Plumbers, Gasfitters and Drainlayers Board

Self-certification Scheme Audit Policy

Self-certification of plumbing and drainlaying

Introduction

Under the Plumbers, Gasfitters and Drainlayers Act 2006 **(Act)**, approved certifying plumbers and drainlayers who opt into the self-certification scheme are authorised by the Plumbers, Gasfitters and Drainlayers Board **(Board)** to issue Certificates of Compliance **(CoCs)** for self-certifiable plumbing and drainlaying work. The Board is a body corporate comprised of ten members.[1] Under the Act the Board can delegate its functions including those relating to self-certification to the Registrar of the Board.[2] For the purposes of this Policy, references to the "Board" refer to the Board as a whole including the Registrar who is delegated with the responsibility for auditing of the self-certification scheme and is supported by staff.

A CoC records that the practitioner has assessed the work and certified that it meets the requirements that apply to that work. This includes requirements under the Act, regulations, Board notices, the relevant building consent, and any terms or conditions of the practitioner's self-certification endorsement.

Practitioners who issue CoCs must keep proper records and supporting documents. This may include plans, photographs, test results, as-built plans, and other evidence needed to support the CoC.

The Board is responsible for overseeing the self-certification scheme. Audits are one way the Board checks that the scheme is working properly and that practitioners meet their obligations.

An audit is a systematic, independent, and documented review that relies on objective evidence, in accordance with this Policy. It is fair, professional and takes a risk-based approach to determine the system's effectiveness and identify opportunities to improve, through a sampling approach. The Act gives the Board two related but separate audit powers:

- audits of CoCs and supporting documents lodged with the Board; and
- audits of self-certification endorsed plumbers and drainlayers.

This policy explains how the Board will use those audit powers. An audit may cover a CoC, the document that supports it, the practitioner's ongoing eligibility, or the practitioner's compliance with endorsement conditions. An audit may cover more than one of these matters.

Audits may be selected at random, or because the Board has identified a reason to take a closer look. This may include previous audit findings, complaints, information from Building Consent Authorities (BCAs), unusual CoC patterns, or concerns about a practitioner's compliance with the scheme.

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[1] Sections 133 and 134, Plumbers, Gasfitters and Drainlayers Act 2006.
[2] Sections 137 and 140, Plumbers, Gasfitters and Drainlayers Act 2006.

Purpose

The purpose of this policy is to set out the Board's approach to audits under the self-certification scheme.

This policy is intended to:

- explain the Board's audit powers under the Act;
- support fair and consistent audit decisions;
- guide how audits are selected, carried out, and followed up;
- help identify and address issues early;
- support practitioners to understand and meet their obligations; and
- protect the integrity of the self-certification scheme.

By clearly defining the purpose and approach, this policy supports the Board's statutory functions to monitor and enforce compliance with the self-certification scheme, maintain public confidence in the integrity of the scheme and promote continuous improvement among practitioners. In this way, the Board helps protect public health and safety by ensuring approved plumbers and drainlayers are competent to certify their work.

This policy provides an overall framework. Further detail may be set out in audit procedures, templates, guidance or annual audit plans.

Statutory Audit Powers

The Board has two separate audit powers under the self-certification scheme.

Audits of CoCs

Under section 87AJ of the Act, the Board may audit any CoC and supporting documents lodged with it.

A CoC audit may include:

- the person who issued the CoC had a self-certification endorsement at the time;
- that the CoC was issued for work that was within the scope of self-certification;
- that the CoC was issued for work that complies with the Building Code; and/or
- that the work covered by the CoC was carried out in accordance with the relevant building consent.

A CoC audit does not make the Board responsible for the work. It also does not amount to a new approval, certification, or guarantee of the work by the Board.

Audits of self-certification endorsed practitioners

Under section 56A of the Act, the Board may audit a self-certification endorsed plumber or drainlayer.

A practitioner audit may include that the practitioner:

- continues to meet the minimum standards for endorsement;
- is complying with any terms and conditions of their endorsement; and/or
- made the required assessment before issuing the CoC and made the assessment to the required standard.

A practitioner audit may include review of CoCs issued by that practitioner, where this is relevant to the purpose of the audit.

Scope

This policy applies to the auditing of:

- CoCs and supporting documents lodged with the Board; and
- self-certification endorsed plumbers and drainlayers participating in the self-certification scheme.

Audits may include a review of:

- a sample of CoCs lodged with the Board for plumbing and drainlaying work;
- records and documents, such as plans, photographs, test results, and as-built plans that support the CoC;
- whether the practitioner continues to meet endorsement requirements and conditions;
- How the practitioner's systems support their work, including providing for adequate record-keeping;
- and any other matter relevant to the audit powers in the Act.

Each audit will have a defined scope. The Board will identify whether the audit is of just CoCs, the practitioner, or an audit that covers both. An audit may begin as an audit of CoCs or the practitioner but may expand during the course of the audit if appropriate.

Audits generally include the review of relevant records and discussion with the practitioner. This means the Board will usually review information and documents without visiting the work site. Any in person component, such as a visit to a practitioner's premises to review their systems and practices, may only occur where it is lawful and appropriate. This may include where consent has been given or where another legal power is available. Practitioners must cooperate with audits and provide information requested by the Board, where the request is within the scope of the audit and the Board's legal powers.

What audits do not do

Audits are a way for the Board to check compliance with the self-certification scheme. They do not replace the responsibilities of the practitioner who issued the CoC.

An audit does not:

- make the Board responsible for the CoC or work covered by it;
- replace the practitioner's responsibility to assess and certify the work properly;
- operate as a general BCA inspection;

- amount to an approval, certification, or guarantee by the Board that the work complies with all requirements; or
- prevent the Board from using other regulatory powers where appropriate.

Audit findings may lead to further action. This could include a follow-up audit, a request for more information, an investigation, or another regulatory response. Audits are separate from investigations. Investigations deal with different issues and may use different legal powers and processes.

Relevant Legislation and Policies

The policy should be read alongside:

- Plumbers, Gasfitters, and Drainlayers Act 2006 and regulations made under the Act;
- any Board notice relating to self-certification;
- Building Act 2004, where relevant; and
- any other relevant legislation, regulations, notices, Board policies or guidance.

Principles

The Board will apply the following principles when carrying out audits.

Fairness: Audits will be carried out fairly. Practitioners will be told what is being audited, what information is required, and what the possible outcomes may be.

Consistency: The Board will use a consistent approach to audit selection, assessment, reporting, and follow-up.

Proportionality: The Board's systems prioritise based on risk – for selection, assessment, reporting, and follow-up.

Transparency: The Board will explain audit findings clearly. Practitioners will have an opportunity to comment on draft findings before being finalised.

Public health and safety: The Board will focus on issues that may affect public health and safety, the integrity of the scheme, or confidence in self-certification.

Continuous improvement: Audits should help identify areas where practitioners, the Board or the scheme can improve.

Audit Approach

The Board will take a proportionate, risk-based approach to auditing under the self-certification scheme. The Board may select audits in different ways.

Risk-based audits

The Board will audit based on risk. Relevant factors may include:

- previous audit findings;
- complaints or repeated concerns;
- information from BCAs;
- late, incomplete, or unusual CoC lodgements;
- unusually high, low, or changing CoC volumes;
- information suggesting the practitioner may not meet endorsement requirements;
- concerns about recordkeeping or supporting documents;
- changes in the type, volume or setting of work being certified;
- scheme-level findings and trends
- repeated errors or patterns across CoCs; or
- any other matter suggesting an audit is in the public interest.

The Board's audits may also focus on a particular issue, type of work, region, or emerging risk.

The number and type of audits will be decided through the Board's audit planning. This will take into account available resources, scheme maturity, previous audit findings, and the level of risk.

Random audits

In addition to risk-based audits, random audits help the Board check how the scheme is working across the practitioner group. They also help identify common issues or areas where further guidance may be needed.

Follow-up audits

The Board may carry out a follow-up audit to check whether corrective actions have been completed or whether earlier issues have been addressed.

Non-conformity and corrective and preventive actions

Non-conformities

A non-conformity in terms of an audit is something that does not meet the requirements of the self-certification scheme. Non-conformities will be classified as:

- Major non-conformity, meaning medium to high risk matters requiring prompt action. Examples may include inadequate evidence or quality control systems to support certification of work, false or misleading declarations, serious recordkeeping failures, repeated non-compliance, or failure to comply with endorsement conditions.
- Minor non-conformity, meaning lower risk matters that require correction but pose less immediate risk. Examples may include incomplete documentation, minor administrative errors, or isolated delays in filing.

The Board will decide whether a non-conformity is minor or major based on the facts of the audit, the level of risk, and the audit team's professional judgement.

Corrective and Preventive Actions

Agreed corrective and preventive actions are required for all non-conformities.

- Corrective actions are designed to fix an identified issue
- Preventive actions are designed to prevent the issue from recurring, by addressing root causes or systems weaknesses.

The priority for completing actions will be determined based on the level of risk to public health and safety, the resources required, and the integrity of the scheme.

Audit Process

The Board will generally follow the process below.

1. **Preparation**
    a. The Board will select the CoC, practitioner, or matter to be audited. The practitioner will be told that an audit is being carried out. The notification will explain the scope of the audit, the information required, the date range for the audit, and how the information should be provided and the timeframe for responding.
    b. The information requested may include CoCs, photographs, plans, test results, layouts, insurance information, declarations, records, or other documents relevant to the audit.
    c. The Board will review the information, including for completeness. The practitioner must provide the requested information within the required timeframe. If the practitioner does not provide enough information, or does not respond, the Board may treat this as an audit issue.
2. **Conduct audit**
    a. The Board will assess and based on the evidence, decide whether the requirements relevant to the audit have been met.
    b. Depending on the audit scope, this may include discussion with the practitioner and checking any relevant records.
    c. These records include the CoC and supporting documents, endorsement conditions, completeness of records and the practitioner's required assessments before issuing the CoC.
    d. The Board may assess the practitioner's self-certification system to determine how it supports the practitioner's work.
3. **Reporting**
    a. Any issues found will typically be raised as either minor or major non-conformities.
    b. The practitioner will have an opportunity to comment on the draft findings prior to being finalised and provide supporting information as relevant.

c. In the event that the findings are disputed, the Board will consider relevant information, including by seeking an alternative technical, auditor or legal opinion where relevant.

d. The report will include key audit information, the information reviewed and audit findings, including any non-conformities and the required timeframes for proposing corrective and preventive actions.

4. Corrective and preventive actions and follow-up

a. If corrective or preventive actions are required, the Board will confirm what the practitioner must do and by when. These actions and timeframes will reflect the seriousness of the issue, including:

- the risk to public health and safety
- the risk of recurrence
- the risk to integrity of the scheme
- the resources needed to fix the issue and prevent a recurrence

b. The Board may ask for the practitioner's input on practical steps to address an issue. However, the Board will make the final decision on the corrective actions required.

Audit Outcomes and Follow – Up

An audit may result in one or more of the following outcomes:

- no further action;
- advice or guidance to the practitioner;
- corrective actions;
- a requirement to provide further information;
- a follow-up audit;
- review of the practitioner's endorsement;
- referral for investigation; or
- another regulatory response available to the Board.

If an investigation identifies grounds for disciplinary action, the matter may be referred for a disciplinary hearing.

Closing the Audit

The Board will close the audit once it is satisfied that the audit has been completed, any required corrective actions have been completed, and remaining issues dealt with appropriately. For major non-conformities, the audit will generally remain open until the Board is satisfied that issue has been addressed or escalated appropriately. For minor non-conformities, the Board may close the audit once the issue has been fixed or an acceptable plan is in place.

Follow-up Audits

The Board may carry out a follow-up audit where the initial audit could not be completed, to check that corrective actions have been completed or that earlier issues have been addressed. This decision will be based on the risk factors contained in this Policy, including the effectiveness in correction and preventing recurrence and any ongoing risk to the scheme.

Failure to complete corrective actions may lead to further regulatory action.

Version management

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