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| --- | --- | --- | --- | --- | --- |
| **Name of Inspector:** |  | **Organisation:** |  | **Inspector Signature:** |  |
| **Technical Expert Name:** |  | **Technical Expert Signature:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Inspector Application** | **Technical Expert Review** | | |
| **Inspector**  *(Refer to Note 1)* | **TE Review**  Agree / Disagree  Y/N | Witness / Interview  W/I | Comments |
| **Scope 1**  Assessing Drinking Water Supplier Compliance with DWSNZ and Sections 69S, 69U, 69ZD and 69ZE of Health Act 1956 |  |  |  |  |
| **Scope 2**  Assessing and Authorising the Competence of Persons/Organisations performing analyses or calibration |  |  |  |  |
| **Scope 3**  Verifying Adequacy of Water Safety Plans (WSP) |  |  |  |  |
| **Scope 4**  Verifying Implementation of Water Safety Plans (WSP) |  |  |  |  |

**Please Complete shaded sections only and submit to IANZ**

**Note 1: Competence Model inspectors:** indicate which categories the inspector has been authorised for, either as a trainee (T), inspector (I) or a signatory (S)

**Signatory Model signatories:** indicate if this is an initial assessment (IA) or a re-assessment (R) for each of the relevant categories