

# Annexure-IV

## Performa for 3<sup>rd</sup> Party Quality Audit of Shelters for Urban Homeless

Name of ULB:	N/Mudki		Name of SUH:	Night Shelter	
Name of Agency through which 3 <sup>rd</sup> Party Quality Audit is being conducted	ਸਰਕਾਰੀ ਸੇਵਾ ਸੰਸਥਾ, ਮੁੱਦਕੀ, ਫ਼ਤਿਹਗੜ੍ਹ ਜ਼ਿਲ੍ਹਾ, ਪੰਜਾਬ		Address of SUH	Shakirdi Road	
Date of Audit			Capacity:	02	

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
2	Description	Rack							
3	Location	Shakirdi Road, Mudki							
4	General information of building /structure	Approximate overall dimensions		Tehsil	length	width	height		
Overall details of Building/structure									
5	No. of story	Single		symmetrical		Nonsymmetrical			
	No. of Rooms	1							
	No. of Bathrooms	1							
	No. of Kitchen	1							

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Starting year of construction	—	Reference	Permission certificate	—
	year of completion of construction			
structure is completed at one time or in 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	—	address	Contact No
10	Competent Authority	—		
11	Existing use	Yes	No	Fully
12	Adjoining structure if any	No		
13	court matter if any	yes/No	if yes, Report /undertaking	NOC from Fire Brigade
14	changes done in original structure/plan	yes/No	fencing	if yes, details
If minor changes done, please specify				

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ਸੇਵਾ. ਉਪ ਮਿਸ਼ਨ, ਮੁਕਤੀ

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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	structural	Regular			
		Non-structural				
		water supply /sanitary	Available			
		Electrification	Available			
18	Any other information like use of solar energy					
19	Inspection done in presence of					

1	Name of person	address	Position	Email	contact No
2					
3					
4					

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

ਸਰ/ਸ੍ਰੀਮਤੀ.  
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4	Documents / records available	Yes	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		
7	Adjoining structures available before / during construction	yes/No	
	if yes, details thereof		
8	Additional structure constructed along with 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.	if yes

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12	change of contractor	yes/No.		if yes, details				
12	stages of construction							
13	Maintenance	water proofing	yes/No	—	If yes, frequency	yrs/month		
	Type	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	if yes, details						
		document available						
		If, done when						
15	Action taken then, yes/ No			if yes, details				

	Major repairs if any	—	Type of repair with reason	—
	Minor repair if any	—	Type of repair with reason	—
16	Any structural defects observed like	settlement	Type	—
	wing/flat	wing/flat	wing/flat	wing/flat
		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	—	—	—
18	compound wall details	—	—	—
19	Signs of failure in compound wall	—	—	—

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