

Form for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	BARETA	Name of SUH:	MC BARETA
Name of Institution/Organization through which Social Audit is being conducted		Address of SUH	NEAR CITY, WATER WORKS, BARETA.
Date of Social Audit		Capacity:	10

Physically Verification of facilities/amenities is being given in the SUH

(A) Facilities		Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement
i	Well ventilated rooms/dormitories	Yes/No		
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	well ventilated	Satisfactory
iii	Toilets/Bath Rooms	Yes/No	Yes	Satisfactory
iv	Hot water- Geyser/ Solar device	Yes/No	Yes	Satisfactory
v	Heater	Yes/No	No	Not Satisfactory
vi	Beds	Yes/No	Yes	Satisfactory
vii	Beddings	Yes/No	Yes	Satisfactory
viii	Blankets	Yes/No	Yes	Satisfactory
ix	Lighting/Fans	Yes/No	Yes	Satisfactory
x	Kitchen with vessels and Gas connectivity	Yes/No	Yes.	Satisfactory

[Signature]

SHRI VIJAY PARIKH
BARETA (Mansa)

President Secretary Cas

xi	Piped water Supply	Yes/No		
xii	RO/Purified water facility	Yes/No		Satisfactory
xiii	Washing Provisions	Yes/No		//
xiv	Food Arrangements	Yes/No		//
(B) Security Facilities				
i	CCTV camera installed	Yes/No		//
ii	Fire Protection measures	Yes/No		//
ii	Cloak room /Personal Lockers	Yes/No		//
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No		//
ii	Periodicity of Medical check ups	Yes/No		//
(D) IEC Activities (Awareness)				
i	Display Board at entrance of shelter	Yes/No		//
ii	Munadi/Newspaper	Yes/No	Please Specify the location	//
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Boat Lg
iv	Any other, please specify	BUS STAND Railway Station	Please Specify the location	Boat Lg
Additional (Services/entitlements/convergences) information's if any :				

Signature
SHRI VIJAY PAREKH
 BAKETA (Mansa)

President Secretary

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No) :

A	Documents	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Register of inmates	Yes	Yes	
2	Attendance Register	Yes	Yes	
3	Complaints and suggestions register	Yes.	Yes.	
B)	Work Verification of SUH Staff	Report	Remarks	Suggestion/Feedback given by Staff for improvement
	Have all the staff aware about their duty?	Yes	all the staff aware	Satisfactory
	Have all the staff received the capacity building training for O & M of SUH?	Yes	Yes	"
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes.	Yes	"
	If yes mention the date & number of persons identified & rescued:	N/A	There is no person Homeless	"

Befr

Signature
SHYAM VIRAS PAREKH
 BARETA (Mansa)

President Secretary Cashier

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Satisfactory.	Good	Satisfactory
2	Number of inmates at present	Three		

Feedback/Suggestion: -

1. Satisfactory,
- 2.
- 3.
- 4.

Signatures with Seal of the Institution/Organization

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Om Singh

SHARAT VIKAS PARIKH
BARETA (Mansa)

President Secretary Chairman