

Annexure-IV

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

Name of ULB:	BHILKI	Name of SUH:	NAGAR PANCHAYAT BHILKI
Name of Agency through which 3 rd Party Quality Audit is being conducted	PURMDC Mandla.	Address of SUH	Near Bus stand, Bhilki,
Date of Audit	18 Mar-21	Capacity:	02.

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
		—	✓	—	—	—			
2	Description	Ground Floor, NR. office Bhilki							
3	Location	NR. OFFICE. BHILKI							
		—	—	Tehsil	MANSA.	Dist	MANSA.		
4	General information of building /structure	Approximate overall dimensions		length	20	width	12	height	11
Overall details of Building/structure									
	No. of story	01	symmetrical	✓	Nonsymmetrical	—			
	No. of Rooms	01							
	No. of Bathrooms	02							
	No. of Kitchen	NO							
5	13								

3

Starting year of construction		2010		Reference		Permission certificate			
year of completion of construction		2010		Reference		completion certificate		2010	
structure is completed at one time or in stages				one time 2010		under construction		stage	
6	Name of Architect	Dabhan Lal		address		Bh'bh'		Contact No 98152-82449	
7	Name of Engineer	Aniljeet Singh		address		Mansa		Contact No —	
8	Name of Builder	Pawan Kumar		address		Bh'bh'		Contact No —	
9	Name of contractor	Pawan Kumar		address		Bh'bh'		Contact No	
10	Competent Authority								
11	Existing use	yes		No		Fully		partly	
12	Adjoining structure if any			Not Ans					
13	court matter if any	yes/No		if yes,		Report /undertaking		—	
security facility		yes/No		fencing		Yes/No		NOC from Fire Brigade	
changes done in original structure/plan		yes/No		if yes, details					
14	If minor changes done, please specify	Not Ans							

15	History of failure in structure or part of it, if any		Not Any		
16	failure of adjoining structure, if any		Not Any.		
17	Maintenance details	structural	—		
		Non-structural	—		
		water supply /sanitary	Regular check.		
		Electrification	Regular check.		
18	Any other information like use of solar energy		—		
19	Inspection done in presence of		—		
	Name of person	address	Position	Email	contact No
1	Ram Singh.	Bhikh (Manja)	ppm P- opio	cobhikh@gmail.com	96463-50062
2					
3					
4					

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

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15	History of failure in structure or part of it, if any		Not Any		
16	failure of adjoining structure, if any		Not Any.		
17	Maintenance details	structural	—		
		Non-structural	—		
		water supply /sanitary	Regular check.		
		Electrification	Regular check.		
18	Any other information like use of solar energy				
19	Inspection done in presence of		—		
	Name of person	address	Position	Email	contact No
1	Ram Singh.	Bhikhs (Manda)	Prmp- opar	cobhikhs@gmail.com	96463-50060
2					
3					
4					

B	Technical record		Reference		
1	Year of construction	years			
2	Age of structure	RCC	✓	Steel	
3	Materials for construction	steel grade		wall Tk	
	Grade of concrete			External wall	
				Masonry	
				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	Manual 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				
8	Additional structure constructed along with this structure	yes/No	☒		
9	Extension to existing structure	date			
	if yes, details thereof				
10	Delay in construction if any with reason	N/O			if yes, details thereof
11	change of Engineer	yes/No	☒	if yes	

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

Bay

Major repairs if any		Not Any.				Type of repair with reason		—	
Minor repair if any		Not Any.				Type of repair with reason		—	
16		Any structural defects observed like				Type		Tilting yes/No	
wing/flat	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	yes/No			
17		Signs of failure at Ground Floor				—			
18		compound wall details				—			
19		Signs of failure in compound wall				—			

Sub Divisional Engineer
 Lining Sub Division.....
 PWRMDC, MANSA

[Signature]