inspection includes readily accessible areas of the property. The inspection did not include areas which were inaccessible, not readily accessible, areas not requested to be inspected, obstructed at the time of inspection, or covered by overlaying finishes. Obstructions are defined as any condition or physical limitation which inhibits or prevents inspection and may include, but are not limited to:
 - i. Fixed ceilings, paintings, wall linings, floor coverings, fixtures and fittings, floor tiles, render, paint, furniture, clothes, stored articles, thermal insulation, sarking, pipe/ductwork, vegetation, pavements, or earth.
- 51. Obstructions that prevented and may have concealed possible defects include:
 - a) Furniture;
 - b) Paintings;
 - c) Stored goods around some walls and stored goods in bedrooms;
 - d) Stored goods under stairs;

- e) Walls abutting showers/bath not fully accessible;
- f) Curtains and blinds around windows and doors;
- g) Carpets and mats on floors;
- h) Recent paint finishes;
- i) Paintings on walls;
- j) Books/bookshelves;
- k) Excessive stored goods against walls;
- l) Stored goods in the garage;
- m) Zinc roofing on roof.

4. INVESTIGATION

4.1. OBSERVATIONS:

52. Whilst on-site I observed that;
- a) the conference room had some visible damage caused by water ingress;
 - b) some wallpaper was damaged in the conference room;
 - c) minor visible damage and mould growth was observed on plasterboard linings and ceiling tiles in the conference room;
 - d) the entry foyer had water entering the building envelope;
 - e) plasterboard, ceiling tiles had visible water damage in the foyer;
 - f) the doors leading from the foyer to the gymnasium were wet, swollen and delaminating;
 - g) water damage was observed to the carpet, wall/ceiling junctions and ceiling/junctions in the foyer;
 - h) the conference room kitchen had visible pooling water on the ground as well as a top of the extraction unit;
 - i) moisture was visibly tracking from above the extractor and running to the floor;
 - j) water damage appeared to be visible around the power switchboard cupboard;
 - k) mould growth was observed on laminated services;
 - l) the rear entry/exit had severe water damage to the ceiling tiles, and some visible damage to the carpet;
 - m) the gymnasium had existing damage to the ceiling which was repaired but still showing signs of water ingress and new damage;
 - n) water was observed leaking around doorjamb in the gymnasium; and
 - o) the stage, hallway and toilets had multiple areas of moisture damage to the walls and ceilings.

4.2. INITIAL HYPOTHESIS

53. The general indoor air is likely to be affected adversely by the long-term moisture ingress.
54. There are likely to be primary, secondary, and tertiary colonisers present.
55. Due to the large area and separation of different zones within the building envelope, it is likely that some areas should be zoned as unsuitable for use with the building and its current situation. However other areas may be suitable for use until rectification has occurred.
56. Some parts of the building may have structural deterioration to timber members.
57. Extensive remediation may be required.

4.3. SAMPLING PLAN

58. To test the above hypotheses, I conducted the following sample plan:
- a) air testing of the entry foyer;

- b) the gymnasium;
 - c) the stage storeroom;
 - d) stage, hall, and toilets;
 - e) the rear foyer/entrance;
 - f) the conference room kitchen;
 - g) the advice bureau office; and
 - h) the conference room.
59. A further sample was conducted of the outdoor air to use as a reference comparison and to provide control numbers. This is in accordance with the guidelines and practices outlined in section 3.2.
60. Special consideration was given to the possibility of the presence of known toxic black moulds such as *Stachybotrys* and *Chaetomium*. Air sampling is considered to be a primary means of testing air quality and used for the purposes of presence/absence of certain genera of Mould.

4.4. LAB RESULTS

61. The results of the air sampling are as per the table below.

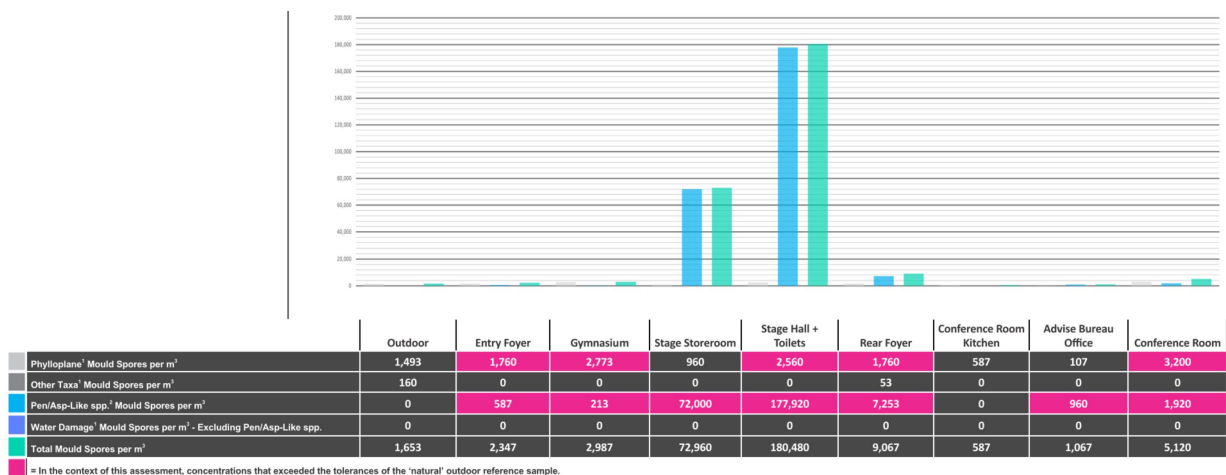
BIO-PARTICULATE TABLE		Outdoor	Entry Foyer	Gymnasium	Stage Storeroom
PHYLLLOPLANE (LEAF-SURFACE) TAXA ¹	Ascospores	480	960	1,440	640
	Basidiospores	853	747	1,333	320
	Arthrinium spp.	-	-	-	-
	Cladosporium spp.	107	53	-	-
	Epicoecum spp.	-	-	-	-
	Ganoderma spp.	53	-	-	-
	Pestalotiopsis spp.	-	-	-	-
	Pithomyces spp.	-	-	-	-
	Polythrincium spp.	-	-	-	-
	Spegazzinia spp.	-	-	-	-
	Stemphylium spp.	-	-	-	-
	Torula spp.	-	-	-	-
	Alternaria spp.	-	-	-	-
	Botrytis spp.	-	-	-	-
OTHER TAXA ¹	Bipolaris/Dreischlera/Helminthosporium	-	-	-	-
	Cercospora spp.	-	-	-	-
	Curvularia spp.	-	-	-	-
	Fusarium spp.	-	-	-	-
	Nigrospora spp.	-	-	-	-
	Rusts/Smuts/Periconia	160	-	-	-
	Tetraploe spp.	-	-	-	-
WATER DAMAGE TAXA ¹	Penicillium/Aspergillus like spp. ²	-	587	213	72,000
	Acremonium spp.	-	-	-	-
	Chaetomium spp.	-	-	-	-
	Stachybotrys spp.	-	-	-	-
	Trichoderma spp.	-	-	-	-
	Ulocladium spp.	-	-	-	-
	Hyphal Particulate	-	-	-	-
GENERAL PARTICULATE ¹	Fruiting Bodies	-	-	-	-
	Unknowns	-	-	107	-
	Dirt & Debris	L	M	M	M
	Myxomycetes	-	-	-	-
	Pollen	-	-	-	-
	Mites	-	-	-	-
Total Count m ³		1,653	2,347	3,093	72,960

62.

Stage Hall + Toilets	Rear Foyer	Conference Room Kitchen	Advise Bureau Office	Conference Room
-	320	160	53	320
1,280	587	427	53	800
-	-	-	-	-
1,280	853	-	-	2,027
-	-	-	-	-
-	-	-	-	53
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	53	-	-	-
-	-	-	-	-
177,920	7,253	-	960	1,920
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
M	M	VL	M	M
-	-	-	-	-
-	53	-	-	-
-	-	-	-	-
180,480	9,067	587	1,120	5,120

63.

64. The general condition is highlighted in the graph below.



- 65.
66. As can be seen by the above table, there is amplification of primary colonisers, namely *Penicillium*, and *Aspergillus* in seven of the eight areas sampled when compared to the background levels of the outdoor control sample. *Penicillium* and *Aspergillus* are common indicators of water damaged buildings.
67. In addition, five of the eight areas tested had significant amplification of *Cladosporium* which is considered to be a secondary coloniser and indicative of repeated water ingress.
68. These species are not considered to be highly toxic however in excessive numbers can prove to be an allergenic to some occupants.
69. The stage hall and toilets have a total spore count (TSC) of in excess of 180,000 per cubic metre. This is made up primarily of *Penicillium* and *Aspergillus* like species with *Phylloplane* (secondary colonisers) also well in excess of outdoors.
70. The stage storeroom was also extremely high at 72,960 TSC. This is made up primarily of *Penicillium* and *Aspergillus* like species.
71. The kitchen in the conference room showed no amplification of any mould type.
72. The advice bureau office while having an amplification of *Penicillium* and *Aspergillus* type fungi, is not excessive to the point of posing an immediate danger to health of any occupant.
73. *Stachybotrys* was not detected in any of the air samples. However, it must be noted that plasterboard that has ongoing water ingress is very susceptible to the colonising of hydrophilic type fungi including *Stachybotrys*. Due to the size and shape of the spores produced by this type of fungi, they do not tend to travel far and disburse in the same manner as other types of Mould spores. As such we cannot rule out the potential for this type of Mould being present within the building in areas further away than its normal dispersion.

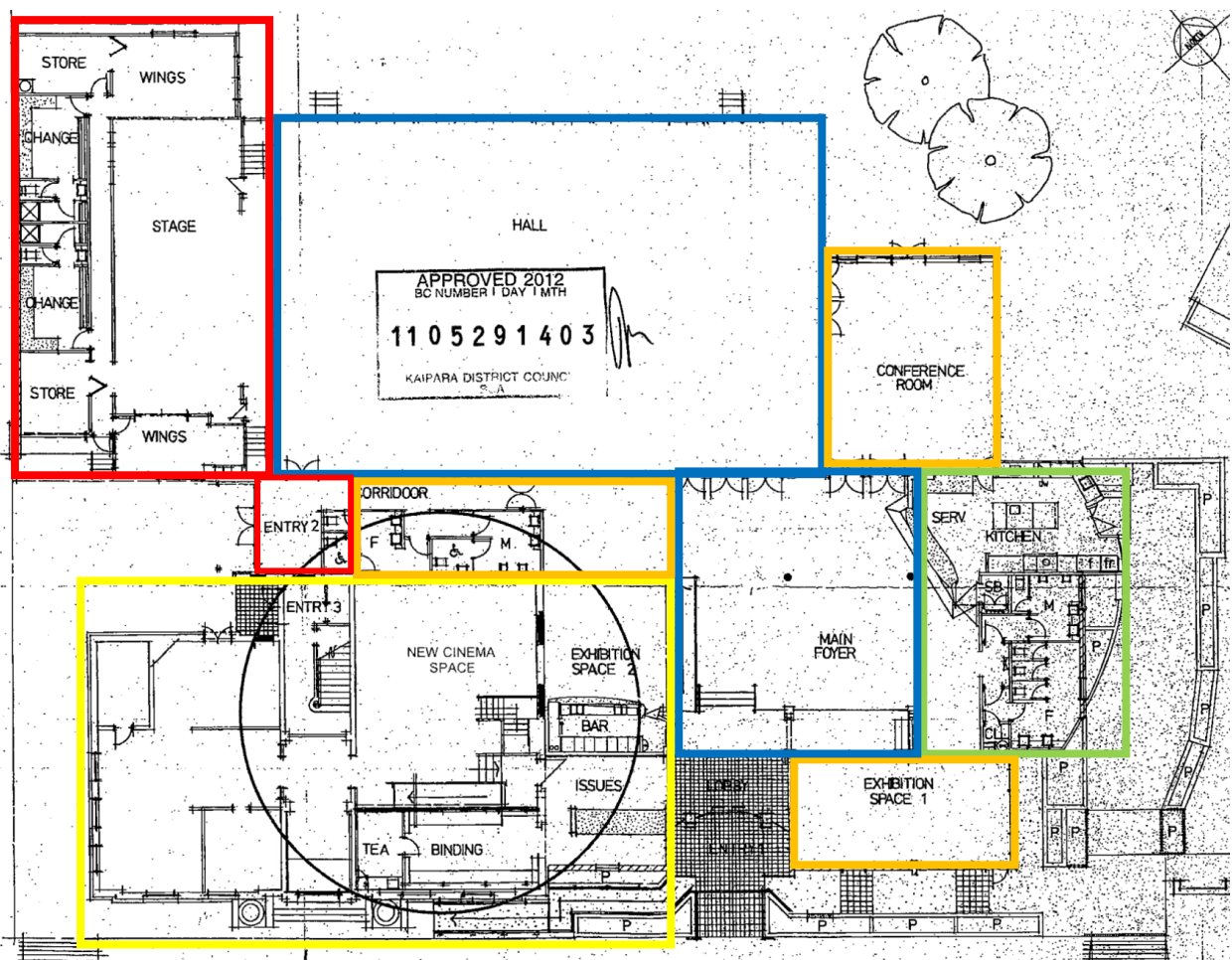
4.5. SUMMARY

74. It is my conclusion that the water damage to the building is affecting the air quality in an adverse manner, and the extent of this effect may require the building to be at least partially closed until rectification has been completed.
75. The areas requiring little to no remediation are the advice bureau office and the conference room kitchen. As to the former, it appears that there is some minor remediation work to be completed however this is not extensive and does not need to prove costly.
76. The stage hall and toilets should not be used until remediation has been completed.
77. The stage storeroom should not be accessed until remediation has been completed.
78. The entry foyer and the gymnasium could potentially be managed and monitored until remediation has been completed and used in some form. Management may include purposeful and conscientious ventilation prior to and during use. Containing areas adjacent to the entry foyer and gymnasium, and the removal of visibly offending areas should also be included in this management.
79. The rear foyer and conference room should if possible be contained and not used until remediation has been completed. If this is not possible a management plan similar to the item above could be employed with a more aggressive removal of contaminated substrate and a specific cleaning regime using HEPA vacuum cleaning machines and scrubbers.

4.6. RECOMMENDATIONS

80. The ANZ/IICRC S520 standard for mould remediation outlines the appropriate response for mould contaminated buildings. They are called the five principles of Mould remediation:
 - a) assure the health and safety of workers and occupants;
 - b) document appropriate actions;
 - c) contain the mould at its source;
 - d) control the bio aerosols during removal;
 - e) rectify sources of moisture and ensure the substrate is dried appropriately.
81. It is my opinion that whilst some actions can be taken now to reduce the growth rate and size of Mould reservoirs, the fifth principle of mould remediation must not be overlooked in this instance.
82. To ensure the above is appropriately addressed, issues relating to the roof will need to be identified and rectified.
83. For my inspection and observations, it appeared that the primary fault relating to the roof was the inadequate or poorly drained box gutter and/or inadequate overflows at the rain heads to prevent overflowing up under the lap.

84. We recommend that a roofing specialist be engaged to survey the roof and provide specific recommendations. If you would like us to assist in this way please feel free to make a request.
85. If KDC are intending to continue using portions of the building, I recommend zoning and containing certain areas as discussed in the summary 4.5.
86. This is to contain the worst of the areas until such time as a full remediation can be executed in a planned fashion.
87. The following mud map outlines three separate zones:
- a) areas that need no apparent remediation (GREEN);
 - b) areas that can be used with some management until rectification can occur (BLUE);
 - c) areas that will need extensive management but could still be used until rectification can occur (ORANGE);
 - d) areas that should not be accessed until rectification can occur (RED); and
 - e) areas that were not able to be accessed during my inspection (Yellow).



- 88.
89. It must be understood that the zoning and partial remediation is a short-term solution to assist in allowing parts of the building to continue being used. However, a full remediation should be scheduled at the nearest opportunity.

90. Full remediation scope of works must include a removal of all mouldy organic matter, which includes porous wall boards and ceiling tiles, as well as all soft furnishings such as carpets and drapes.
91. Once the execution of the full scope of works had planned and scheduled, it is my recommendation that the first phase be to remove items listed in the proceeding paragraph.
92. Concurrently, the remediation works to the roof should be undertaken.
93. Once water ingress has been rectified, a thorough removal of any mouldy substrate can occur. Each instance or instances in close proximity to each other of mouldy substrate should be removed under negative air containment using H14 or HEPA negative pressure units. The containment should be airtight to reduce the dispersion of fungal particulate.
94. Mouldy substrate should be placed into sturdy plastic bags and tied at the top with a gooseneck.
95. Disposal can be undertaken as per normal household refuse; however, this should be checked with local authorities.
96. A thorough HEPA vacuum of all remaining surfaces and 48 hours of thorough air scrubbing must be completed once removal has occurred.
97. Ensure that all substrate and building materials within the exterior building envelope are dried to within two points of dry standard; usually a wood moisture equivalent of 18%.
98. Following the above steps, a post-remedial validation should be conducted including air sampling and a thorough visual inspection. Biodec can provide these services upon request.
99. Remediation projects of this size should be conducted by a professional company experienced in the field of Mould remediation with certified staff holding an IICRC AMRT class certification.

5. SCOPE OF WORKS

5.1. BACKGROUND

100. On the 15th and 16th of September I (Carl Sheehan) re-attended site to perform a detailed inspection and provide a full scope of works for the remediation of Mould at the subject property.
101. I have broken down the scope of works into the areas as listed below.

5.2. CONFERENCE ROOM

5.2.1. General observations include:

- 102. Visible water damage to paneling.
- 103. Visible water damage to doors.
- 104. Visible mould growth behind wallpaper, primarily along the lower edges.
- 105. Contamination on customwood skirtings.
- 106. Moisture and mould to the carpet.
- 107. Mould on the furniture and joinery.
- 108. Mould on the blinds.
- 109. Mould on external joinery.
- 110. Water damage and staining to ceiling tiles.

Photos



Figure 1 - Mould and elevated moisture levels on skirting boards, lower wall linings and carpet



Figure 2 - Mould on the underside of furniture

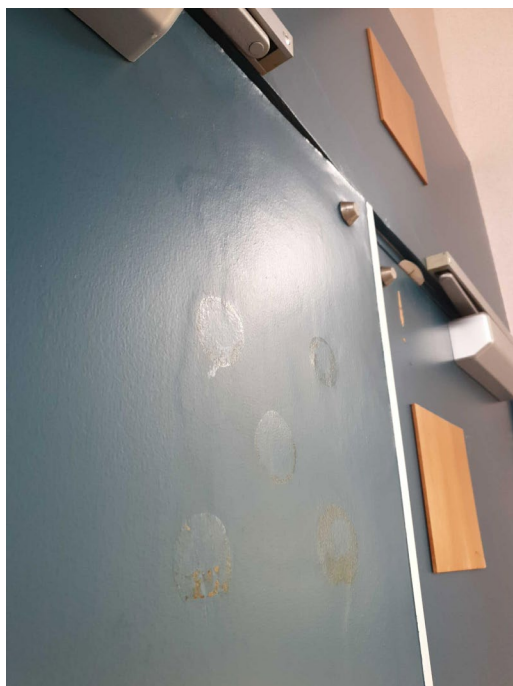


Figure 3 - Water damage to doors



Figure 4 - Water damage and mould to the backside of vinyl paper and plasterboard



Figure 5 - Superficial mould to the window sills



Figure 6 - Superficial growth to the hard surfaces of contents

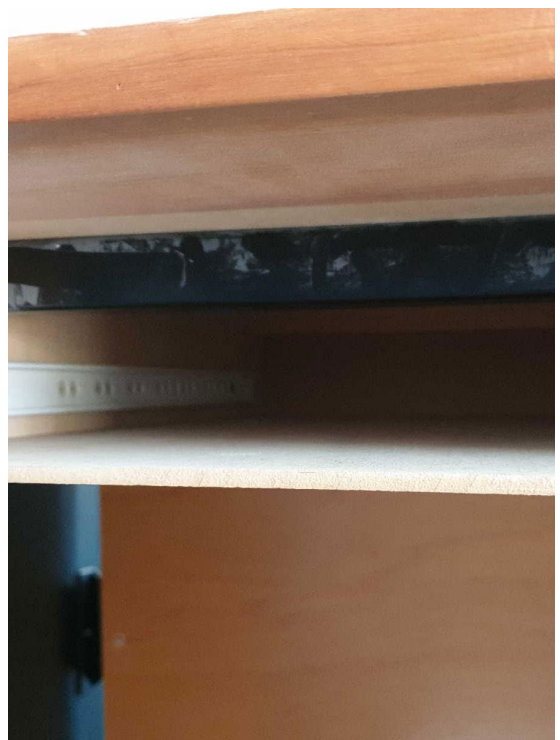


Figure 7 - Mould growth on the unprotected semi-porous services of contents



Figure 8 - Spots of visible mould on the carpet

111.

5.2.2.Scope of works

111. Set up containment to isolate this room from all other parts of the building and placed under negative pressure with a high volume NPU.
112. Uplift and dispose of all floor coverings.
113. Scrape the floor clean.
114. Remove and dispose of all skirting boards, to be replaced with non-reconstituted building product, i.e. pine skirting boards.
115. Remove vinyl wallpaper to a 1 m datum line, to be replaced with a permeable wall covering.
116. Remove water damaged or mould affected wall lining to a height deemed suitable for such removal (approximately 400 mm).
117. Remove any mould or water affected ceiling tiles and replace.
118. Remove any mould or water affected aesthetic wall panels.
119. Have internal heat pump units professionally cleaned by an HVAC specialist.
120. HEPA vacuum all remaining surfaces and cavities.
121. Wipe down all contents and assess for salvageability, some soft furnishings will need to be disposed of and replaced.
122. Dispose of blinds and drapes.

5.3. GYMNASIUM

5.3.1.General observations include:

123. internal walls are double laid with Plywood over plasterboard.
124. Moisture levels along the lower wall is consistently indicating elevated moisture content.
125. No visible mould was detected however it is typical to have mould growth between the 2 layers of plasterboard.
126. Some delamination and swelling has occurred to some of the lower wall linings.
127. Mould growth is evident on and around external joinery.
128. Visible growth of Mould was detected on drapes.
129. The fire hose cupboard has visible growth and deterioration.
130. The ceiling has visible growth.
131. There is evidence of water damage to isolated parts of the ceiling.
132. Some wall linings near the apex have water damage and mould.

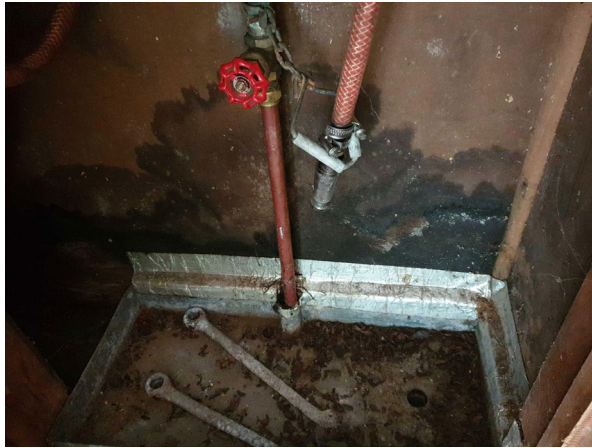


Figure 9 - Mould was discovered in the firehose cupboard



Figure 10 - The joinery has significance fungal deterioration and mould growth



Figure 11 - Some of the soft furnishings were found to be significantly damaged by mould



Figure 12 - The underside of the stage showed signs of water staining and topical fungal growth



Figure 13 - The heavy curtains had significant spotty growth

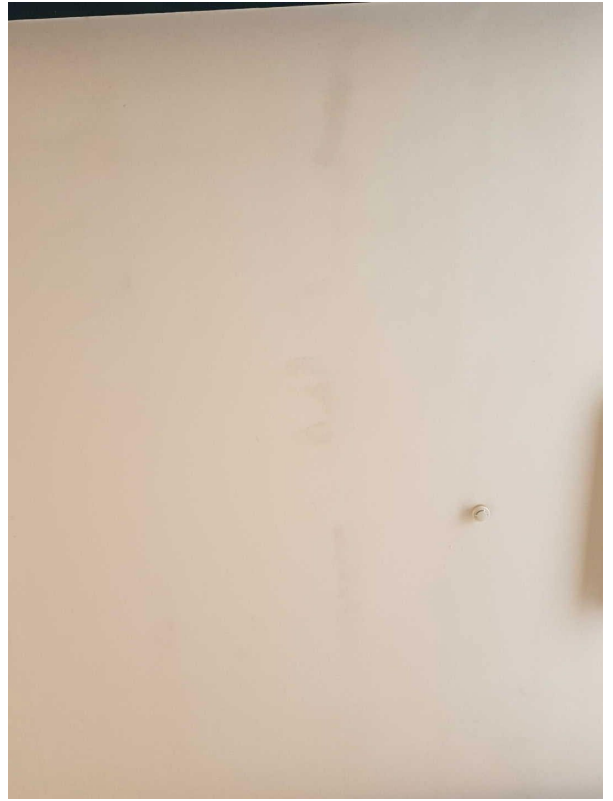


Figure 14 - Parts of the ceiling showed water damage and mould growth



Figure 15 - Much of the lower wall presented high moisture readings



Figure 16 - Double lining appears to be standard with Plywood then Fireline being the 2nd layer

133.

5.3.2.Scope of works

133. Set up containment to isolate the gymnasium from all other parts of the building and placed under negative pressure with a high volume NPU.
134. Dispose of blinds and drapes.
135. Wipe and HEPA vacuum all external joinery.
136. Isolate the fire hydrant if necessary and remove all lower walls and framing that is contaminated with mould.
137. HEPA vacuum and wipe the floor clean.
138. Remove water damaged or Visibly suspect mould affected wall lining. (Fire regulations need to be ascertained)
139. Apply a thermal antimicrobial as a fog to all remaining internal areas including the ceiling.
140. HEPA vacuum and wipe all walls.
141. Remove any mould or water affected aesthetic wall panels.
142. HEPA vacuum all remaining surfaces and cavities.
143. Wipe down and HEPA vacuum all contents and assess for salvageability, some soft furnishings will need to be disposed of and replaced.
144. *Long-term remediation will include: removing all skirtings, lower wall linings and Hessian lining...cleaning of all the cavities and reinstating. All windows will require significant work and easing.*

5.4. ENTRY FOYER

5.4.1.General observations include:

146. Moisture and mould damage to the plasterboard ceiling.
147. Moisture and mould damage to some of the acoustic ceiling tiles.
148. Moisture and mould damage to the plasterboard wall linings.
149. Moisture and mould damage to the customwood skirtings.
150. Moisture and mould damage to doors.
151. Moisture and mould damage to wall panels.
152. Moisture and mould damage to some of the chairs.



Figure 17 - Water damage to some of the ceiling plasterboard



Figure 18 - Water damage to some of the ceiling tiles

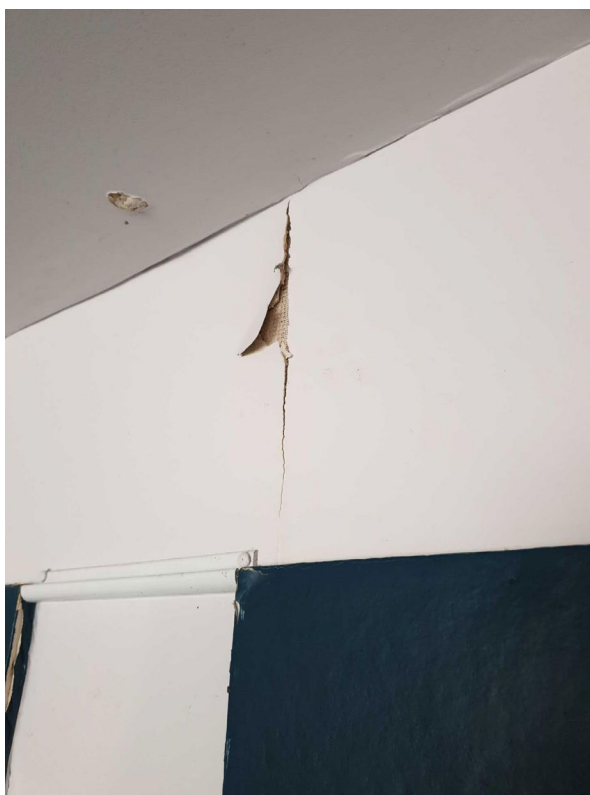


Figure 19 - Water damage to some of the wall plasterboard

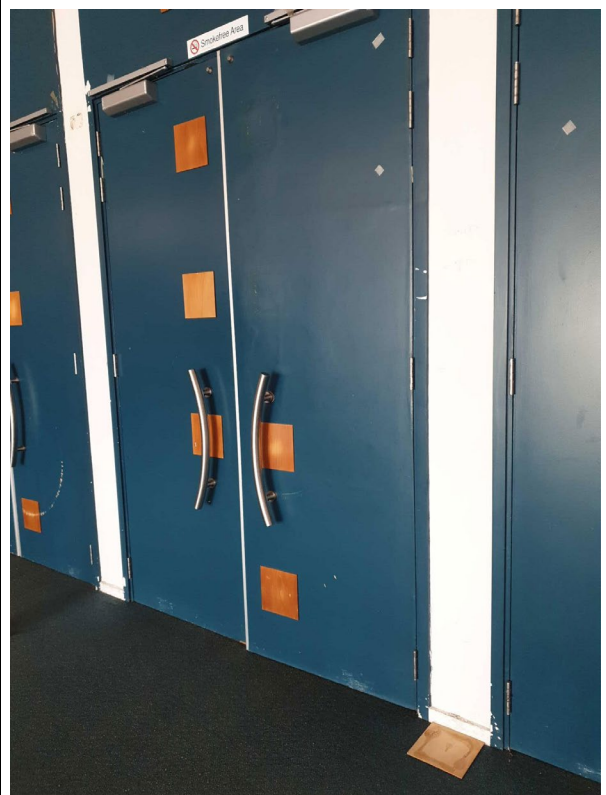


Figure 20 - Water damage to the doors resulting in swelling



Figure 21 - Visible mould growth on some of the chairs

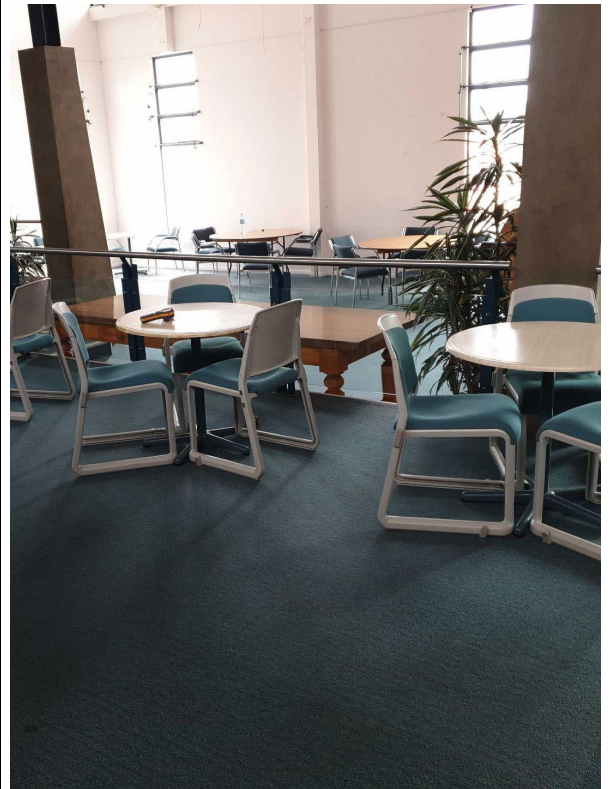


Figure 22 - All chairs and furniture will require individual assessment for suitability to salvage

153.

5.4.2.Scope of works

153. In the short term, remedial action must include:

- a) cutting out loose lining paper and paper tape, treating the surface and reinstating plaster.
- b) Remove saturated aesthetic wall panels above the doors.
- c) Remove secondary layer of plasterboard lining if required.
- d) Remove and dispose of all skirting and replace with pine.
- e) Visually inspect all chairs and tables, HEPA vacuum and wipe if salvageable.
- f) Thoroughly HEPA vacuum all ceiling, walls, and floor areas.
- g) Thoroughly HEPA vacuum joinery and pelmets and wipe with an antimicrobial treatment.

154. Long-term remediation will have to include:

- a) Removal and replacement of plasterboard ceiling. Address framing as required for contamination and durability.
- b) Remove and replace all damaged ceiling tiles.
- c) Remove and replace all floor coverings.

- d) Remove and replace the plasterboard lining on the internal wall leading to the gymnasium. Address framing as required for contamination and durability.

5.5. STAGE HALLWAY AND TOILETS

5.5.1. General observations include:

155. There was water damage to the ceiling in the hallway and men's bathroom.
156. There was water damage to the wall linings and the hallway, men's toilet, and potentially other areas.
157. There was a very strong musty odour.



Figure 23 - Water damage to ceiling

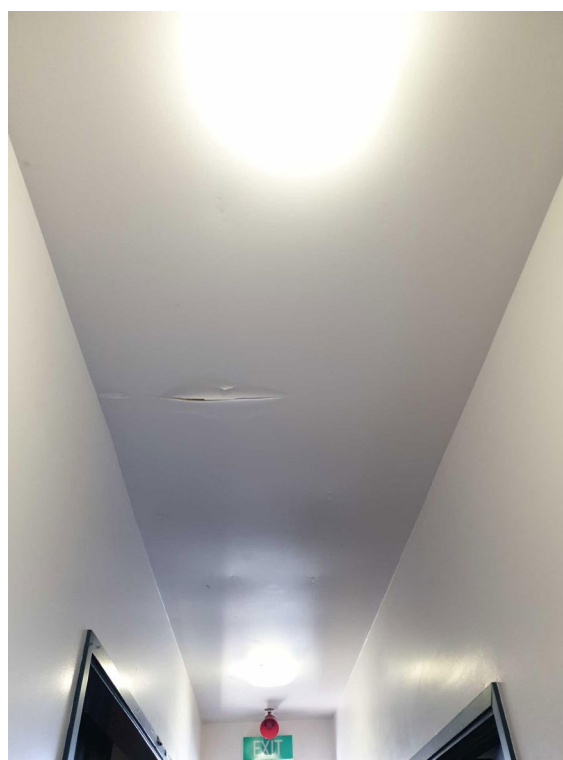


Figure 24 - Water damage to ceiling



Figure 25 - Water damage to ceiling



Figure 26 - Water damage to ceiling and wall

158.

5.5.2.Scope of works

- 158. This area will be isolated immediately.
- 159. Initial remediation must include:
 - a) Removal and disposal of the carpet.
 - b) Remove and dispose of all skirting boards.
 - c) Remove and dispose of the ceiling in the men's bathroom and hallway.
 - d) Inspect, and if salvageable, clean the framing and treat with a fungicidal agent.
- 160. *Long-term remediation must include:*
 - a) removal of all wall linings and hallway and intertenancy external wall in men's toilet.
 - b) Assess and if suitable, clean all the framing before reinstatement of linings.

5.6. STAGE STOREROOM

5.6.1.General observations include:

- 161. This room must be isolated immediately.
- 162. All items that were inspected in the storeroom had visible heavy contamination.
- 163. Wall linings, ceiling linings, doors all have active growth.





164.

5.6.2.Scope of works

164. The immediate scope of works must include:

- a) Isolate the room and set up negative air containment.
- b) Dispose of all items excluding the plastic cross and timber flag holder.
- c) Remove all wall linings and ceiling linings and doors that have active visible growth.

165. Long-term scope of works must include:

- a) Removal of any remaining ceiling and wall linings.
- b) Assessment and clean/treatment of all framing.

5.7. REAR FOYER

5.7.1. General observations include:

- 166. This area should be isolated immediately.
- 167. There is visible mould on the carpet.
- 168. There is visible mould on some of the ceiling tiles.
- 169. There is visible mould and water damage on lower walls and skirting boards.
- 170. There is mould in the ceiling cavity.
- 171. The high moisture readings throughout.



Figure 27 - Heavy growth on some of the ceiling tiles



Figure 28 - Heavy growth on some of the ceiling tiles

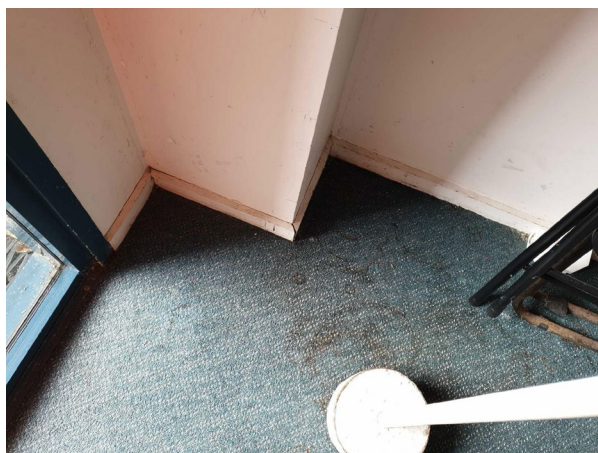


Figure 29 - Visible growth on the carpet

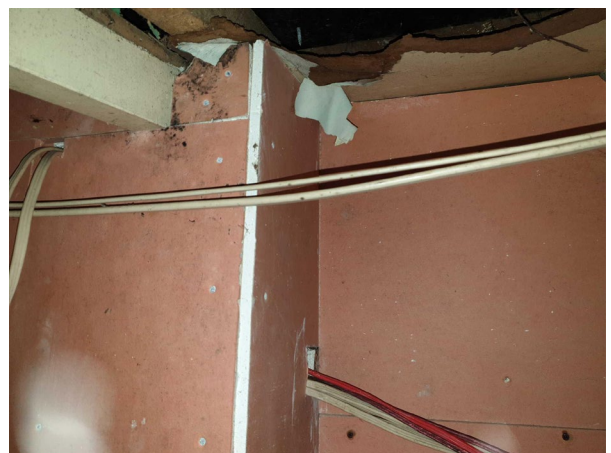


Figure 30 - There is visible growth on the Fireline in the ceiling cavity

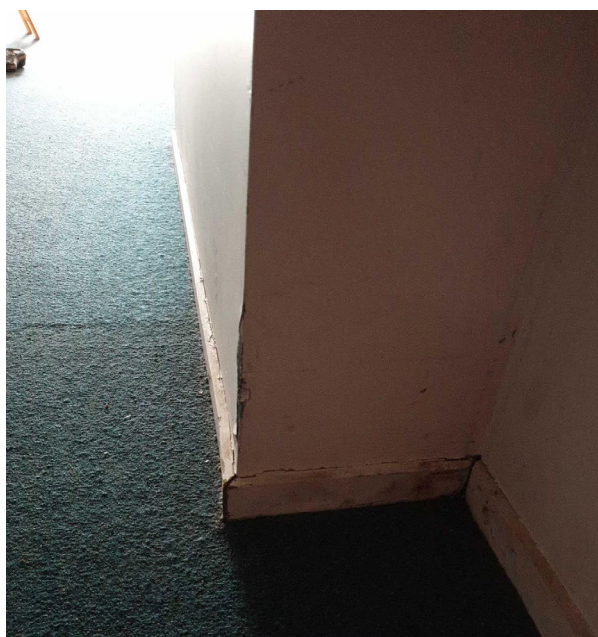


Figure 31 - There is visible growth on the lower walls and skirting boards

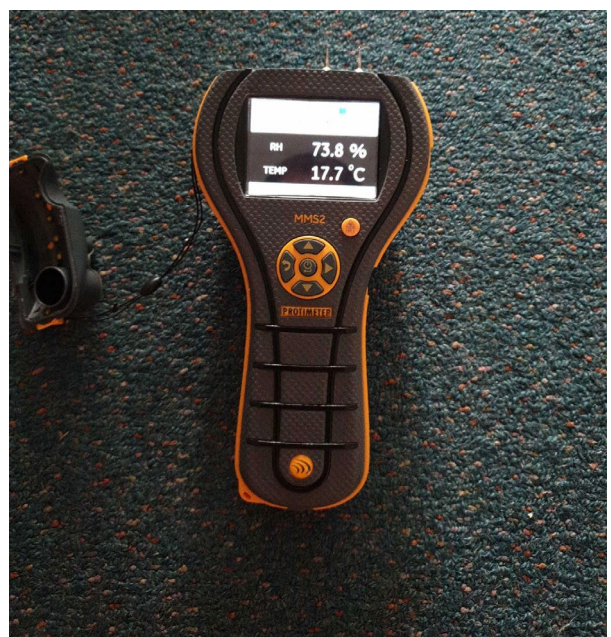


Figure 32 - A sustained relative humidity of more than 60% can promote ubiquitous mould proliferation

172.

5.7.2.Scope of works

172. The initial scope of works for this area must include:
- a) Isolating the area completely to avoid fungal migration.
 - b) Removal and disposal of all water damaged and mould affected ceiling tiles.
 - c) Removal and disposal of insulation in the ceiling.
 - d) HEPA vacuum all ceiling framing and assess timber structure for durability.
 - e) Removal linings adjacent to the toilet right through to the external doors.
 - f) Remove wall linings adjacent to the gymnasium, however this forms part of the fire cell so fire regulations will need to be addressed.
173. *Long-term remediation will need to include:*
- a) Full removal of linings of all internal and ceilings.
 - b) Full cleaning of all structural elements.
 - c) Antifungal treatments of all structural timber elements (*BORATE*).

5.8. SUBFLOOR AND BASEMENT

5.8.1.General observations include:

174. The subfloor generally was in good condition.
175. There was some efflorescence present.
176. Under the external Entrance there was some condensation forming.
177. The entrance to the basement area had some equipment that had been stored which was presenting extensive mould growth.
178. The underside of the floorboards in some areas had light superficial growth.
179. There was a leak detected from one of the sewer line risers.



Figure 33 - Efflorescence is present indicating dampness from a subterranean source is evaporating into the subfloor space



Figure 34 - The sewerage riser is leaking and should be attended to urgently



Figure 35 - The bottom side of the floor boards and some isolated areas showing signs of visible mould growth



Figure 36 - Building rubble and debris is growing visible mould from the damp surroundings



Figure 37 - Some of the contents have significant mould growth



Figure 38 - More contents with visible mould growth

180.

5.8.2.Scope of works

180. As an immediate scope of works I recommend the following:

- a) Remove and dispose of all contents that are exhibiting mould growth or could prompt mould growth if left in a damp environment.
- b) HEPA vacuum hard surfaces within the immediate vicinity of the entrance.
- c) Clean and treat mould on the underside of floorboards.

181. As a long-term scope of works, I recommend the following:

- a) Install mechanical ventilation to extract wet air from the subfloor area to the outdoors.
- b) Install a moderate amount of DPC to prevent evaporation from the wetter areas of the soil in the subfloor.

5.9. GARAGE STORAGE AREA

5.9.1.General observations include:

182. The carpet has visible mould growth.
183. The skirting has water damage and visible mould growth.
184. There is mould damage to the lower walls.
185. Many of the contents exhibit visible mould growth.



Figure 39 - Many of the contents exhibited superficial mould growth, some of which can be cleaned



Figure 40 - There is contaminated carpet in part of the storage area



Figure 41 - Visible water damage and mould growth to the top and bottom of some of the carpet storage



Figure 42 - The growth has affected skirting boards, lower wall boards and the floor in some areas



Figure 43 - Some staging that is kept in the storage is unsalvageable and will require disposal



Figure 44 - Some unfinished timbers such as the bottoms of draws on desks in the storage area are deemed to be unsalvageable

186.

5.9.2.Scope of works

186. In the short term, I recommend the following actions:

- a) Remove all contents and assess for salvageability, clean those that are able and dispose of all others. (Some isolation has been undertaken)
- b) Remove all carpet and dispose. (Completed)
- c) Remove all skirting boards and dispose.
- d) Remove all isolated areas where mould growth is present on the plasterboard or where mould growth is suspected within the cavity.
- e) Clean and treat the cavity and assess the framing for durability.
- f) Where applicable treat with borate-based wood preservative.

187. In the long term I recommend the following actions:

- a) Remove all linings and areas where water penetration has occurred.

5.10.CAUSATION

5.10.1.Roof area

188. The roof has several defects which were noted during our inspection. Our observations are listed below:

- a) There are no sill flashings on the windows above the gymnasium.
- b) The upturn of the waterproof membrane does not terminate under a downturn at the window and water is able to penetrate through the back of the membrane.
- c) The laps of the waterproof membrane are counter to the rake allowing water to pond and penetrate under the lap.

- d) There is inadequate fall to the rain head.
- e) There is deterioration to wooden members which were used previously to terminate the waterproof membrane.
- f) There is organic debris collected in the gutter and rain head/s.
- g) There are areas of improper or inadequate joining between horizontally and vertically laid Butynol.

5.10.2.Exterior cladding

189. The exterior cladding has a few defects that were observed during our inspection. Those observations are as follows:

- a) Some of the joinery set into rendered walls do not have sill flashings or appropriate head flashings.
- b) Some of the aluminium joinery was parting at the mitre joints.
- c) There was hairline cracking in several areas in the exterior render.
- d) The timber cladding has not been treated with wood preservative for an extended period and deteriorative fungi has grown.
- e) Some portions of exterior cladding have deteriorated elastomeric paint in key areas such as gables and barges.
- f) Some flashings on the barges are not sealed and water has penetrated through the joints and into the timber structure.



Figure 45 - there are no sill flashings along the top of the gymnasium



Figure 46 - the water proofing membrane does not turn up behind a wet or dry flashing



Figure 47 - there is inadequate fall



Figure 48 - the discharge from the upper roof does not disperse well



Figure 50 - the laps of the waterproofing membrane are counter to the rake and water is able to push into the joint.



Figure 51- organic debris is blocking some drains



Figure 52 - organic debris in the rain head



Figure 53 - some window joinery has signs of serious deterioration and cannot close.



Figure 54 - step cracking in the render



Figure 55 - no sill flashing



Figure 56 - the weatherboards require treatment with wood preservative



Figure 57 - the weatherboards require treatment with wood preservative

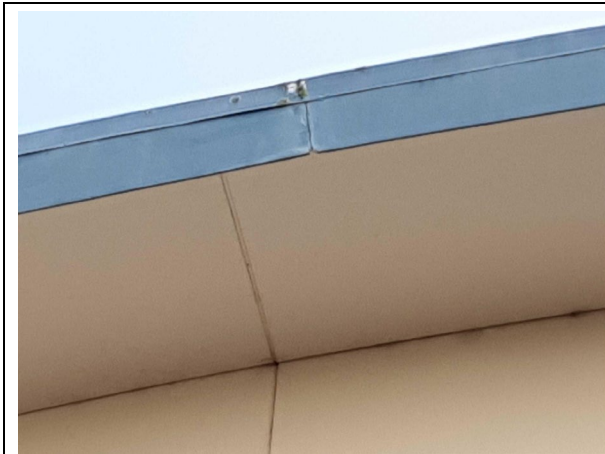


Figure 58 - unsealed connections in the barge to roof flashing



Figure 59 - cracking in the render

5.10.3.Recommendations

190. A project of this enormity requires detailed planning, budgeting, and assessment for compliance.
191. In the short term to prevent continuous weather penetration which will continue to deteriorate the building holistically, many of these minor issues can and should be addressed in a piecemeal approach. There are some temporary works that can and should be undertaken to the roof to avoid weather penetration in the short term whilst planning for an overhaul can take place such as flashing of sill to roof membrane above Gymnasium and better disbursement of water from downpipes along this area.

6. CONCLUSION

193. If there are any further questions, please do not hesitate to call.

Carl Sheehan - Assessor

LICENSED BUILDING PRACTITIONER
MASTER BUILDER
WRT-IICRC (WATER RESTORATION TECHNICIAN)
AMRT – IICRC (APPLIED MICROBIAL REMEDIATION TECHNICIAN)
FRT - IICRC (FIRE ASSESSMENT AND REMEDIATION TECHNICIAN)

Jason Pickering – Author

LICENSED BUILDING PRACTITIONER

WRT-IICRC (WATER RESTORATION TECHNICIAN)
AMRT – IICRC (APPLIED MICROBIAL REMEDIATION TECHNICIAN)
MICRO – CERTIFIED MOULD ASSESSOR
IAQA - INDOOR AIR QUALITY CONSULTANT
ITI - ADVANCED STRUCTURAL DRYING TECHNICIAN

Taharoa Domain Security Report November 2020

Meeting: Taharoa Domain Governance Committee
Date of meeting: 10 November 2020
Reporting officer: Hamish Watson, Parks and Recreation Manager

Purpose/Ngā whāinga

To update the committee on progress from the security and accommodation review

Executive summary/Whakarāpopototanga

Staff engaged Security Consultants Fearfree Ltd to undertake an independent security for the Taharoa Domain and Kai iwi Lakes Campground after previous discussions with the Governance Committee. They have provided a comprehensive report outlining risks and actions that can be taken to make the Taharoa Domain and kai iwi Lakes Campground a safer place for staff and visitors to visit.

Recommendation/Ngā tūtohunga

That the Taharoa Domain Governance Committee:

- a) Notes the Taharoa Domain Security report update.

Context/Horopaki

Taharoa Domain is 640 Hectares consisting of 3 Lakes and 2 campgrounds, Pine Beach Campground has a capacity of 480 with Promenade Point Campground holding 120 campers. During peak season of Mid December through to Easter there can also be an estimated 1000 visitors per day on site in addition to the 600 campers all partaking in a variety of activities.

Council budgeted \$350,000 in the 20-21 financial year of this Long-Term Plan (LTP) for Kai iwi Campground Facilities which allowed for safety improvements up to and including providing an accommodation building on site.

Staff have identified potential security improvements including security gates and following discussions with the Committee agreed to undertake an independent review which would direct investment. Staff subsequently engaged Security consultants, Fearfree Ltd to complete an independent review and provide recommendations

Discussion/Ngā kōrerorero

Health and Safety in employment has received considerable attention by government agencies. This comes after some high-profile incidents and the introduction of the new Health & Safety at Work Act 2015. It is advised that Health & Safety and Security should share an equal focus, as they both have the potential to impact on people's safety. There is a general duty under the Act to eliminate all risks to health and safety, and if risks cannot be eliminated, they must be minimised as far as is reasonably practical.

Following discussions with staff and an onsite assessment, the consultants have concluded that there are relatively basic actions that can be taken to considerably improve staff safety and overall security. (Attachment A)

Significantly, the consultant did not feel it was necessary to provide accommodation on site and noted that this can introduce other risks and potential for long hours for the staff who are onsite all the time.

Staff have started to implement some of the “easy wins” already and will continue to work through the actions using the budget available. Some key findings are highlighted below.

Review staffing levels;

Upgrade communication systems; (Handheld radios)

Duress alert system;

Upgrade CCTV system;

Automated gates at the main entrance and Promenade Campground.

Financial implications

This has been budgeted for in the 20-21 financial year of this LTP and is funded from financial contributions. By not including the accommodation unit and resolving security issues through other options may provide a significant cost savings.

Significance and engagement/Hirahira me ngā whakapāpā

The decisions or matters of this report do not trigger the significance criteria outlined in Council's Significance and Engagement Policy, and the public will be informed via agenda on the website.

Next steps/E whaiake nei

Staff are to continue to implement actions as per the review document

Attachments/Ngā tapiritanga

	Title
A	Kai Iwi Lakes Security Review

Appendix A – Lag Indicators – Last Quarter Scorecard - Period 1 July – 30 June 2020

	QTR 1: July – September 2019				QTR 2: October – December 2019				QTR 3: January – March 2020				QTR 4: April – June 2020				Total	QTR 1: July – September 2020			
	KDC	Contractor	Public	Q1 Total	KDC	Contractor	Public	Q2 Total	KDC	Contractor	Public	Q3 Total	KDC	Contractor	Public	Q4 Total	2020 FY	KDC	Contractor	Public	Q1Total
Fatality (coroner's report)	-	-	1 Road with coroner	1	-	-	1 lakes drowning	1	-	-	-	0	-	-	-	0	2				
Environmental Incident	-	-	N/A	0	-	1	N/A	1	-	1	-	1	-	1		1	3		-		-
Notifiable Incident	-	-	-	0	-	1	-	1	-	-	-	0	-	-		0	1		-		-
Lost time injury	1	-	N/A	1	1	-	N/A	1	-	1	-	1	-	-		0	3		-		-
Medical treatment only	1	3	-	4	-	3	1	4	-	-	-	0	-	-		0	8		-		-
First Aid only	-	6	-	6	2	3	-	5	1	3	-	4	-	2		2	17		3		3
Report Only	-	-	-	-	-	-	-	-	1	-	-	1	-	-		0	1		-		-
Occupational Illness	-	-	N/A	0	-	-	N/A	0	-	-	-	0	-	-		0	0		-		-
Pain and discomfort	1	-	N/A	1	3	-	N/A	3	5	-	-	5	2	1		3	10		-		-
Property Damage (other)	5	4	2	11	4	5	3	12		2	-	2	-	-		0	25		2		2
Near Miss (other)	2	-	-	2	-	-	1	1	1	-	-	1	-	2		3	7		1		1
Property damage (Motor vehicle) including driving	-	8	-	8	1	1	1	3	-	2	-	2	1	-		1	14		3		3
Near Miss (Motor vehicle) including driving – thru traffic control	-	14	N/A	14	1	12	N/A	13	-	-	-	0	-	-		0	27		-		-
Occupational Violence/Threats	-	4	N/A	4	2	3	N/A	5	-	2	1	3	3	-		0	15		-		-
Public Nuisance	3		N/A	3	7	-	N/A	7	1	-	-	1	1	-		1	12		2		2
Traffic Management Incident/Hazard/ Non conformances	-	5	N/A	5	-	2	N/A	2	0	2	-	2	-	1		1	10		1		1
Hazards reported	1	6	-	7	4	5	-	9	2	-	-	2	1	-		1	19		1		1
Dangerous event	-	2	-	2	-	1	2	3	1	-	-	1	-	-		0	6		-		-
Asset strike	-	2	N/A	2	-	5	N/A	5	-	1	-	1	-	4		4	12		7		7
Animal attack/threat	-	1		1	-	-	-	0	1	-	2	3	-	-		0	4		-		-
Chemicals/haz substances	-	1	-	1	-	-	-	0	-	-	-	0	-	-		0	1		-		-
Theft/Security	-	3	-	3	-	1	-	1	-	-	-	0	-	-		0	4		-		-
Driving accident	-	-	-	0	-	1	1	2	-	1	-	1	-	-		0	3		-		-
Incidents/near miss operating plant (excavators etc)	-	13	N/A	13	-	7	N/A	7	-	2	-	2	-	2		2	24		5		5
Incidents/near miss operating equipment	-	4	N/A	4	-	5	N/A	5	-	1	-	1	-	1		1	11		-		-
Incidents/near miss operating trade vehicles	-	8	N/A	8	-	1	N/A	1	-	-	-	0	-	-		0	9		6		6

Appendix B – Incidents, Near Miss or Hazards with potential to cause a serious outcome


Staff/Public/Contractor	Incident, near miss, hazard	Details	Risk Owner	Potential for serious harm/implications	Action/Response
Public	Pond Safety Review (post Gore drowning)	A review into the security and safety of the Dargaville PP Pond was conducted after a child drowned in a similar pond in Gore.	GM INFR	Likelihood UNLIKELY Consequence CATASTROPHIC RISK SCORE 10	This will not be funded externally and the Manager will look for alternative funding as well as including in the next LTP.
Public	Pontoon at Kai Iwi Lakes - Taharoa domain	Members of the public have reported three near drownings relating to the pontoon. It is unknown who placed the pontoon in the lake. We have been advised it is not NRC's jurisdiction. Hannah has raised it to GM Infrastructure to discuss at Taharoa Domain Governance Committee 18/05/20.	GM INFR	3 near misses reported Likelihood UNLIKELY Consequence CATASTROPHIC RISK SCORE 10	Following a Governance committee meeting on 28 June 2020, the GM Infrastructure has accepted that while the consequence of somebody getting into difficulty in the lakes could be Catastrophic, warning signs have been positioned to remind the public of these dangers. Given the high use of the pontoon and that there are no deaths related to pontoon, the likelihood can only be considered unlikely. The only additional risk mitigation would be to eliminate - remove altogether - however the recreational benefit of having the pontoon would be lost. Ownership is KDCs. No permits or consent required by NRC (not in coastal environment). Life rings put in at Pine Beach, Promenade Point and Lake Waikare.
Staff	Rollover of ATV at Kai Iwi Lakes	Investigation has been finalised.	GM INFR GM P&C	Likelihood POSSIBLE Consequence CATASTROPHIC RISK SCORE 15	Findings to be reviewed by GM Infrastructure and GM P&C Action Plan has been updated out of the findings: <ul style="list-style-type: none"> ATV added to the risk register Evaluation and mapping of no-go areas A review of training and competencies Review of suitability of ATV
Public/Roading	Fatality - Te Kowhai Road	Investigation has been submitted to the Coroner.	GM INFR	Legal Action	Investigation Report reviewed by GM Infrastructure Action Plan has been developed by the investigating officer who is waiting on follow up with police and the coroner. Lessons Learned will be communicated once information is forthcoming from the coroner. 14/07/20 Police requested confirmation of information for coroner.
KDC	Near Miss	Contractor had not received induction and was not aware that asbestos was present in the building in Dargaville	GM P&C	Contamination/Exposure	Visitor and Contractor Guidelines are nearly completed *Minor Works being arranged must be aware of H&S requirements

Risk Assessment Matrix						
Consequence	Catastrophic 5	5	10	15	20	25
	Major 4	4	8	12	16	20
	Moderate 3	3	6	9	12	15
	Minor 2	2	4	6	8	10
	Insignificant 1	1	2	3	4	5
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Likelihood						

- Extreme Risks will be escalated immediately to the Executive Team
- High risks monitored & received monthly by the Executive Team
- Monitored quarterly
- Keep risks on the Risk Register and formally review them quarterly to make sure that the Likelihood and Consequence continues to pose a low level.

Attachment C – Organizational Health and Safety - Lead Indicators – Quarter 1 July – 30 June 2020

Activities	Due/Planned	Actioned/ Completed	Comments
Business activities/tasks risk assessed Hazards identified/reported	All business units	3	Annual review by business units is due – this is a H&S KPI in the 20/21 business plans The introduction of new roles such as the AMO's and Kai Iwi Lakes management has required a review of the health and safety hazards and risks. All action plans currently sit with the relevant risk owners – GM's of CSX & Infrastructure.
Site/Asset hazard registers	All business units	0	This has been raised as an issue with relevant risk owners and has been included in the H&S KPI Dashboard for future reporting *most assets sit within Infrastructure
Workplace/Office/Town Hall/Library H&S inspections	4	4	Offices at Dargaville, and two at Mangawhai and the Town Hall are all completed
Fire Evacuation Drills	3	3	All became due during COVID-19 - To be rescheduled *KDC coordinates drills in Dargaville Office, the Library and the Town Hall. Landlords at Mangawhai are responsible for those buildings.
Tsunami Evacuation Drill - Mangawhai	1	0	Postponed due to COVID –19 Will be scheduled for last quarter
Security Threat – Drill One for Mangawhai, Dargaville and Library	3	0	Postponed due to COVID-19 Will be scheduled for next quarter
HS&E audits due	0	Ongoing review	Ongoing internal review and gap analysis exists by H&SS.
New staff inductions	5	5	During lockdown a lot were completed online
Workstation Ergonomics e-learning	All staff	Collecting data to analyze	All staff are scheduled to complete the H&S Basics Refresher online last quarter. All staff are required to complete an Ergonomics Workstation Risk Assessment. With COVID-19, all staff were requested to complete one so that they could work from home.
Fire and Emergency Warden/Marshal training Dargaville Mangawhai	14 15	14* Rescheduled**	**Further training for Mangawhai staff was scheduled but was postponed due to COVID *to cover flexible work arrangements there may need to be more training to ensure each workplace always has a fire/emergency warden on hand
H&S Hazard Identification and Risk Assessment Instruction (internal)	All staff	Project work planned	Module has not been developed/sourced but this is a priority module
Hazards reported	2	1	Employee followed up with and precautions/controls put in place

	Title of Document Occupational Health and Safety Committee Constitution		
	Prepared by KDC Health and Safety Specialist		27-Sep-20
	Authorised by KDC Chief Executive		TBA
	File Reference	KDC-HS-OHS Committee Constitution	Next review date TBA

NAME: The name of the Committee will be known as:

Kaipara District Council Occupational Health and Safety Committee

AIMS

1. The purpose of the Occupational Health and Safety Committee is to enable management and employees to work as a team so as to establish a safe and healthy working environment.
2. To provide a forum that will allow frank and open discussion on all issues relating to the protection of all persons e.g. employees, contractors/visitors, members of the public, at the place of work.
3. Collate, review and disseminate statistics, Australian/New Zealand Standards, Codes of Practice, policies and procedures relating to the health, safety or wellbeing at the site.
4. In addition, all other persons employed by the PCBU who come under the provisions of the Australian/New Zealand Legislation will be able to refer matters to the Committee for advice or assistance.

SCOPE:

The Committee will concern itself with all Occupational Health and Safety matters that have been formally referred to the employee's immediate supervisor and which have not been acted upon, (open risk documented on the risk register).

Review of the injuries or ill-health and reported near-misses/near-hits (which had the potential to cause injury, ill-health or damage) so as to assist the PCBU and Units in production, updating and monitoring of the Occupational Health and Safety policies and programmes agreed upon.

The examination of all places of work in relation to work design, operating procedures, emergency evacuations, workplace inspections, rehabilitation/return-to-work, technological change and the provision of suitable and approved items of personal protective clothing and safety equipment.

The exceptions which the OHS Committee will not consider are industrial disputes or issues and operational equipment problems/procedures and grievance procedures which do not affect health, safety or wellbeing;

DECISION-MAKING PROCEDURES:

The Committee will endeavour to operate as a joint consultative committee, with the T2 General Manager representative being the decision-maker on all items raised after consultation has been duly exercised. However, if an item that is raised falls outside the authority range of the decision-maker present, the Committee will revert to a joint advisory committee to make recommendations to Line Management. Should the solution that is found be unacceptable, then the Committee may refer the matter to firstly, an approved independent Health and Safety

at Work consultant/auditor for expert advice or secondly, consider whether the matter warrants an inspector to be called into arbitrate.

Decisions will be made through the process of joint consultation and voting on matters before proper discussion at the OHS Committee, will not be practised.

A sub-Committee will be formed from time to time, as the need is identified to assist in gathering information to allow the Committee as a whole to make better informed decisions. All Committee members are expected to participate in the operation of these sub-Committees and membership will be determined by consensus or failing that by the Chair.

MEMBERSHIP

The Committee shall at a minimum consist of ten (10) members

- Seven (7) elected employee representatives – from the direct employee operations who will be SME's; and
- One (1) Decision Maker who has been identified as the PCBU pursuant to the HSaW Act, and or an Officer acting on behalf of the PCBU/Executive Officer
- One (1) Employer nominated OHS specialist
- One (1) Employer nominated Property/Maintenance specialist

In the event that the size of the organisation significantly alters, the elected representatives are authorised to re-negotiate the size and composition of the Committee.

Elections for employee representatives are to be held every (3) years in the months of (July/Aug).

The Chair will call nominations for any casual vacancies.

Management/employer representatives are not to out-number the elected employee representatives on the Committee.

QUORUM

The Committee meetings shall function every month with a full quorum as agreed by the Committee Members:

- Six (6) of the (7) elected employee representatives – from the employee operations who will be SME's
- One (1) Decision Maker who has been identified as the PCBU pursuant to the HSAW Act and or an Officer acting on behalf of the PCBU/Executive Officer
- One (1) Employer nominated OHS specialist
- One (1) Employer nominated Property/Maintenance/Commercial specialist

In cases where a quorum is not attained the meeting is to be rescheduled for the earliest possible time and absent members informed of the rescheduled time. At least one (1) Decision Maker, (1) Employer nominated OHS Specialist, (1) Employer nominated Property/Maintenance/Commercial specialist and (6) employee members at any meeting will represent sufficient management and employee representatives.

A sub-Committee/Working Group will be formed from time to time, as the need is identified to assist in gathering information to allow the Committee as a whole to make better informed decisions. All Committee members are expected to participate in the operation of these sub-Committees and membership will be determined by consensus or failing that by the Chair.

ELECTION AND APPOINTMENT

Management will provide reasonable assistance to employees conducting the elections. Management will appoint decision-makers to the Committee. In the event that a representative is unable to attend a meeting preventing a quorum, the Chair must be notified, and either an alternative suitable deputy found or, if necessary, a re-scheduling of the meeting date.

APPOINTMENT OF EMPLOYER REPRESENTATIVES

Employer representatives are appointed to the Committee for an indefinite period. Management representing the PCBU has the right to determine who will be its representatives.

An employer's representative has a dual role in advising Management of Health and Safety Policy and programmes as well as providing direction for the OH&S Committee.

TRAINING OF COMMITTEE MEMBERS:

All members, both current and future, will participate in an accredited Occupational Health and Safety Committee Training Course, conducted by an accredited trainer.

The training of Committee Members will take place as soon as possible after their appointment to the Committee.

The Committee may determine which course it will attend and make recommendations to Management for follow-up training courses. Should a dispute develop between Management and the Committee on this matter, then the Committee may contact specialist advice from an Authority outlined within the Health and Safety at Work Act 2015, which outlines the retraining requirements for Health and Safety Representatives.

MEMBERS NON-ATTENDANCE AT MEETINGS:

All Committee members are expected to attend all committee meetings.

Where a member fails to attend 3 successive meetings, and does not furnish an explanation that is satisfactory to the remaining Committee Members giving reasons why they should not be asked to resign, then that subject matter expert will be referred back to the Risk Owner/General Manager for action.

Where that resigning member is an employee representative, the Chair, in consultation with the KDC General Manager risk owner, will nominate a substitute employee to fill the casual vacancy created until the next election. Should the resigning member be a management representative, the Manager, will be requested to nominate a replacement.

SUBSTITUTE DELEGATES AT COMMITTEE MEETINGS:

If a Committee member is aware that he/she will be absent for a meeting and that either:

- there will be insufficient members present to constitute a quorum, or
- the agenda item(s) have direct impact on the member's work area.

Then a substitute representative may be nominated.

In the event of using a substitute representative the Committee should be informed in advance of the name and position of the substitute representative.

Substitute representatives must be KDC direct employees and be experts within the direct line management of the risk owner of the original HS representative being substituted.

Substitute representatives who are not trained, are not to attend more than 3 consecutive meetings.

Where a member fails to attend 3 successive meetings, and does not furnish an explanation that is satisfactory to the remaining Committee Members giving reasons why they should not be asked to resign, then that subject matter expert will be referred back to the Risk Owner/General Manager for action.

MEETINGS:

There will be a regular (4 weeks) meeting – unless the Committee decides otherwise. The interval between meetings will not exceed three (3) months.

The Chair will give notifications of meetings two (2) weeks in advance.

- The order of business is to:
- call meeting to order;
- record attendance and apologies;
- introduce any visitors;
- read and confirm minutes of previous meeting;
- unfinished business from previous meetings. reconsider matters on which definite decision have yet to made;
- review incident (near-miss/near hit) reports and statistics. Attempt to identify causes and discuss methods of preventative action;
- discuss suggestions/ideas referred to committee by employees/management;
- talks, films etc. on particular subjects. the subjects should be recorded in minutes;
- discuss inspection reports, in particular unsafe conditions and acts discovered. formulate recommendations for corrective action,
- new business items. may include ohs promotion, training, rule changes, guest speakers, films, long-term studies etc. sub-committees may be appointed to deal with some of these items,
- closure of meeting. confirm date of next meeting.

THE CHAIR:

The Chair will be an elected employee representative, selected by the elected employee representatives. A deputy chair will be elected to fill the position in the absence of the Chair.

The position may be rotated amongst the elected employee members if so desired by the Committee, to share the experience and responsibility.

The Chair has the power to convene a meeting of the Committee irrespective of whether or not the Committee is scheduled to hold an ordinary meeting.

The Chair's principal responsibility is to direct the meeting and guide discussion ensuring that members have the opportunity to express their opinion. The Chair will remain impartial both

with respect to issues under discussion and to all committee members. Where a Chairperson wishes to become involved in discussion, the Chairperson should stand down from the chair while that issue is discussed.

Duties include:

- direct meetings,
- review and sign minutes,
- approve meeting time and place,
- notify members of the meeting,
- ensure all committee members have an opportunity to participate.

SECRETARY

The Secretary will be an elected representative. The position will be rotated amongst the members if so desired by the Committee, to share the experience and responsibility.

The Secretary's main responsibilities include maintaining Committee records, keeping/distributing minutes of meetings, reporting status of previous decisions, recommendations, projects etc. and assisting the Chair in Committee administrative functions.

COMMITTEE MEMBERS

Committee members' responsibilities include:

• COMMITMENT OF A MINIMUM OF THREE YEAR CONTINUAL MEMBERSHIP & PARTICIPATION AFTER JOINING THE OHS COMMITTEE

- attending meetings,
- promoting health and safety at all times,
- feed back information on employees' acceptance of health and safety policies and systems of work for monitoring and review,
- provide feedback on employee's suggestions,
- report unsafe acts and conditions (promote and monitor compliance with health and safety regulations),
- report all incidents,
- raise ideas/suggestions regarding health and safety,
- work safely and influence others to do so,
- attempt to raise health and safety standards above legal requirements,
- take part in sub-committees as required,
- participate in regular workplace inspections as required.

SUPPORT SERVICES PROVIDED FOR THE COMMITTEE

A suitable meeting place and facilities will be made available for the purpose of holding Committee meetings, and for the training of the Committee.

A telephone to make local calls for contacting outside resources in order to gather occupational health and safety information will be made available. Stationery and storage facilities will also be provided as needed.

AGENDA:

An agenda is to be provided for Committee members prior to each meeting. All agenda items are to be submitted to the Chair five (5) days before the meeting. Members submitting items must ensure that the content is given in such detail so as to assist all members in understanding the problem raised, or by additional supportive information. Agenda will be distributed to members one week prior to meeting being held.

The Chair will have the responsibility for determining the order of the agenda items and for determining the time allotted for discussion of each item.

If a Committee member wishes to raise an 'urgent' item that is not on the agenda – it is up to the Committee's discretion to determine an appropriate course of action.

MINUTES

Minutes of Committee meetings whether or not these meetings are regarded as ordinary or extraordinary will be kept.

It is the responsibility of the Committee Secretary to record and distribute the minutes and agenda. Minutes should be action orientated with a name alongside each item that requires attention and will contain the following information:

- i. the description of the meeting (ie Committee, Sub-Committee etc.), place, time and date on which the meeting was held,
- ii. the time the meeting started,
- iii. a list of those attending,
- iv. apologies for absences,
- v. notification of approval of the minutes from the previous minutes plus any amendments made,
- vi. whether there was any business arising from the previous minutes,
- vii. notification of reports or correspondence.
- viii. items for general business,
- ix. time the meeting closed,
- x. date and venue for the next meeting.

The Secretary is to ensure that the minutes are typed and distributed within seven (7) working days of the meeting and are to be distributed as follows:

- a) one copy to each member of the Committee,
- b) one copy for display on each Notice Board or prominent location where employees are able to see them,
- c) a copy for Manager

The minutes are to be kept in a secure location by management and all Committee members are to have access to them.

INFORMATION / ADVICE FOR THE COMMITTEE:

Management is to provide details of:

- a) all injuries or hazardous situations that occurred since the previous meeting,
- b) proposed changes to – the working environment,
 - new plant or substances,
 - job methods or procedures,

That may affect the health or safety of persons in the workplace.

WORKPLACE INSPECTIONS:

The Committee members in conjunction with area supervisors are to conduct regular workplace inspections at three (3) monthly intervals. The Chair is to form the Sub-Committees for the purpose of conducting each workplace inspection. Each Sub-Committee is to provide a report on its findings for the Committee at its next meeting.

Checklists are to be drawn up and provided for use during regular inspections. These checklists will form the basis of the report to the Committee.

An inspection list will be drawn up to cover all locations and incorporating times and dates as agreed to by Managers to enable all workplaces to be given three (3) monthly inspections.

COMMUNICATIONS WITH EMPLOYEES:

Employee representatives will be allowed reasonable time to discuss occupational health and safety issues, with persons within the immediate area for which they are responsible. Also, for the purpose of carrying out the other duties and tasks of members of the Occupational Health and Safety Committee. These time requirements will be determined by the Committee as a whole and prior notice given to management for their agreement.

Copies of OHS Committee minutes will be distributed to staff notice boards, all committee members, Executive Team.

NON MEMBERS' ATTENDANCE AT COMMITTEE MEETINGS

Persons other than Committee members will be allowed to attend meetings subject to:

- prior agreement at the previous meeting reflected in the Agenda,
- agreement between meetings by the Chair and management,
- minimal disruption to shifts.

Such persons may:

- have special knowledge,
- information or advice to benefit members,
- come as observers.

Permission to attend the meeting is strictly by invitation, and can be withdrawn at any time by the Chair.

PROCEDURES FOR CHANGING THE CONSITUTION

The procedure for any constitutional change will be determined at any Committee meeting attended by **ALL** Committee members who, at that point in time, hold office.

The purpose for which an employee meeting is to be held and the method in allowing all employees concerned time to attend or an alternate method to vote to consider the matters put before them, shall be negotiated with management.

At no time shall any of the provisions in this constitution be altered in such manner as to take precedence over any legal obligations imposed.

Any amended constitution will be forwarded to the Executive Team.

OHS COMMITTEE PROGRAM RESPONSIBILITIES /FUNCTIONS:

- Adopt a OHS Committee Constitution and meetings protocol;
- Develop and review local OHS policies, procedures and work instructions;
- Monitor policies etc implementation;
- Access and review incident, injury and disease statistics and trends (eg ACC, WorkSafe NZ)
- Planning, developing and recommending OHS plans, policies and programmes for site,
- Recommending training for committee members, management and all staff;
- Monitoring, evaluating, reviewing and improving plans, policies and programmes for site;
- Using systems audits and workplace inspections (HIRAC) to monitor and measure impact of OHS plans and programmes for continuous improvement.

OTHER FUNCTIONS THAT COULD BE AGREED UPON

- OHS matters referred to Committee by OHS Reps, management/supervisors;
- Promote OHS in the workplace,
- Incident prevention programmes (Housekeeping);
- Systematically conduct a programme of workplace inspections/hazard identification;
- Review workplace incidents and recommend corrective measures;
- Evaluate and make recommendations regarding expenditure for OHS equipment/capital works;
- Assist in company compliance with relevant OHS legislation.

AREAS NOT UNDERTAKEN BY OHS COMMITTEE

- Industrial disputes or issues;
- Operational equipment problems/procedures and grievance procedures which do not affect health, safety or wellness;
- Any workplace hazard that has not previously been brought to the attention of the supervisor either directly by an employee or by the OHS Rep.
- Minor maintenance or repair problems.
- OHS Committees are advisory, consultative and administrative. The committee does not possess the power to enforce any decisions or recommendations it makes. It remains line management's decision whether or not to implement those recommendations.

People & Capability Owned H&S Risk/Issues as at 30-Sep-2020

Risk	Progress Report - Comments/Details	Due
Occupational Driving	KDC's Fleet Vehicle Policy has been finalised and used as methodology to implement Safe Driving in all Council Vehicles. Smartrak the new <i>In Vehicle Management System</i> , (IVMS) is the software system implemented to monitor KDC Employee behaviour's using KDC's Fleet Vehicle Policy as the measuring tool.	Dec 2020
Fire Safety Compliance	Drills were overdue on the back of NZ's response to COVID-19, however thanks to Emergency Evac Alarms being activated due to non-Emergency situations, (dust), 6 Molesworth Drive office is now compliant. Remaining offices will require Emergency Evac Drills, which have been scheduled for the first/second quarter of 2021.	H&SS March 2021
Workplace Incident/ Emergencies	Evidence of a risk-based approach being applied to KDC's Incident Reporting is now reflected in KDC's <i>Incident and Investigation Management Procedure</i> released for the first stage of consultation. Utilising <i>SaferMe</i> IT Software to streamline and implement KDC's Incident Management process, KDC will be monitoring Incident Frequency Rates and the effectiveness of implemented controls via the monthly KDC OHS Committee meetings.	GM P&C to review monthly
Working Alone/ Remote work	Various incidents have been the catalyst for a risk-based investigation into staff safety and security. Combined reports and action plan now sit for review as an open agenda item on the KDC OHS Committee. Customer Service have engaged an afterhours contractor, United Security Northland, (USN) who will provide scripted notifications received after-hours. That recent acquisition in alignment with the AMO's and NCO's being employed directly, has re-established KDC's focus to ensure our Working Alone/Remote Work procedures are aligned with best industry practice. This matter is an open agenda item with GM Customer Experience noted as the risk owner.	GM P&C + CSX To review monthly
Staff Security/ Aggressive customers	There are ongoing Security assessments being carried out across Council, with a generic approach applied for emergency responses. The rollout of Fear Free Training for all Front Facing staff was scheduled for the last quarter of 2020 in Mangawhai.	GM P&C, GM E&T, GM CX, and GM IS Set 2020
Organisational Health, Safety, Environment & Quality (HSEQ) performance reporting, evaluation & assurance	The H&S Strategy has been a key focus for KDC's Executive Team, with the General Managers identified as Risk Owners within the HSAW Act 2015. As Risk Owners the GM's have continued to shape Departmental Specific Health and Safety Targets for each financial year. The allocation of end-to-end resourcing for the development, implementation, monitoring and review of each GM's measurable H/S targets, began in Aug 20. KDC's OHS Committee has been reviewed and restructured to bring KDC's existing Consultative forum, sharply in alignment with KDC's Duty to Consult with KDC's	Sep 20 in progress

Risk	Progress Report - Comments/Details	Due
	Stakeholders outlined in HSAW Act. KDC's Risk Owners will rotate through the monthly meetings, with membership including Employer Nominated HS reps, and Employee Nominated Subject Matter Experts closest to the 5 common operational risk per KDC's Risk Register. The forum now has the capacity to utilise the Committee as a decision-making forum to develop and monitor procedures based on best industry practice. First meeting scheduled in November, with ongoing key performance indicators for all business departments included as a permanent agenda item.	
Staff Mental Wellbeing	<p>Following on from the recent Mental Health Training completed by nominated Peer Wellness Officers, a Training Needs Analysis is in draft with the inclusion of mandatory Mental Health First Aid for all KDC Leaders. Another session to capture the rest of our leadership team has been scheduled for February 2021, given the high frequency of incidents in this space.</p> <p>A Training Needs Analysis is in draft, with additional providers being reviewed in the second quarter of 2020, to support the ongoing Wellness initiatives.</p> <p>Wellbeing has been included as a permanent agenda item in the OHS Committee function, with GM People and Capability noted as the Business Owner. Our wellbeing committee continues to support us with monthly initiatives.</p>	<p>February 2021</p> <p>Dec 20 - Jan 21</p>
Hazard Identification & Risk Management	Review has just been completed of the Organisational H&S Risks and new risk register was submitted to the Executive Team, to be monitored via the OHS Committee.	Completed
Incident reporting, investigation and escalation	<p>Evidence of a risk-based approach being applied to KDC's Incident Reporting is now reflected in KDC's <i>Incident and Investigation Management Procedure</i> released for the first stage of consultation. Utilising <i>SaferMe</i> IT Software to streamline and implement KDC's Incident Management process, KDC will be monitoring Incident Frequency Rates and the effectiveness of implemented controls via the monthly KDC OHS Committee meetings.</p> <p>Budgeting for three staff to attend an NZQA accredited ICAM course has been included in the 20/21 Business Plan. The draft Training Needs Analysis also recognises the requirement for rollout of a less formal Risk Based Investigation training module, via Cognise. This training would be applied to the Position Description of all KDC Leaders and supports the implementation of KDC draft document <i>Incident and Investigation Management Procedure</i>.</p>	Oct 20 and ongoing

Risk	Progress Report - Comments/Details	Due
Employee consultation and engagement	<p>KDC's OHS Committee has been reviewed and restructured to bring KDC's existing Consultative forum, sharply in alignment with KDC's Duty to Consult with KDC's Stakeholders outlined in HSAW Act. KDC's Risk Owners will rotate through the monthly meetings, with membership including Employer Nominated HS reps, and Employee Nominated Subject Matter Experts closest to the 5 common operational risk per KDC's Risk Register. The forum now has the capacity to utilise the Committee as a decision-making forum to develop and monitor procedures based on best industry practice. First meeting scheduled in November, with ongoing key performance indicators for all business departments included as a permanent agenda item.</p> <p>Health and Safety Training for all GM's and nominated subject matter expert representatives has begun Sep, continuing on through the 20/21.</p>	<p>Oct- 20 and ongoing</p> <p>Dec 20</p>
H&S training & competencies	Further work is being done on the H&S Training & Competencies Matrix in anticipation for the HRIS system.	Ongoing H&S Specialist
H&S Resourcing	Staff resourcing is regularly reviewed in line with the significant demands of this ever-evolving portfolio.	Ongoing GM P&C
Injury Management	<p>Injury management and rehabilitation has historically been handled in an ad hoc fashion. The need for a H&S Standard has been identified and part of the work plan for the new H&S Specialist. Some forms have been developed to assist with staff returning to work after injury.</p>	Mar 21
Legal Compliance	A requirement of ISO 45001 is that council maintains a H&S legal register but does not currently exist.	Dec 20

Treasury management report

Meeting: Audit, Risk and Finance Committee
Date of meeting: 27 November 2020
Reporting officer: Violeta Kayryakova, Financial Services Manager

Purpose/Ngā whāinga

To provide the Audit, Risk and Finance Committee (the Committee) with detailed treasury management information and to provide an opportunity to discuss strategic directions.

Executive summary/Whakarāpopototanga

Council undertakes treasury management activities in accordance with its Treasury Management Policy and Treasury Operations Schedule. Council is working closely with PwC treasury advisors.

Council management provides the Committee with detailed operational treasury reporting

Attachments A—C.

Tools and techniques that are used to manage debt and funding are:

- Daily cash flow forecasting, undertaken in-house
- A treasury model, managed jointly by Council and PwC to monitor Council's funding and interest rate risk management position at a given point
- PwC treasury advisors provide in-depth advice on a monthly basis.

Council primarily borrows from the Local Government Funding Agency (LGFA) who provides the cheapest debt financing and longest maturity terms for debt financing available. Since 2016 Council has progressively refinanced and repaid debt.

Council borrowed two tranches of \$15 million and \$10 million with maturity date 15 May 2021, this existing funding maturity is now due within the period of 0 to 3 years, breaching Council's funding and liquidity position. Council is working together with PwC to refinance the borrowings ahead of 15 May 2021.

At 31 October 2020 a total of \$44 million was drawn.

Recommendation/Ngā tūtohunga

That the Audit, Risk and Finance Committee:

- a) Notes the treasury management report for October 2020.

Context/Horopaki

Council's current Treasury Management Policy was adopted in February 2018. Council's specialist Treasury advisors are PwC, since 2011.

Discussion/Ngā kōrerorero

Council management conducts treasury operations in conjunction with Council's advisors, PwC.

Tools and techniques that are used to manage debt are:

- Daily cash flow forecasting - projecting timing of cash movements over the course of the year
- A treasury model - managed jointly by Council and PwC to monitor Council's debt management position at a given point. This tool records loans and swaps that have been entered into and monitors the position against policy limits. It reflects on the current positions and projects future positions.

Council's funding and liquidity risk position (note that this position assumes existing funding maturities are repaid as they fall due).

Council's maturity profile showing its funding and liquidity risk position:

	Minimum cover to Maximum cover	Actual %	Compliance
0 to 3 years	15% to 60%	83.0%	No
3 to 5 years	15% to 60%	9.0%	No
5 years plus	10% to 60%	7.0%	No

The liquidity risk position is outside of the policy and once it does not comply with policy for 90 days then Council has to officially accept that there will be a breach. This will continue to be breached in the future with a large amount of debt (\$25 million) coming due at 15 May 2021, **Attachment A**.

Current position (31 October 2020): Indicates whether or not Council is within Treasury Policy parameters and its current funding and liquidity risk position, **Attachment C**:

- Actual liquidity ratio is 123%.

Council's borrowing should be within the following fixed/floating interest rate risk control limit.

Period	Minimum to Maximum Fixed	Actual %	Compliance
Less than 12 months	50% to 95%	70% Fixed	Yes
12-36 months	40% to 90%	55% Fixed	Yes
37 to 60 months	30% to 80%	38% Fixed	Yes
Greater than 60 months	Nil to 50%	30% Fixed	Yes

There is no breach of the policy parameters.

Projected positions: Indicates whether or not Council is within Treasury Policy parameters and its interest rate risk position, **Attachment B**:

- 63% of the portfolio is fixed (based on a debt forecast level of \$52.21 million).

Debt Interest rate policy parameters: Attachment C.

Debt ratios and limits:

Ratio	KDC Policy	LGFA Covenants	KDC as at 31 October 2020	Compliance
Net debt as a percentage of total revenue	<170%	<175%	81%	Yes
Net interest as a percentage of total revenue	<15%	<20%	3%	Yes
Net interest as a percentage of annual rates income	<20%	<25%	5%	Yes
Liquidity	>110%	>110%	123%	Yes

Council is well within its policy limits as at 31 October 2020.

Refinancing of the \$25 million loan maturing May 2021: As Council will be aware PwC were of the opinion that Council should borrow and place on term deposit smaller tranches ahead of the May maturity. That window of opportunity to borrow and put those funds on term deposit at a rate at least as good as the lending rate has now passed. Management and PwC will reassess market conditions early in the new year and then put a recommendation to the Council in March on the least risk and low-cost course of action for refinancing the \$25 million falling due. While PwC are

confident Council should be able to obtain all funding in May 2021 there is still a risk the LGFA may not be able to fully the \$25 million in one go. Consideration will be given to recommending taking some funding ahead of May 2021 but this will be based on market conditions an refinancing risks at that time.

Significance and engagement/Hirahira me ngā whakapāpā

The decisions or matters of this report do not trigger the significance criteria outlined in Council's Significance and Engagement Policy, and the public will be informed via agenda on the website.

Next steps/E whaiake nei

This report is for information only and does not trigger legal or delegation implications.

Attachments/Ngā tapiritanga

A	Funding and liquidity risk position at 31 October 2020
B	Interest rate risk position at 31 October 2020
C	Debt Interest rate policy parameters at 31 October 2020

31-Oct-20

Kaipara District Council

Funding & Liquidity Risk Position

Committed Loans/Stock/Facilities/Investments \$53.3m

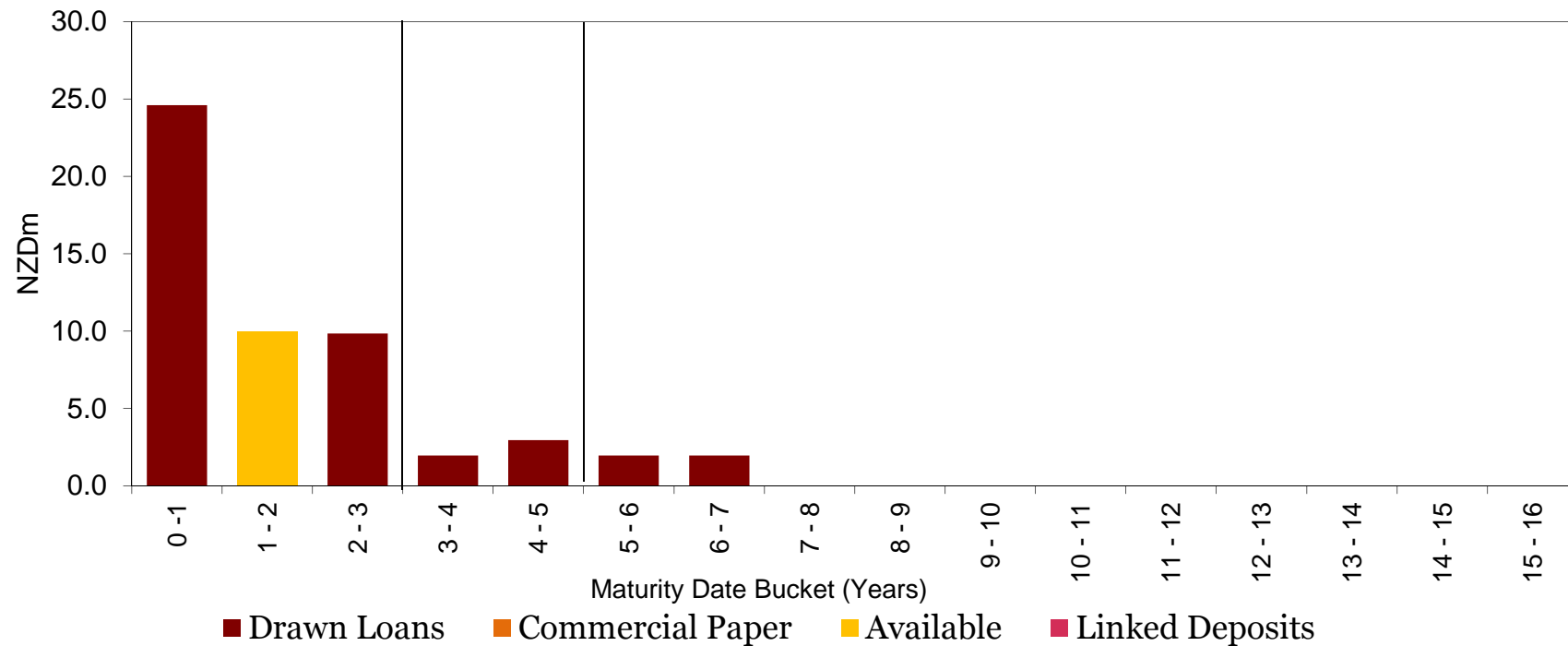
Current External Debt \$43.3m

Current Net Debt \$43.3m

Policy Liquidity Ratio $\geq 110\%$

Actual Liquidity Ratio 123%

	0 - 3 years	3 - 5 years	5 years plus
Policy Target Band	15%-60%	15%-60%	10%-60%
Actual	83%	9%	7%
Actual (NZDm)	44.44	4.92	3.94



Attachment B: Interest rate risk

31-Oct-20

Kaipara District Council

Interest Rate Risk Position

Overall Fixed

Policy Min 60%

Policy Max 90%

Actual 63%

33m

Actual Floating

37%

19.2m

Policy Target band

Actual

Actual (NZDm)

based on projected debt of \$52.21m 31 October 2021

1 - 3 years

15%-60%

30%

9.90

3 - 5 years

15%-60%

33%

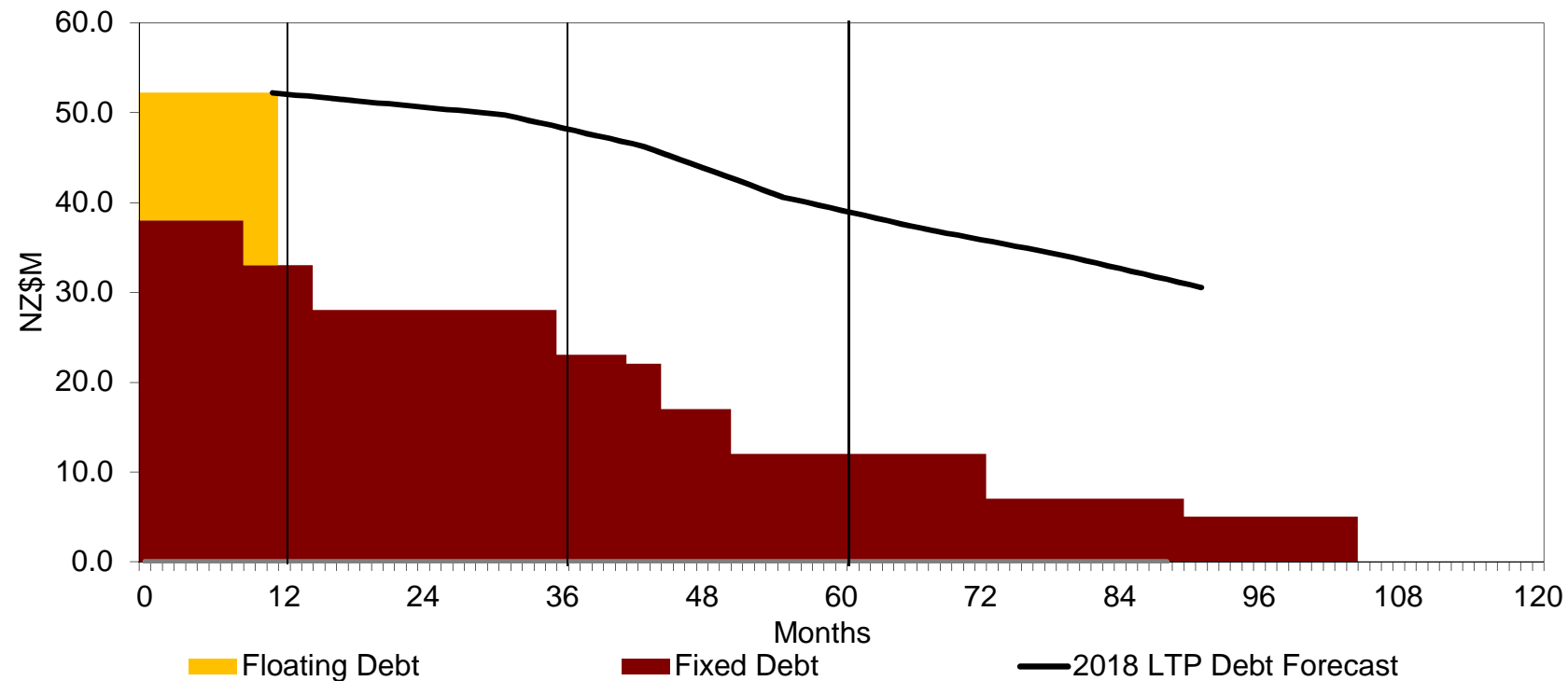
10.89

5 years plus

0%-60%

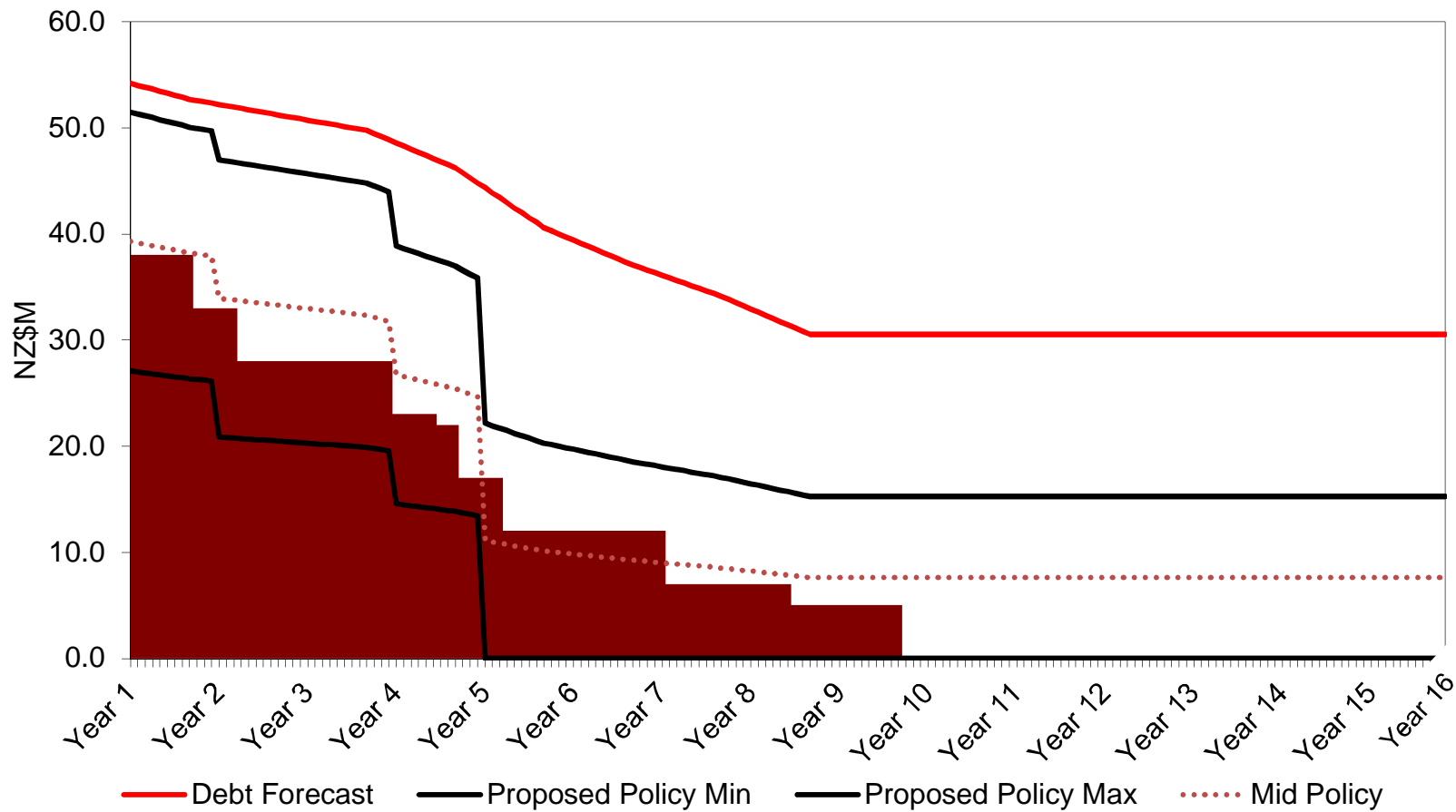
36%

11.88



31-Oct-20

Kaipara District Council Debt Interest Rate Policy Parameters (calculated on rolling monthly basis)



Recommendation to move into public excluded session

The following recommendation is made in reliance on section 48(1)(a) of the Local Government Official Information and Meetings Act 1987 (LGOIMA) and the particular interest or interests protected by section 7 of the Act.

On the grounds that matters will be prejudiced by the presence of members of the public during discussions on the following items, it is recommended:

Recommendation/Ngā tūhunga

a) That the following items are considered with the public excluded:

Item	Grounds for excluding the public
Contract monitoring and reporting	To enable any local authority holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) (LGOIMA s7(2)(i))
Insurance renewal update	To enable any local authority holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) (LGOIMA s7(2)(i))