5	ω 4	2 1			Pa		
No. of story No. of Rooms No. of Bathrooms No. of Kitchen		Type of Building Description		Date of Audit	Name of Agency through which 3 rd Party Quality Audit is being conducted	Name of ULB:	
	Location General information of building /structure	Residential Night		Audit	rough which 3 rd being conduct	ULB:	Perfo
Ground stroot of	•	Commercial		28-0	ed PWD	No Br	ma for 3 rd
symmetrical	Approximate overall dimensions Overall details of	rcial x for	A) General	28-03-2024		white nd	Party Qualit
	B Si 8	Linstitute Cock on		Capacity:	Address of SUH	NP Britting Name of SUH:	Performa for 3rd Party Quality Audit of Shelters for Urban Homeless
Nons	Patti length	+3					helters for U
Nonsymmetrical 3		tomeless + attice	Hospital .	000	rek sie	rester	rban Homele
	Distt		Other		le of	for Urb	53
	height				Nagar	Sheller for Urban homeless	
	± & 5				back side of Magare Panchayat	eless	
					7+		

Starting year of construction Reference Certificate Structure is construction Reference Certificate Stage Construction Stage Construction Stage Construction Stage Contact No Name of Architect Name of Builder Name of Builder Name of Contractor Contractor Contractor Conpetent Authority Contractor Contractor Contractor Contractor Contractor Contractor Contact No Adjoining structure if Security facility Ses/No Fencing Security facility Ses/No Security facility Se			14		13	12	=	10	9	∞	7	6			
Reference completion Reference completion certificate under construction address address address address address fencing Yes/No Partly No fencing Yes/No If yes/No Permission completion certificate under construction constr	specify	If minor changes done	changes done in o	security facility	court matter if any	Adjoining structure any		Competent Authority	Name of contractor	Name of Builder	Name of Engineer	Name of Architect	structure is complete	year of completion of construction	Starting year of construction
Reference certificate completion completion certificate under construction address address address address address address fencing Yes/No Fully partly partly fencing Yes/No if		, please		wes/No	yes/Nø		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						ed at one time or		
Permission certificate completion certificate under construction Permission partly partly lertaking if		\ Z	Yo.	fencing Yes/N	if yes, /u				address	address	address	address		Reference	Reference
Sta Contact Contact		4		lo	Report ndertaking		<						under	completion certificate	Permission certificate
	12		if yes, details	NOC from Fire B	• 8000		У		Contact No	Contact No	Contact No	Contact No	stage		

	_			₿						19	18		17	<u> </u>		16	15
	ω	2	_								An			Z		1 2	
Gra	Materials	Age	Yea	T	4	ယ	2	<u>, </u>		Inspec	y other inforr		details	Maintenance		failure of ad	History of 1
Grade of concrete	Materials for construction	Age of structure	Year of construction	Technical record				Markeet (P.W.D)	Name of person	Inspection done in presence of	Any other information like use of solar energy	Electrification	water supply /sanitary	Non-structural	structural	failure of adjoining structure, if	History of failure in structure or part of it, if any
N/A	RCC	years						9		of	energy						part
steel grade	7							P.W.D.	ac		NO	21K	N-	2-5	N/L	NO	No
415	Steel							office	address		X.						
wall Tk E			Refer						Pc								
External wall	Masonry		erence					SDO	Position			Z****	The beautiful to the second		1 200		
BRICKS	nry																
Internal wall	plastic/ fiber								Email								
BRICK								98143-22733	contact No								

11	10		9	8		7	6	5	Τ		T	T			_	\
change of Engineer	Delay in construction if any with reason	if yes, details thereof	Extension to existing structure	Additional structure constructed alongwith this structure	if yes, d	Adjoining structures available before / during construction	Changes made in cons	Mode of construction contract							if yes, describe	Documents / records available
yes/No./ if	h reason 20		ngstructure		if yes, details thereof		Changes made in construction as compared to structural design and drawings available	tender neg	any other document	Test reports of materials	completion certificate	structural drawings	cross section	elevation	plan	Yes UN6
ifyes	if yes		date	yes/Ne		yes/No/	ural design and d	negotiation								
	if yes, details thereof		- NO-				rawings available	If any other, please specify								
							20									

	15				14		-				13	1		12	
	Action taken then, yes/ No	If, done when	document available	if yes, details	Previous inspections done						Maintenance Type		stages of construction	change of contractor	
			yes/No.		done yes/No	drainage_yes/No	water supply	strengthenin yés/No	coloring	plastering	water proofing			yes/No.	
	if yes, details	name of authority	20		20	yes/No	28	Lyés/No	yes/No	yes/No	yes/No			if yes ,details	,details
			The second secon	reason	S TOTAL STATE OF THE STATE OF T	If yes, frequency		If yes, frequency	If yes, frequency	If yes, frequency	If yes, frequency				
2						yrs/month		yrs/month	yrs/month	yrs/month	yrs/month				

	19	18	17							16	T	7
	Signs of failure in compound wall	compound wall details	Signs of failure at Ground Floor	majo					wing/flat wing/flat	Any structural de	Minor repair if any	Major repairs if any
Executive Officer Ragar Panchayat Bhikhiwind	npound wall	III details	round Floor	major/minor cracks in plaster					wing/flat wing/flat so	Any structural defects observed like	20	20
	ユニ		Zi		spalling of plaster	seepagein slab	leakage in slab	major/ minor cracks	settlement		L	Type
Sub Divisional Engineer Construction Sub Division Pub Ban, Tord Tord				yes/No	yes/No	yes/No	yes/No	yes/No	yes/No	Туре	Type of repair with reason	Type of repair with reason
Engineer Use Division				roof slab	roof slab	roof slab	roof slab		Tilting			
1000 C				yes/Nø	yes/Ne	yes/No	yes/No		Tilting yes/No		(
Regd. No. 2412 Pass. Talk Pass.												