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

		A) General	
60	Capacity:	28/3/2024	Date of Audit
Mice Moon	Address of SUH	Universal ITI, Patran	Name of Agency through which 3 rd Party Quality Audit is being conducted
n Panchasat Moonala	Name of SUH: Magan	Moonab	Name of ULB:

								112			487
		S	1.		4	1	بنا	2		-	
No. of Kitchen	No. of Bathrooms	No. of Rooms	No. of story		General information of building /structure	Hear.	Location	Description		Type of Building	
chen	cooms	oms	огу		ormation of bui		NP	NP	1	Residential	
0	0	0	01		lding	8	Spice	Office	_	Co	
			symmetrical	Overall der	Approximate overall dimensions	おりません	Moona B	Moonal	\	Commercial	A) General
				ails of Bui		Tehsil	, A			Institute	
	j	Ą	Nonsymmetrical	Overall details of Building/structure	length	Moonab				Hospital	
			Pod an		width	Distt				Other	
					height	Sangruh					

198		14	4	13	12	11	10	9	8	7	6			
Is	If minor changes done, please		security	court matter if any	Adjoining structure if any	Existing use	Competent Authority	Name of contractor	Name of Builder	Name of Engineer	Name of Architect	structure is completed at one time or in stages	year of completion of construction	Starting year of construction
specify	iges done, pl	changes done in original structure/plan	security facility		structure if	yes	uthority	Din Digel	Oin Oizal		Unindur Singh	completed a in stages	etion of ion	a J.
	lease		yes/No	yes/No	_			rel	el		ingh	t one time	2013	2013
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		yes/ No			Vot	No						¥	e gra Starth	
100	1/1		fencing	if yes,				address	address	address	address	0013	Re	Re
1	+		Yes/No	Re /unde	i u	Fully		Moo	No		3	3	Reference	Reference
				Report /undertaking				Moonab	Moonab		Moonab	under construction	completion certificate	Permission certificate
d i		if ye	NOC		p (merceles	partly (manufacture of the second of t		er ction	tion ate	ion ate
2		if yes, details	C from			7								1 2 6
		4 L	from Fire Brigade					Contact No	Contact No	Contact No	Contact No	stage		
								61199-15166	18180		98189	S C C C C C C C C C C C C C C C C C C C		
								6113	98151-66112		78195-65186			

				В						19	18		17			16	15
9.		2 A	12 P		i.	ω 4	2	_		Insp	Any other info		details	No internal		failure of a	(History of
Grade of concrete	Materials for construction	Age of structure	Year of construction	Technical record				Onkaos	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 any	History of failure in structure or part of it, if any
	RCC	years	1	1				3	n	of	energy	Beg	Reg				art
steel grade	7			A L				Moona & (Saygrun)	ado			Begylon (Reck	Regular (Recb			No	No
ž.	Steel							Caro	address			b	93)
wall Tk	(147)	8						i i i		
External wall	-	-	Reference					Conh	Position		- Services		Annie James Ja				un.
	onry							NPma							100 mm		
Internal wall	plastic/ fiber							NPmoonah @yshoc.com	Email								
								(or	contact No					Section 1			

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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,	Adjoining structures available before / during construction	Changes made in cons		Mode of construction contract							if yes, describe	Documents / records available
yes/No.	th reason NO	thereof	ingstructure	d alongwith this structure	if yes, details thereof	efore / during construction	Changes made in construction as compared to structural design and drawings available	Tender	tender Mayual ne	any other document	Test reports of materials	completion certificate	structural drawings	cross section	elevation	plan	Yes No
if yes	if yes, details		date	yes/No		yes/No	ctural design and drawings	other; please specify	negotiation If any							20 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	details thereof	T					available	<u>, </u>									
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If, done when	document available	if yes, details	Previous inspections					3	Maintenance Type	stages of construction	change of contractor	
	yes/No.		done yes/No	drainage	water supply	strengthen:	coloring	plastering	water proofing	Complet	yes/No.	
name of authority				yes/No	(- NO.	ves/No	yes/No	yes/No	8	if yes	,details
		reason		If ycs, frequency		If yes,	If yes, frequency	If yes, frequency	If yes, frequency			
				yrs/month			yrs/month	yrs/month	yrs/month			
		yes/No.	if yes, details document available yes/No. If, done when authority	Previous inspections done yes/No if yes, details document available yes/No. If, done when	Previous inspections done yes/No frequency if yes, details document available yes/No. If, done when greations done yes/No. name of authority	water supply drainage yes/No If yes, frequency Previous inspections done yes/No frequency if yes, details document available yes/No. If, done when name of authority	Strengthern Nako Frequency water supply drainage yes/No If yes, frequency Previous inspections done if yes, details document available yes/No. name of authority	Strengthenn Name of authority coloring ves/No lifyes. If yes. Strengthenn Name of authority supply water supply drainage yes/No lifyes, frequency reason reason authority	plastering yes/No frequency coloring ves/No frequency strengthan yes/No frequency water supply drainage yes/No frequency Previous inspections done yes/No frequency if yes, details document available yes/No. If, done when name of authority	Maintenance Type Type plastering plastering yes/No requency strengthen supply water supply Previous inspections done if yes, details document available lt, done when Maintenance plastering yes/No strengthen yes/No strengthen yes/No drainage yes/No ltequency frequency reason authority name of authority	Maintenance water proofing yes/No frequency Type plastering yes/No frequency coloring yes/No frequency strengthen yes/No frequency water supply water supply water supply frequency frequency water supply water supply water supply water supply frequency frequency frequency frequency frequency authority name of authority	change of contractor yes/No. Stages of construction Corphe Acod

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Signs of	0	OstiBis								wing/flat wing/flat wing/flat settlement	Any s	Minor repair if any	Major repairs if any
Signs of failure in compound wall	compound wall details	I lalluc at	G: f feilure at Ground Floor	maj						wing/flat	Any structural defects observed like	pair if any	airs if any
mpound w	all details		Ground Fl	or/minor c						wing/flat	efects obse	Not	100
all	The state of the s		oor	major/minor cracks in plaster					· .	wing/flat	rved like	+	I
				ister	plusa		in a final control of	leakage in slab	major/ minor cracks	settlement	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		4				-	享				18.	_	Турес
			1		7	1	(yes/No	yes/No	yes/No	Type	Type of repair with reason	Type of repair with reason
												air with n	th reason
				slab		1001	Slab	roof		Tilting		ic C	l _k
							47	yes/No		yes/No			The state of the s
	7 9				1					Adam Caraca & A			
										line d			The state of the s
The state of the s											No.	Later	



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