

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

Name of ULB:	M.C. Salundhwa	Name of SUH:	Night Shelter No:-1
Name of Agency through which 3 rd Party Quality Audit is being conducted	MNYKS	Address of SUH	near Railway station
Date of Audit	19-06-2024	Capacity:	32 beddings

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
		—	—	—	—	✓			
2	Description	Free Temporary Shelter for Urban Poor & Homeless							
3	Location	near Railway Station, Salundhwa							
4	General information of building /structure	Approximate overall dimensions	length	width	height				
Overall details of Building/structure									
No. of story		Singla	symmetrical	✓	Nonsymmetrical				
No. of Rooms		1 Male							
No. of Bathrooms		1							
No. of Kitchen		3							


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Starting year of construction		1981		Reference		Permission certificate		11		—	
year of completion of construction		1980		Reference		completion certificate		11		—	
structure is completed at one time or in stages						under construction		11		stage	
6	Name of Architect	—		address		—		Contact No			
7	Name of Engineer	—		address		—		Contact No			
8	Name of Builder	—		address		—		Contact No			
9	Name of contractor	—		address		—		Contact No			
10	Competent Authority	M.C.A.									
11	Existing use	yes	No	Fully		partly		✓			
12	Adjoining structure if any										
13	court matter if any	yes/No	No	if yes, Report /undertaking		NOC from Fire Brigade		✓			
security facility		yes/No	No	fencing		Yes/No		NOC		if yes, details	
14	changes done in original structure/plan	yes/ No	No	NOC		if yes, details		—			
If minor changes done, please specify		—									

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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	OK		
		Non-structural	OK		
		water supply /sanitary	OK		
		Electrification	OK		
18	Any other information like use of solar energy				
19	Inspection done in presence of				

	Name of person	address	Position	Email	contact No
1	Sanjeev Kumar	M.C. Office, Sindhur	C.M.M.		
2	Manoj Kumar	"	C.O.		
3	Vijay Rishari		C.M.M.		
4					

B	Technical record					
1	Year of construction	years	Not available		Reference	—
2	Age of structure					
3	Materials for construction	RCC	✓	Steel	✓	Masonry
	Grade of concrete		steel grade	—	wall Tk	External wall
					Internal wall	✓

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[Signature]

4	Documents / records available		Yes	✓	No	
	if yes, describe	plan				
		elevation			NO	
		cross section			NO	
		structural drawings			NO	
		completion certificate			NO	
		Test reports of materials			NO	
		any other document			Estimate	
5	Mode of construction contract	tender		negotiation		If any other, please specify
	N.A.					
6	Changes made in construction as compared to structural design and drawings available					
7	Adjoining structures available before / during construction	yes/No				
	if yes, details thereof					
8	Additional structure constructed alongwith this structure	yes/No				
9	Extension to existing structure	date				
	if yes, details thereof					
10	Delay in construction if any with reason					if yes, details thereof
11	change of Engineer	yes/No.	—	if yes,		

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				details			
12	change of contractor	yes/No.	No	if yes, details			
12	stages of construction						

13	Maintenance Type	water proofing	yes/No	Yes	If yes, frequency	yrs/month	2020-21
		plastering	yes/No	No	If yes, frequency	yrs/month	
		coloring	yes/No	Yes	If yes, frequency	yrs/month	2023-24
		strengthening	yes/No	No	If yes, frequency	yrs/month	
		water supply		No			
		drainage	yes/No	Yes	If yes, frequency	yrs/month	2020-21
		Previous inspections done	yes/No	No			
		if yes, details			reason		
		document available	yes/No.				
		If, done when		name of authority			
		Action taken then, yes/ No	—	if yes, details			

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Major repairs if any		—		Type of repair with reason		—	
Minor repair if any		Minor Repairing		Type of repair with reason		—	
16	Any structural defects observed like			Type			
	wing/flat	wing/flat	wing/flat	wing/flat	settlement	major/minor cracks	leakage in slab
major/minor cracks in plaster			yes/No	No	roof slab	yes/No	No
Signs of failure at Ground Floor			No				
compound wall details			—				
Signs of failure in compound wall			No				


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Name of ULB:	M.C. Salundkar	Name of SUH:	Night Shelter
Name of Agency through which 3 rd Party Quality Audit is being conducted	M N YKS	Address of SUH	near Bus Stand, Salundkar
Date of Audit	20-08-2024	Capacity:	11 beddings

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
		—	—	—	—	✓			
2	Description	Free Temporary stay for Poor and Homeless people.							
3	Location	near Bus Stand, Salundkar under flyover							
				Tehsil	Salundkar	Distt	Salundkar		
4	General information of building /structure	Approximate overall dimensions		length	50'	width	30'	height	12'
Overall details of Building/structure									
	No. of story	Single	symmetrical	—	Nonsymmetrical	—			
5	No. of Rooms	1 Hall							
	No. of Bathrooms	1							
	No. of Kitchen	2							


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Starting year of construction		1991		Reference		Permission certificate		19		—	
year of completion of construction		1998		Reference		completion certificate		—		—	
structure is completed at one time or in stages						under construction				stage	
6	Name of Architect	—		address		—		Contact No			
7	Name of Engineer	—		address		—		Contact No			
8	Name of Builder	—		address		—		Contact No			
9	Name of contractor	—		address		—		Contact No			
10	Competent Authority	M.C.C.									
11	Existing use	yes	✓	No		Fully		partly	✓		
12	Adjoining structure if any										
13	court matter if any	yes/No		No		if yes, Report /undertaking		—			
security facility		yes/No		No		fencing	Yes/No	No	NOC from Fire Brigade		—
14	changes done in original structure/plan	yes/ No		No		if yes, details					
If minor changes done, please specify		—									

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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	OK		
		Non-structural	OK		
		water supply /sanitary	OK		
		Electrification	OK		
18	Any other information like use of solar energy				
19	Inspection done in presence of				
	Name of person	address	Position	Email	contact No
1	Sanjeev Kumar	M.C. Office, Sandhya	CRM.		
2	Manoj Kumar		CO.		
3	Vijay Ribhori		C.M.M.		
4					

B	Technical record		Reference		
1	Year of construction				
2	Age of structure	years	Not available		
3	Materials for construction	RCC	Steel	Masonry	plastic/ fiber
	Grade of concrete		steel grade	wall Tk	External wall

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4	Documents / records available	Yes	✓	No	
	if yes, describe	plan		Yes	
		elevation		No	
		cross section		No	
		structural drawings		No	
		completion certificate		No	
		Test reports of materials		No	
		any other document		Eligible	
5	Mode of construction contract	tender		negotiation	If any other, please specify
	N.A.				
6	Changes made in construction as compared to structural design and drawings available				
7	Adjoining structures available before / during construction	yes/No			
	if yes, details thereof				
8	Additional structure constructed alongwith this structure	yes/No			
9	Extension to existing structure	date			
	if yes, details thereof				
10	Delay in construction if any with reason				if yes, details thereof
11	change of Engineer	yes/No.		if yes,	

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	Major repairs if any	—	Type of repair with reason	—
	Minor repair if any	Minor Repairing	Type of repair with reason	—
16	Any structural defects observed like			
	wing/flat	wing/flat	wing/flat	wing/flat
			settlement	yes/No
			major/ minor cracks	yes/No
			leakage in slab	yes/No
			seepage in slab	yes/No
			spalling of plaster	yes/No
	major/minor cracks in plaster			
17	Signs of failure at Ground Floor	No		
18	compound wall details	—		
19	Signs of failure in compound wall	No		

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