

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

Review	<input type="checkbox"/> Approved BC documents & amendments on site <input type="checkbox"/> Prior inspection passed or instructions addressed <input type="checkbox"/> Consent conditions checked	Exterior continued	<input type="checkbox"/> Subfloor vents <input type="checkbox"/> Exterior finishes as approved plans (paint reflective index) <input type="checkbox"/> Drip edge Pools checklist completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Interior	<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 Heater checklist completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Accessibility	<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)
Exterior	<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		

## Specified systems present and operational

<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, travellators <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.	<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 <a href="#">clauses 1 to 13</a> . <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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<b>Fire Safety &amp; Specified Systems</b> - conditions of fire report met: <ul style="list-style-type: none"> <li><input type="checkbox"/> Surface finishes, smoke development and spread of flame requirements</li> <li><input type="checkbox"/> Firewall integrity</li> <li><input type="checkbox"/> Means of escape, door hardware, signage</li> <li><input type="checkbox"/> Penetrations, lights and switches, fire collars (<i>check fire collars at post-line final</i>)</li> <li><input type="checkbox"/> Fire and smoke doors, self-closers / magnetic hold open devices and signage operational, tags present</li> <li><input type="checkbox"/> Place of assembly – spaces, stage podium, access, audio loop system &amp; signage (<i>if &gt; 250 persons</i>)</li> </ul>	<b>Documents Required by Building Consent</b> <table border="0"> <tr> <td>CCC application</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>All producer statements</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>Gas certificate</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>Electrical certificate</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>Heater installation statement</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>Waterproofing certificate</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>SS installation / certification statement or certificate : (<i>See draft CS if applicable</i>)</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>.....</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>.....</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td>.....</td> <td><input type="checkbox"/> Received</td> <td><input type="checkbox"/> Outstanding</td> <td><input type="checkbox"/> NA</td> </tr> </table> <p>The required documents will be assessed back at the office. If any are found to be inadequate, the author will be contacted.</p>	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	.....	<input type="checkbox"/> Received	<input type="checkbox"/> Outstanding	<input type="checkbox"/> NA
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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*):

<b>OUTCOME OF DECISIONS</b> [ <i>Tick the correct outcome: e.g. <input checked="" type="checkbox"/> PASS or <input checked="" type="checkbox"/> FAIL etc.</i> ]			
Work complies with the approved BC documents <ul style="list-style-type: none"> <li><input type="checkbox"/> PASS</li> <li><input type="checkbox"/> PARTIAL PASS. work may proceed to next inspection.</li> <li><input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee</li> </ul> Officer Name: Signature : Date:	REPEAT: Work complies with the approved BC documents <ul style="list-style-type: none"> <li><input type="checkbox"/> PASS</li> <li><input type="checkbox"/> PARTIAL PASS. work may proceed to next inspection.</li> <li><input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee</li> </ul> Officer Name: Signature: Date:		



## ASSESSMENT OF DOCUMENTATION RECEIVED

BC Number:

**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].....