

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

Name of ULB:	MC Hoshiarpur	Name of SUH:	Prabha Ashra (I & II)
Name of Agency through which 3 rd Party Quality Audit is being conducted	Pt. J.R. G.P.C Hoshiarpur	Address of SUH	Fire Brigade Complex, Hoshiarpur
Date of Audit	28/03/2024	Capacity:	50 + 50 = 100 [40 Bed Present]

A) General

		Residential	Commercial	Institute	Hospital	Other
1	Type of Building					✓
2	Description	Made under NULOM Scheme for Urban Homeless.				
3	Location	Inside Fire Brigade Office, Hoshiarpur				
				Tehsil	Distt	Hoshiarpur
4	General information of building /structure	Approximate overall dimensions		length	width	height
				72' (G.F) 77'6 (F.F)	41'	-
Overall details of Building/structure						
5	No. of story	2 (G+1)	symmetrical	✓	Nonsymmetrical	-
	No. of Rooms	4 Halls, 2 Rooms				
	No. of Bathrooms	4 No.				
	No. of Kitchen	01 No.				

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Starting year of construction		2016 (SKella-1) 2018 (SKella-2)		Reference		Permission certificate		—	
year of completion of construction		2019 (SKella-1) 2019 (SKella-2)		Reference		completion certificate		D.O.C - 26/6/19 [Certificate issued by me, msp]	
structure is completed at one time or in stages				Both SKella's completed in two stages		under construction		—	
6	Name of Architect	—		address		—		Contact No	
7	Name of Engineer	—		address		—		Contact No	
8	Name of Builder	—		address		—		Contact No	
9	Name of contractor	Ashwani Kumar, Cent Kandi Co-operative Housing Society		address		Committee Bageri Hoshiarpur		Contact No 98145-33474.	
10	Competent Authority	Municipal Corporation Hoshiarpur							
11	Existing use	yes	No	Fully	✓	partly			
12	Adjoining structure if any	N/A							
13	court matter if any	yes/No	NO	if yes,	Report /undertaking	Y	NO	N/A	
security facility		yes/No	Y	fencing	Yes/No	Y	NOC from Fire Brigade		
14	changes done in original structure/plan	yes/ No	No	if yes, details					
If minor changes done, please specify		N/A							

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At

15	History of failure in structure or part of it, if any		NA		
16	failure of adjoining structure, if any		NA		
17	Maintenance details	structural	NA		
		Non-structural	NA		
		water supply /sanitary	NA		
		Electrification	NA		
18	Any other information like use of solar energy		NA		
19	Inspection done in presence of				
	Name of person	address	Position	Email	contact No
1	Kulvinder Singh	Municipal Corp. Hsp	Supdt.	ee.mchsp@gmail.com	98767-32638
2	Amrit Marwaha	- do -	insp.	- do -	98764-50524
3	Indrajit Singh	- do -	C.M.M.	- do -	94172 95007
4					

B	Technical record							
1	Year of construction	2016 to 2019			Reference	Work Order & Completion Certificate		
2	Age of structure	years	-					
3	Materials for construction	RCC	✓	Steel	-	Masonry	plastic/ fiber	-
	Grade of concrete		steel grade	-	wall Tk	External wall	Internal wall	-

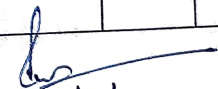
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4	Documents / records available	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	if yes, describe	plan			
		elevation			
		cross section			
		structural drawings			
		completion certificate		<input checked="" type="checkbox"/>	
		Test reports of materials			
		any other document			
5	Mode of construction contract	tender	Yes	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	NA		
	if yes, details thereof				
8	Additional structure constructed alongwith this structure	yes/No	NA		
	if yes, details thereof				
9	Extension to existing structure	date	NA		
	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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12	change of contractor	yes/No.	NO	,details	-		
12	stages of construction			if yes ,details	-		

Two shelters are constructed floor wise separately

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

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	Major repairs if any		No		Type of repair with reason		NA			
	Minor repair if any		No		Type of repair with reason		NA			
16	Any structural defects observed like				NA		Type			
	wing/flat	wing/flat	wing/flat	wing/flat	settlement	yes/No	—	Tilting		
					major/ minor cracks	yes/No	—			
					leakage in slab	yes/No	—	roof slab	yes/No	—
					seepage in slab	yes/No	—	roof slab	yes/No	—
					spalling of plaster	yes/No	—	roof slab	yes/No	—
	major/minor cracks in plaster				yes/No	—	roof slab	yes/No		
17	Signs of failure at Ground Floor				NA					
18	compound wall details				NA					
19	Signs of failure in compound wall				NA					

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