

Annexure-IV

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

Name of ULB:	CHAGGA	Name of SUH:	NON-NULM
Name of Agency through which 3 rd Party Quality Audit is being conducted	UNWEDAL PVT LTD PATRAN	Address of SUH	M.C. OFFICE Chagga
Date of Audit	20/03/24	Capacity:	4 Person

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
2	Description	M.C. OFFICE							
3	Location	WARD NO.-2 CHAGGA							
4	General information of building /structure	Approximate overall dimensions	length	width	height				
Overall details of Building/structure									
No. of story		0	symmetrical	Nonsymmetrical					
No. of Rooms		2							
No. of Bathrooms		2							
No. of Kitchen		1							

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Starting year of construction		N/A		Reference		Permission certificate		N/A	
year of completion of construction		N/A		Reference		completion certificate		N/A	
structure is completed at one time or in stages				ONE time		under construction		NO	
Name of Architect				address				Contact No	
Name of Engineer				address				Contact No	
Name of Holder				address				Contact No	
Name of contractor				address				Contact No	
Competent Authority				Fully		✓		partly	
Existing use		yes ✓		No					
Adjoining structure if any									
court matter if any		yes/No		NO		if yes, Report /undertaking			
security facility		yes/No		Yes		fencing Yes/No		NOC from Fire Brigade	
changes done in original structure/plan		yes/ No		yes/ 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		
16	failure of adjoining structure, if any		
17	Maintenance details	Yes available	
	structural		
	Non-structural		
	water supply /sanitary		
	Electrification	Yes available	
18	Any other information like use of solar energy		
19	Inspection done in presence of		
	Name of person	address	Position
1	Gurpreet Singh	N.P. Gurgaon	J.A.
2	Madhwan Sharma	ADC (WB) PPA	CMM
3			
4			

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

N/A

Signature

N/A

4	Documents / records available	Yes	No	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					N/A
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.	NO	if yes		

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11				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	
		plastering	yes/No	Yes	If yes, frequency	yrs/month	
		coloring	yes/No	Yes	If yes, frequency	yrs/month	
		strengthening	yes/No	No	If yes, frequency	yrs/month	
		water supply		Yes			
		drainage	yes/No	Yes	If yes, frequency	yrs/month	
14	Previous inspections done	yes/No	NO	reason			
	if yes, details						
	document available	yes/No.	NO				
	If done when						
15	Action taken then, yes/ No	NO		if yes details			

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	Major repairs if any		Type of repair with reason	
	Minor repair if any		Type of repair with reason	
16	Any structural defects observed like			
	wing/flat	wing/flat	wing/flat	wing/flat
	settlement			Type
	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			No
18	compound wall details			Good
19	Signs of failure in compound wall			No

20/02/2023

