**ACCREDITATION**

**QUESTIONNAIRE**

Accredited Organisation (Building)

Accreditation Programme

1. General Information

Information may be provided on separate attachments as necessary.

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| * 1. Name of accredited or applicant Organisation.

      1.2 Please provide a copy of the documented management system developed to demonstrate compliance with **Regulations 4 – 18** of the Building (Accreditation of Building Consent Authorities) Regulations 2006. Alternatively, provision of full electronic access to your system may be acceptable. Please discuss with your Lead Assessor.**Note:** A document cross referencing your documentation against the Regulations is also requested. |

1. Organisation’s scope of work

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| 2.1 Please give the approximate number of the following that have been processed/inspected in the last 12 months: Building Consent applications  processed Res 1 Res 2 Res 3 Com 1 Com 2 Com 3 Building work inspected Res 1 Res 2 Res 3 Com 1 Com 2 Com 3**Note: If you use an alternate set of categories please provide the** **definitions and the number of consents in each category** |

1. Staffing

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| 3.1 Please record below the name of the staff member(s) responsible for your Quality Management System and technical documentation.     * 1. Please attach a copy of your organisation chart.

3.3 Please attach a copy of your Skills Matrix. |

1. Contractors

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

1. Records

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| **5.1 Please provide the following records:**1. Copies of competence assessments for all staff performing building control functions (or a representative sample of competence assessments where you have greater than 10 staff members performing building control functions)
2. A copy of your most recent internal audit.

Note **Your assessment confirmation letter will also specify a number of records for you to have available at the time of the entry meeting.** |

1. Authorisation

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| 6.1 Please identify the person who completed this submission.Name: Title: Signature: Date:  Please attach this submission to your Application for Reassessment and return both to:International Accreditation New Zealand **Mail:** Private Bag 28908, Remuera, Auckland 1541 **Physical:** 626 Great South Road, Ellerslie, Auckland 1051 Email: info@ianz.govt.nz  **Attention:** Adrienne Woollard*Please keep at least one copy of the completed submission for your files and for reference during the assessment of your organisation.* |