

ANNEXURE-IV

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

Name of ULB:	LEHRAGAGA.	Name of SUH:	MC LEHRAGAGA.
Name of Agency through which 3 rd Party Quality Audit is being conducted	B.B.L. Pvt. ITI	Address of SUH	Arkwas Road lehmagaga.
Date of Audit	28-13-2024	Capacity:	

A) General							
1	Type of Building	Residential	Commercial	Institute	Hospital	Other	
2	Description	OFFICE MUNICIPAL COUNCIL LEHRAGAGA.					
3	Location	MUNICIPAL COUNCIL LEHRAGAGA.					
			Tehsil	LEHRA	Distt	SANGRUR	
4	General information of building /structure	Approximate overall dimensions	length		width	height	
Overall details of Building/structure							
5	No. of story	symmetrical	Nonsymmetrical				
	No. of Rooms	02					
	No. of Bathrooms	01					
	No. of Kitchen	01					

	Starting year of construction	1995	Reference	Permission certificate		
	year of completion of construction	1995	Reference	completion certificate	1995	
	structure is completed at one time or in stages		One time	under construction		stage
6	Name of Architect		address		Contact No	
7	Name of Engineer		address		Contact No	
8	Name of Builder	Bhagwant Rai Contractor	address	LEHRAGAGA.	Contact No	
9	Name of contractor	Bhagwant Rai Contractor	address	LEHRAGAGA.	Contact No	
10	Competent Authority					
11	Existing use	yes	No	Fully	partly	
12	Adjoining structure if any		No.			
13	court matter if any	yes/No	if yes,	Report /undertaking		
	security facility	yes/No	fencing	Yes/No	NOC from Fire Brigade	
14	changes done in original structure/plan		yes/ No	if yes, details		
	If minor changes done, please specify		No.			

By

15	History of failure in structure or part of it, if any		No.		
16	failure of adjoining structure, if any		No.		
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	Dharinder Kumar	Lehragaga (Sangrur)	clerk	nc.lehragaga@gmail.com	94634-63536
2					
3					
4					

B	Technical record		Reference					
1	Year of construction							
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			

By

4	Documents / records available	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	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 alongwith this structure	yes/No			
9	Extension to existing structure	date			
	if yes , details thereof				
10	Delay in construction if any with reason	No.		if yes , details thereof	
11	change of Engineer	yes/No.		if yes	

By

				details			
12	change of contractor	yes/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					
	if yes, details		reason				
	document available	yes/No.					
	If, done when	✓	name of authority				
15	Action taken then, yes/ No		if yes, details				

Bj

