



Insulation Association of NZ Inc.

Level 1 (Stage 2) Installing insulation in residential buildings

Practical Assessment criteria

Trainee to complete on-site supervised work installing insulation

Outcome: Trainee must be able to demonstrate skills in installing insulation to a trade standard. (Requirements of NZS 4246)

Criteria 1: Identify on-site hazards

- ❖ Identify at least three hazards on site for ceiling and three for under floor installations in new and/or retrofit work

1. _____ 2. _____ 3. _____

1. _____ 2. _____ 3. _____

Criteria 2: Demonstrate competence in installing ceiling insulation in both of the following

- ❖ Install insulation with no existing insulation present
- ❖ Install insulation with existing insulation present

Using at least one of the following:

Segments Glasswool Blanket Polyester Blanket Wool mix Blanket

Criteria 3: Demonstrate knowledge in installing under floor insulation

- ❖ Install at least one of:

Semi rigid friction fit Rigid friction fit Blanket

Criteria 4: Demonstrate competence in installing on-ground Vapour barrier

❖ Install Vapour barrier on two types of ground:

- | | | |
|--------------------------|---|--------------------------|
| Flat | I | Sloping |
| <input type="checkbox"/> | | <input type="checkbox"/> |

Criteria 5: Demonstrate competence in installing hot water cylinder wrap in one of the following:

- | | |
|--------------------------|--------------------------|
| Foil backed | Wool |
| <input type="checkbox"/> | <input type="checkbox"/> |

Criteria 6: Demonstrate competence in installing hot water pipe lagging using one of the following:

- | | |
|--------------------------|--------------------------|
| Hessian | Tubular foam |
| <input type="checkbox"/> | <input type="checkbox"/> |

Criteria 7: Demonstrate competence installing wall insulation.

If not applicable, please provide a reason below (ie: employer is not involved in newbuild work)

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Using at least one of the following:

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Segments | glass wool Blanket | Polyester Blanket | Wool mix Blanket |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Competency Test

At least five properties for each of criteria 1 – 6 must be inspected and assessed by the trainer using the technical audit checklist form to demonstrate trainee competence. A minimum of five fully completed audit checklists are therefore expected to be completed and kept on file by the member company.

The trainee MUST get a clear quality audit on each criteria.

Trainee Name _____

Signed _____

Date _____

In signing off this form, you (the trainer) are certifying that the above named trainee is competent against all criteria listed.

Trainer Name _____ Signed _____ Date _____

Company Name _____

This summary record of work must be signed off by the appointed company trainer and forwarded to IAONZ at P.O. Box 31 717, Milford, North Shore, Auckland before progression to stage 3 of the training.

Once this has been done, you may enrol and pay for stage 3 on our website
www.iaonz.co.nz



Insulation Association of NZ Inc.

President: Godfrey Hall, 021 892 014
 Secretary: Wendy Robinson, 021 571 11
 PO Box 31717, Milford, North Shore City 0741
 Email: info@iaonz.co.nz

PLEASE COMPLETE AND SUBMIT ONE FORM FOR EACH PROPERTY IN SUPPORT OF YOUR APPLICATION FOR A STAGE 2 PASS.

Post-Installation Audit Form for IAONZ Stage 2

Audit details	
Name of company	
Date of installation	
Name of IAONZ trainee installer	
Name of person conducting audit	
Date of audit	

Property details	
Owner occupier or principal tenant	
Address	
Phone number	

Ceiling insulation	
Was ceiling insulation installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", why not?	
What product was installed (manufacturer, type, R-value)?	
Was there any existing insulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insulation (new and existing) kept 50 mm from metal flues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Insulation (new and existing) kept 200 mm from downlights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Insulation (new and existing) kept 200 mm from non-ducted ceiling extractor fans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Insulation (new and existing) kept 50 mm from concrete or brick chimneys?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Recessed spaces insulated down walls and across ceiling space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

If blanket was installed, was it pushed down on the top plate to ensure no air gap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Insulation has good friction fits both sides and ends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insulation tightly fitted between ceiling runners / strong backs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Insulation installed under header tank(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Any insulation touching roof materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Top plate covered (unless material would touch the roofing material, in which case a gap of 25 mm to the roofing material is required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manhole insulated and insulation attached to manhole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Label attached in the vicinity of the manhole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does installation meet NZS 4246 Amendment 1 and best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity installed?	m²
Comments	

Underfloor insulation	
Was underfloor insulation installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", why not?	
What product was installed (manufacturer, type, R-value)?	
Was there any existing insulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product installed to bottom plate of exterior walls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insulation has good friction fits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any gaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any sagging?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any folds too big with insulation hanging below floor joist level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insulation installed according to manufacturer's specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does installation meet NZS 4246 Amendment 1 and best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity installed?	m²
Comments	

Ground vapour barrier	
Was a ground vapour barrier installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pinned/fixated adequately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taped securely around piles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does installation meet NZS4246 Amendment 1 and best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity installed?	m²
Comments	

Hot water cylinder wrap	
Cylinder wrap installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What product was installed (manufacturer, type, R-value)?	
Label attached to the cylinder wrap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wrap fitted correctly, e.g. fully sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does installation meet best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity installed?	
Comments	

Pipe lagging	
Hot water pipe leaving the cylinder lagged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" was lagging installed prior to cylinder wrap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cold and hot water pipes in ceiling space lagged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All lagging taped correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joints and bends (if any) lagged correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does installation meet best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Length installed?	m
Comments	

Senior Company Manager

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Signed

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Competency Test
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