

SOUTH ISLAND IQP REGISTRATION PANEL

(Independent Qualified Persons)

PO Box 522

Timaru 7940

Phone: 03 687 7200

Fax 03 687 7209

Application for Acceptance as an Independent Qualified Person

(Section 7, Building Act 2004)

PLEASE COMPLETE ALL SECTIONS

Please note: Separate documentation for each specified system applied for

South Island IQP Register
C/- Building Advisory Services
Timaru District Council
PO Box 522
Timaru 7940

IQP Secretary
iqpenquiry@timdc.govt.nz
Phone: 03 687 7200
Fax: 03 687 7209
www.timaru.govt.nz

Ashburton District Council
Buller District Council
Central Otago District Council
Christchurch City Council
Clutha District Council
Dunedin City Council
Gore District Council
Grey District Council
Hurunui District Council
Invercargill City Council
Kaikoura District Council

Mackenzie District Council
Marlborough District Council
Nelson City Council
Queenstown Lakes District Council
Selwyn District Council
Southland District Council
Tasman District Council
Timaru District Council
Waimakariri District Council
Waimate District Council
Waitaki District Council
Westland District Council

Applicant Full Name:			
Company Name:			
Position Held:			
Mailing Address: (where the invoice & IQP certificate will be sent)			
Business Email Address:			
Business Phone Numbers:	Phone:	Mobile:	Fax:

<input type="checkbox"/>	New application	
<input type="checkbox"/>	Additional specified system to existing IQP status	IQP No:

Section A:

- Please identify the systems or features for which acceptance as an Independent Qualified Person is applied for
- You may apply for more than one specified systems however the documentation for each specified system must be standalone (i.e. Section B through to Section D must be completed for each specified system)**

SS1	Automatic systems for fire suppression
SS2.1*	Automatic or manual emergency warning systems for fire or other dangers Subsection 1 – Simple fire alarm systems
SS2.2**	Automatic or manual emergency warning systems for fire or other dangers Subsection 2 – Complex Fire Alarm systems
SS2.3***	SS2/3: Automatic or manual emergency warning systems for fire and other dangers Subsection 3 – Warning systems for dangers other than fire
SS3.1	Automatic Doors (sliding/ revolving/ panic)
SS3.2	Access Control Doors (swipe card/ key pad/ sensor/ delayed egress)
SS3.3	Interfaced Fire or Smoke Doors (electromagnetic doors holders)
SS4	Emergency lighting systems
SS5	Escape route pressurisation system
SS6	Riser main for use by fire services
SS7	Automatic back-flow preventer connected to a potable water supply
SS8	Lifts, escalators, travellers or other similar systems for moving people or goods within buildings
SS9	Mechanical ventilation or air conditioning systems
SS10	Building maintenance units for providing access to the exterior and interior walls of buildings
SS11	Laboratory fume cupboards
SS12	Audio Loops or other assistive listening systems
SS13.1	Smoke control systems – Mechanical Smoke Control
SS13.2	Smoke control systems – Natural Smoke Control
SS13.3	Smoke control systems – Smoke Curtains
SS14.1	Emergency power systems
SS14.2	Signs relating to, a system or feature specified in any of clauses 1 to 13
SS15(a)	Systems for communicating spoken information intended to facilitate evacuation
SS15(b)	Final exits (as defined by clause A2 of the building code)
SS15(c)	Fire Separations (as defined by clause A2 of the building code)
SS15(d)	Signs for communicating information intended to facilitate evacuation
SS15(e)	Smoke Separations (as defined by clause A2 of the building code)
SS16	Cable Cars

***SS2.1:** Example: (Small simple manual systems), such as type B, Type 1 manual and Type 2 systems, and conventional Type 3 fire alarms of 4 zones or less. Systems which are not interfaced with other building safety systems or specified systems. Systems not directly connected to the FENZ watch room. These are low risk systems which do not require special tools or equipment or experience to inspect, maintain or report on.

****SS2.2:** Example: (More complex systems), All systems larger than 4 zones. Larger Type 3 systems, all Type 4 and analogue systems where specialist equipment and knowledge is required to both interrogate and programme systems etc.

*****SS2.3:** Example: (Other specialist Systems), CO, ammonia, methane, man-trapped alarms, and other such specialist systems. Provide a minimum SS2/1 level of level of attainment and evidence of specific experience of systems proposed to be maintained. NOTE – This IQP Accreditation will be suffixed with the specific system. E.g., SS 2/3 (Siemens CO gas detection system)

Section B: Qualifications & Experience (Please refer to the First Schedule Requirements)

Qualifications

- List Current Specified Systems (if any) that you are approved for by the South Island IQP Register and the status of those systems e.g. Inspection only, Maintenance Inspection and Reporting.

- Please list below the qualifications and experience you hold that is applicable to **each** specified system or feature applied for. It is important to note that all applicants are assessed as to their competence in respect of each Specified System applied for.

List Qualifications that you hold in respect of each specified system applied for.

Qualifications	Date Qualification Awarded	Discipline	Education Provider	Country	Year
<i>e.g. Firetech Level 4</i>	<i>In years</i>	<i>As it relates to the system applied for</i>	<i>University/ Polytechnic etc</i>		

Professional Memberships/Registration/Licenses

- Please list any professional or licenses that you currently hold or have previously held. Certified copies of your membership/registration/license certificates must be provided with your application (please attach).

Institution/ Organisation	Class	Still current Y/N	Membership/Registration Number	Year Gained/Joined	Expiry Date

Work History Summary

Provide details of recent work history including dates of employment.

Name of Organisation	Position Title	Date of Employment	Key Responsibilities, Activities Undertaken

Section C: Information used to verify compliance with Specified Systems.

- Identify the standards and or inspection procedures that you intend to use for each specified system that you have applied for. *NOTE: Refer to first schedule "Guidelines for minimum qualification and experience required for acceptance of independent qualified person status."*

Specified System	Relevant Standard/s	Inspection Sheet

Attach evidence that you have access to each of the standards identified above. A photo copy of the front cover will suffice. Also attach copies of inspection/check sheets that you intend to use.

IQP assessment information

Demonstrate your understanding of the Building Act & Building Regulations as they relate to compliance schedules, Building Warrants of Fitness and IQP duties.

When answering these questions refer to the **Building Act 2004 sections 100-112**.

<http://legislation.govt.nz/act/public/2004/0072/latest/DLM306036.html> and the Compliance schedule handbook available here <https://www.building.govt.nz/building-code-compliance/building-code-and-handbooks/compliance-schedule-handbook/>

IQP ASSESSMENT INFORMATION

Please complete the statements to show support of your competence level in the space below or attached copies.

1. Building Warrant of fitness (BWOFF)

Please describe your understanding of the building warrant of fitness and its purpose.

Hint – refer to Building act 2004 – section 108 and Ministry of Business, innovation & Employment - Compliance Schedule Handbook.

2. Compliance Schedule

Please describe your understanding of the compliance schedule and its purpose.

Hint – refer to Building act 2004 – section 102 – 102a and 103 and Ministry of Business, innovation & Employment - Compliance Schedule Handbook.

3. Form 12a – Certificate of compliance

Please describe your understanding around issuing a Form 12a.

Hint – refer to Building act 2004 – section 108 and Ministry of Business, innovation & Employment - Compliance Schedule Handbook

4. Owner must obtain reports on compliance schedule

When submitting a Form 12a - what additional report information should be considered by each IQP to be provided to the building owner?

Hint – refer to Building act 2004 – section 110 and Ministry of Business, innovation & Employment - Compliance Schedule Handbook and within specific standard(s) you use.

5. Form 11 Amendments

Under what circumstances would you consider recommending an amendment to the existing compliance schedule?

Hint – refer to Building act 2004 – section 106 and Ministry of Business, innovation & Employment - Compliance Schedule Handbook.

6. Owner Compliance Schedule obligations

What advice would you give the owner in regard to the compliance schedule?

Hint – refer to Building act 2004 – section 105 and Ministry of Business, innovation & Employment - Compliance Schedule Handbook

Section D: Supporting Statements:

- Attach supporting technical references from individual, professional/technical institutes (a minimum of one written reference is required for **each systems or feature** applied for).
- Referees should be qualified in the discipline for which they are providing the reference. Referees may be contacted during the processing of the application.

Referees:

Name two referees who are familiar with your activities and can provide comments as to whether you demonstrate competence in elements of your relevant field. Referees must be independent. I.e. not personally related to you and not expected to gain materially if your assessment is successful. One of your referees may be from your organisation.

Ideally one of your referees could be an IQP in the relevant field

Tick the box to confirm

- Completed Referees Declaration and Evaluation Form 1 attached.

☐

Referees Name:		Referees Name:	
Address:		Address:	
Telephone:		Telephone:	
Email Address:		Email Address:	
IQP No.		IQP No.	
Known registration and professional body membership:		Known registration and professional body membership:	

Section E: Insurance

Public Liability or Professional Indemnity Insurance held relative to the role of an Independent Qualified Person. **Please provide a copy of the certificate of cover.**

Type of Cover	Amount	Insurer	Exclusions

QUALITY ASSURANCE

Are you/your organisation accredited in a recognised quality standard e.g. ISO/IANZ. If so please provide a description and a copy.	Yes	No
Do you or your company use check/prompt sheets for each type of inspection for which you have applied for. If so please attach those that apply to your current application.	Yes	No
Is any measuring equipment you use regularly calibrated? If so please identify the equipment and the process of how it is calibrated.	Yes	No

Section F: Statement about Application

I am applying for approval to be on the South Island IQP register.

I acknowledge that the South Island IQP registration panel may cancel my approval at any time subject to their disciplinary procedures.

I acknowledge that if my application is accepted my contact details will be on the IQP register which is available to the public.

I acknowledge that I will manage any potential conflict of interest.

If you intend supervising a person who is not a suitably registered IQP, please provide the following information:-

- Records of how this supervision is achieved.

I certify that all information I have provided in this application is true and accurate.

Signature: Date:

Send your completed application to:-

iqpenquiry@timdc.govt.nz

NB: E-mail attachments are limited to 15MB, please contact the secretary for instructions for a large file transfer system.

Fees and Chargers for IQP Processing all inclusive of GST	
Application – Individual (one system only)	\$280.00
Per each additional system	\$20.00
Annual Renewals	\$120.00

Please note: Fees must be paid before an application can be processed and passed onto the panel for consideration. For payment options please see page 12

The following information is attached to this application (tick in box)

- Evidence of current Professional membership ☐
- Copies of Standards to be used ☐
- Copies of Check Sheets ☐
- Details of Insurance Cover ☐
- Copy of Quality Assurance system ☐
- Referees Declaration and Evaluation (Form 1) ☐

REFEREES DECLARATION AND EVALUATION

(Form 1)

Completed Peer assessment of:

.....
Full Name of referee:

.....

This reference is in support of registration for the following specified systems: -

.....

- I declare that I personally attest to the competence of the individual named above. This constitutes my personal and independent evaluation of the individuals' competence regarding the area of expertise.
- I am an individual of at least equivalent competence.

The nature and extent of my professional contact with the individual in the last five years is as follows:

.....

.....

.....

.....

.....

I have experience in the following areas:

.....

.....

.....

.....

Referees Signature: Date:.....

Referees Phone Number:

Referees e-mail:

REFEREES DECLARATION AND EVALUATION

(Form 1)

Completed Peer assessment of:

Full Name of referee:

This reference is in support of registration for the following specified systems: -

- I declare that I personally attest to the competence of the individual named above. This constitutes my personal and independent evaluation of the individuals' competence regarding the area of expertise.
- I am an individual of at least equivalent competence.

The nature and extent of my professional contact with the individual in the last five years is as follows:

I have experience in the following areas:

Referees Signature: Date:.....

Referees Phone Number:

Referees e-mail:

PAYMENT OPTIONS

You can either pay by coming into the Timaru District Council or online

Online

When paying online please put **IQP Application Fee** in as reference and name of applicant

Account Details for Direct Credit Payment

Timaru District Council
BNZ Timaru
02-0888-0269159-00

(A Tax Invoice is also available if required)

IQP