

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	<u>SANGRUR</u>	Name of SUH:	<u>BACKSIDE FIRE BRIGADE OFFICE,</u>
Name of Institution/Organization through which Social Audit is being conducted	<u>LIONS CLUB SANGRUR GREATER.</u>	Address of SUH	<u>NEAR CAPTAIN KARAM SINGH NAGAR, (UPPLI ROAD) SANGRUR (PUNJAB)</u>
Date of Social Audit		Capacity:	<u>35 BEDS.</u>

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		
iii	Toilets/Bath Rooms	Yes/No		
iv	Hot water- Geyser/ Solar device	Yes/No		
v	Heater	Yes/No		
vi	Beds	Yes/No		
vii	Beddings	Yes/No		
viii	Blankets	Yes/No		
ix	Lighting/Fans	Yes/No		
x	Kitchen with vessels and Gas connectivity	Yes/No		

[Signature]

xi	Piped water Supply	Yes/No		
xii	RO/Purified water facility	Yes/No		
xiii	Washing Provisions	Yes/No		
xiv	Food Arrangements	Yes/No	Supplied as per requirement.	
(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	Munadi in City
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	In all need papers.
iv	Any other, please specify	Bus Stand De Complex Railway Station	Please Specify the location	
Additional (Services/ entitlements/convergences) information's if any :				

[Signature]

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

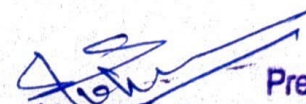
A	Documents	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Register of inmates	Yes		
2	Attendance Register	Yes		
3	Complaints and suggestions register	Yes	Please mention separate attendance Register	
B)	Work Verification of SUH Staff	Report	Remarks	Suggestion/Feedback given by Staff for improvement
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & M of SUH?	Yes		
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes		
	If yes mention the date & number of persons identified & rescued:	Date - 12-7-23 Person Rescued - 3		

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

Feedback/Suggestion: -

- 1.
- 2.
- 3.
- 4.


 President
 Lions Club Sangrur Greater

Signatures with Seal of the Institution/Organization

