

Annexure-IV

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

Name of ULB:	MC Mandla	Name of SUH:	Night Shelter, MC Mandla
Name of Agency through which 3 rd Party Quality Audit is being conducted	—	Address of SUH	Near bus stand, Mandla
Date of Audit	06/03/24	Capacity:	20

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
		✓	—	—	—	—			
2	Description	—							
3	Location	Near bus stand, Mandla							
4	General information of building /structure	—	Approximate overall dimensions		Tehsil	Mandla	Distt	Mandla	—
		length			—	width	—	height	
Overall details of Building/structure									
5	No. of story	2	symmetrical	—	Nonsymmetrical	—			
	No. of Rooms	2							
	No. of Bathrooms	6							
	No. of Kitchen	N/A							

Starting year of construction		2018		Reference		Permission certificate		-	
Year of completion of construction		2019		Reference		completion certificate		-	
structure is completed at one time or in stages				Yes		under construction		No	
6	Name of Architect	-		address		-		Contact No	
7	Name of Engineer	JATINDER SINGH		address		Mamoa, WD-15		Contact No 78884-85707	
8	Name of Builder	The Kude Co-op LL		address		Mamoa		Contact No 98724-47510	
9	Name of contractor	Same		address		-		Contact No -	
10	Competent Authority	-		-		-		-	
11	Existing use	yes	No	-	Fully	-	partly	-	-
12	Adjoining structure if any	No							
13	court matter if any	yes/No	-	if yes,	Report /undertaking	-	NOC from Fire Brigade	411	-
security facility		yes/No	-	fencing	Yes/No	-	if yes, details	-	-
14	changes done in original structure/plan	yes/No	-	if yes, details					
If minor changes done, please specify		No							

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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	—			
		Non-structural	—			
		water supply /sanitary	Yes			
		Electrification	—			
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	—	—	—	—	—
	2	—	—	—	—	—
	3	—	—	—	—	—
	4	—	—	—	—	—

B	Technical record		Reference			
1	Year of construction					
2	Age of structure	years				
3	Materials for construction	RCC	✓	Steel	✓	Masonry
	Grade of concrete		steel grade	F ₅₅₀	wall Tk	External wall
						plastic/ fiber Internal wall

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4	Documents / records available		Yes	No
	if yes,	describe	plan	
			elevation	
			cross section	
			structural drawings	
			completion certificate	
			Test reports of materials	
			any other document	
5	Mode of construction contract	tender	negotiation	If any other, please specify
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	yes/No		
8	Additional structure constructed along with this structure		yes/No	
9	Extension to existing structure		date	NO
	if yes, details thereof		if yes, details thereof	
10	Delay in construction if any with reason			
11	change of Engineer	yes/No.	if yes	

Bay

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

13	Maintenance Type	water proofing	yes/No		If yes, frequency		yrs/month		
		plastering	yes/No		If yes, frequency		yrs/month		
		coloring	yes/No		If yes, frequency		yrs/month		
		strengthening	yes/No		If yes, frequency		yrs/month		
		water supply							
		drainage	yes/No		If yes, frequency		yrs/month		
14	Previous inspections done	yes/No			reason				
	if yes, details								
	document available	yes/No.							
	If, done when			name of authority					
15	Action taken then, yes/ No			if yes, details					

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