

Applicant's Name:	Consent No:	
Property Address:	Lot No.:	Wind Zone:

ITEMS TO BE CHECKED [Checked against the approved Building Consent (BC) documents]

Key:
Decision: or = Pass or = Fail, further inspection / documents required or Partial Pass - Proceed to next inspection
Reason for decision: Compliance or non compliance with the approved building consent documents

<p>Review</p> <ul style="list-style-type: none"> <input type="checkbox"/> Approved BC documents & amendments on site <input type="checkbox"/> Prior inspection passed or instructions addressed <input type="checkbox"/> Consent conditions checked <p>Interior</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ceiling insulation is in place / clear of light fittings <input type="checkbox"/> Safety glass installed <input type="checkbox"/> Wet areas completed: correct installation of shower / bath / laundry, surface areas sealed <input type="checkbox"/> Kitchen completed <input type="checkbox"/> Height of window sashes / restrictors <input type="checkbox"/> Heights of barriers and handrails as per approved BC <input type="checkbox"/> Mechanical ventilation vented to exterior <p>Heater checklist completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Exterior</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vermin proofing <input type="checkbox"/> Ground height complies (at time of inspection) <input type="checkbox"/> Brick veneer weep and ventilation holes <input type="checkbox"/> Weathering and penetrations: roof and walls (fixings etc.), flashing / sealants completed & in place <input type="checkbox"/> Construction of decks / steps / retaining walls / handrails, barriers and ramps comply 	<p>Exterior continued</p> <ul style="list-style-type: none"> <input type="checkbox"/> Subfloor vents <input type="checkbox"/> Exterior finishes as approved plans (paint reflective index) <input type="checkbox"/> Drip edge <p>Pools checklist completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Accessibility</p> <ul style="list-style-type: none"> <input type="checkbox"/> Car parking as per plans <input type="checkbox"/> Footpaths / ramps – non-slip, width (1.2m) , length, up-stands handrails, gradient 1:12 <input type="checkbox"/> Entrances – signage, thresholds, width, surfaces <input type="checkbox"/> Public reception – accessible counter / desk <input type="checkbox"/> Lifts – sizes, controls, lobby width, signage <input type="checkbox"/> Stairs – width, handrails, landings, risers, treads, nosing, contrasting colours <input type="checkbox"/> Doorways, corridors – clear width, glazing colour contrasted, projections into corridors <input type="checkbox"/> Alerting devices – audible & visual signal <input type="checkbox"/> Toilets / showers: size, controls, doors, handrails, turning circle <input type="checkbox"/> Laundering – size and turning circle <input type="checkbox"/> Food preparation – as per plans <input type="checkbox"/> Place of assembly – spaces, stage podium, access, audio loop system & signage (if > 250 persons)
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Specified systems present and operational

<ul style="list-style-type: none"> <input type="checkbox"/> SS1 Automatic fire suppression systems <input type="checkbox"/> SS2 Automatic / manual emergency warning systems <input type="checkbox"/> SS3/1 Automatic doors <input type="checkbox"/> SS3/2 Access controlled doors <input type="checkbox"/> SS3/3 Interfaced fire or smoke doors/windows <input type="checkbox"/> SS4 Emergency lighting systems <input type="checkbox"/> SS5 Escape route pressurisation systems <input type="checkbox"/> SS6 Riser mains for use by fire services <input type="checkbox"/> SS7 Automatic back-flow preventers connected to a potable water supply. <input type="checkbox"/> SS8 /1 passenger carrying Lifts <input type="checkbox"/> SS8/2 service lifts <input type="checkbox"/> SS8/3 Escalators, travellers <input type="checkbox"/> SS9/1 Mechanical ventilation <input type="checkbox"/> SS9/2 Air conditioning systems <input type="checkbox"/> SS10 BMUs with access to exterior / interior walls of buildings. 	<ul style="list-style-type: none"> <input type="checkbox"/> SS11 Laboratory fume cupboards. <input type="checkbox"/> SS12/1 Audio loops <input type="checkbox"/> SS12/2 Other assistive listening systems: FM systems, infrared beam transmission systems <input type="checkbox"/> SS13/1 Mechanical smoke control <input type="checkbox"/> SS13/2 Natural smoke control <input type="checkbox"/> SS14/1 Emergency power systems <input type="checkbox"/> SS14/2 Signs relating to, a system or feature specified in any of clauses 1 to 13. <input type="checkbox"/> SS15/1 Systems for communicating spoken information intended to facilitate evacuation <input type="checkbox"/> SS15/ Final exits <input type="checkbox"/> SS15/3 Fire separations <input type="checkbox"/> SS15/4 Signs for facilitating evacuation <input type="checkbox"/> SS15/5 Smoke separations <input type="checkbox"/> Cable cars
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Fire Safety & Specified Systems - conditions of fire report met: <input type="checkbox"/> Surface finishes, smoke development and spread of flame requirements <input type="checkbox"/> Firewall integrity <input type="checkbox"/> Means of escape, door hardware, signage <input type="checkbox"/> Penetrations, lights and switches, fire collars (<i>check fire collars at post-line final</i>) <input type="checkbox"/> Fire and smoke doors, self-closers / magnetic hold open devices and signage operational, tags present <input type="checkbox"/> Place of assembly – spaces, stage podium, access, audio loop system & signage (<i>if > 250 persons</i>)	Documents Required by Building Consent CCC application <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA All producer statements <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA Gas certificate <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA Electrical certificate <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA Heater installation statement <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA Waterproofing certificate <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA SS installation / certification statement or certificate : (<i>See draft CS if applicable</i>) <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA The required documents will be assessed back at the office. If any are found to be inadequate, the author will be contacted.
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NOTE: the project must pass final inspections and the BCA must be supplied with the required information as per the Form 5 to an adequate standard, to ensure your CCC can be issued.

Comments if required: Photos attached (*if relevant*) Memo / Instruction No: Verbal instruction (*specify*):

OUTCOME OF DECISIONS [Tick the correct outcome: e.g. PASS or FAIL etc.]

Work complies with the approved BC documents <input type="checkbox"/> PASS <input type="checkbox"/> PARTIAL PASS work may proceed to next inspection. <input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee Officer Name: Signature : _____ Date: _____	REPEAT: Work complies with the approved BC documents <input type="checkbox"/> PASS <input type="checkbox"/> PARTIAL PASS work may proceed to next inspection. <input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee Officer Name: Signature: _____ Date: _____
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Key for statement types: Cladding (CL) Electrical (EL) Engineer / Designer (PS4) Gas (GS) Glazing (GL) Insulation (IN) As-laid drainage (ALD) Pressure test (P) Smoke alarm (SM) Sprinklers (SP) Surveyors confirmation of height / siting (SV) Waterproofing (WP) Solar systems (S) Truss layout (TR) Under floor / tile heating (H) Other (O) [specify].....

Record the Author's Name (Not the company name). If author providing more than one document, list and assess each document)	Decisions Regarding Document Content						Decision Regarding Author registration					Reason for decision ✓ / Y / P = content adequate / author approved / other reason recorded below# × / N / F = content inadequate / author not approved / other recorded below#	Outcome of decision Accept document or Reject document	
	(✓ / Y / P = Pass × / N / F = Fail / - / NA = Not Applicable)													
	Statement type / Header (see keys above)	Site Address / Legal description	Insurance	Date	B. Code (parts)	Work identified	Name & signature	CPEng register (Engineers)	NZRAB register (Reg. Architects)	EWRB register (Energy work)	PGD register (Plumbers, Drainlayers)			WBCG register

#Other reason(s) for decision(s): (Use this area for "other" statement types, or for giving reasons for decisions where a statement is not complete or an author is not registered, but you are accepting their statement)

