

Performa for 3rd Party Quality Audit of shelters for Urban Homeless

Name of ULB	Municipal Council Dinanagar	Name of SUH	Non Day Nulm Night Shelter
Name of Agency through which 3 rd Party Quality Audit is being conducted	Sardar Beant Singh State University, Gurdaspur.	Address of SUH	Near MC office Dinanagar
Date of Audit	23/04/2024	Capacity	02

A) General									
1).	Type of Building	Residential	Commercial	Institute	Hospital	Other			
		N A	N A	N A	N A	Other			
2).	Description	Non Day Nulm Night Shelter							
3).	Location	Near MC office Dinanagar							
		Tehsil:	Gurdaspur			Distt:	Gurdaspur		
4).	General information of building / structure	Approximate Overall Dimensions	Length	50 ft	Width	30 ft	Height	15ft	
5).	Overall Details of Building Structure								
	No. of Story	One	Symmetric al	Yes	Non Symmetrical	N A			
	No. of Rooms	One							
	No. of Bathrooms	One							
	No. of Kitchen	Inside Town hall							
	Starting Year of construction	2006	Reference	Permission Certificate	Not provided by MC office				
	Year of completion of construction	Nov 2006	Reference	Completion Certificate	Not provided by MC office				
Structure is completed in one time or in stages	One Time		Under Construction	Not Applica ble	Stage N A				
6).	Name of Architect	Not provided by MC office	Address	Not provided by MC office	Contact No	Not provided by MC office			



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7).	Name of Engineer	Sh. Manjinder Singh	Address	Batala	Contact No	8699379970	
8).	Name of Builder	Sh. Ramesh Kumar	Address	Raghubir Chand Contractor	Contact No	Not provided by MC office	
9).	Name of Contractor	Sh. Ramesh Kumar	Address	Raghubir Chand Contractor	Contact No	Not provided by MC office	
10)	Competent Authority		Executive Officer				
11)	Existing Use	Yes : Yes	No : NA	Fully : Yes	Partially : NA		
12)	Adjoining Structure , if any	No					
13)	Court Matter if any	Yes / No	No	If Yes	Report/undertaking	Not Applicable	
	Security Facility	Yes / No	Yes (CCTV)	Fencing	Yes / No	No	NOC from fire brigade
14)	Changes done in original structural plan	Yes / No	No	If Yes, details		Not Applicable	
	If minor changes done	No					
15)	History of failure in structure or part of it , if any	No					
16)	Failure of adjoining structure, if any	No					
17)	Maintenance details	Structural		No			
		Non-structural		No			
		Water supply / sanitary		Periodic Maintained			
		Electrification		Periodic Maintained			
18)	Any other information like use of solar energy			No			
19)	Inspection done in presence of						
	Name of person	Address	position	Email	Contact No		
1	Sh Tilak Raj	M.C office	J.E	Not Available	9988232853		
2	Smt Devi	M.C office	Clerk	Not Available	9780029147		



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B)	Technical Record									
1).	Year of Construction			2006	Reference		Based on verbal Information as provided by MC officials			
2).	Age of Structure			18						
	Materials for Construction			RCC						
3).	Materials for Construction		RCC	Yes	Steel	No	Masonry		Plastic / fiber	No
	Grade of Concrete		Not provided by MC office	Steel Grade	Mild Steel		External Wall	9-inches	Internal Wall	9-inches
4).	Documents / records available			Yes / No						
	If yes.	describe	plan	Not provided by MC office						
			elevation	Not provided by MC office						
			cross section	Not provided by MC office						
			structural drawing	Not provided by MC office						
			completion certificate	Not provided by MC office						
			Test reports of materials	Not provided by MC office						
			Any other document	Not provided by MC office						
5).	Mode of construction contact		Tender	Yes						
6).	Changes made in construction as compared to structural design and drawings available			No						
7).	Adjoining structures available before/during construction			No						
	If yes, details thereof									
8).	Additional Structure constructed along with this structure			No						
9).	Extension to existing structure			date	No					
	If yes, details thereof			No						



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10)	Delay in construction in any with reason		No						
11)	Change of Engineer		No						
12)	Change of Contractor		No						
	Stages of construction		NA						
13)	Maintenance Type								
	Maintenance Type	water proofing	Yes / No	No	If yes, frequency	N A	Years / Month		
		plastering	Yes / No	No	If yes, frequency	N A	Years / Month		
		coloring	Yes / No	No	If yes, frequency	N A	Years / Month		
		strengthening	Yes / No	No	If yes, frequency	N A	Years / Month		
		water supply	Yes / No	Yes	Regular Maintenance				
		Drainage	Yes / No	No	If yes, frequency	N A	Years / Month		
14)	Previous Inspection Done		Yes / No	No					
	If yes , details		reason						
	Document available		Yes / No	No					
	If, Done when		N A	Name of Authority		N A			
15)	Action taken then , yes/No		No	If yes , details		N A			
	Major repairs if any		No	Types of repairs with reason			N A		
	Minor repairs if any		No	Types of repairs with reason			N A		
16)	Any Structural Defects observed like								
	wing / flat	No	Settlement	Yes / No	No	Tilting	Yes / No	No	
			major / minor cracks		Yes / No	No			
			leakage in slab		Yes / No	No	Roof Slab	Yes / No	No
			Seepage in slab		Yes / No	No	Roof Slab	Yes / No	No
			Spalling of Plaster		Yes / No	No	Roof Slab	Yes / No	No

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	major / minor cracks in plaster	Yes / No	No	Roof Slab	Yes / No	No
17)	Signs of failure at Ground Floor	No				
18)	compound wall details	Does not Exist				
19)	Signs of failure in compound wall	No Wall				

