

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

Name of ULB:	MC Patti	Name of SUH:	Shelter for Urban homeless
Name of Agency through which 3 rd Party Quality Audit is being conducted	PWD Div No. 2 Amritsar	Address of SUH	Bus stand Patti
Date of Audit	29-02-24	Capacity:	06

A) General									
1	Type of Building	Residential	Commercial	Institute	Hospital	Other			
		-	-	-	-	✓			
2	Description	Night shelter for urban homeless							
3	Location	Bus stand, Patti							
			Tehsil	Patti	Distt	Tarn Taran			
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								
	No. of Bathrooms	01							
	No. of Kitchen								

	Starting year of construction		Reference	Permission certificate					
	year of completion of construction		Reference	completion certificate					
	structure is completed at one time or in stages			under construction		stage			
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	✓	partly	—
12	Adjoining structure if any		No						
13	court matter if any	yes/No	✓	No	if yes,	Report /undertaking			
	security facility	yes/No	✓	Yes	fencing	Yes/No	Yes	NOC from Fire Brigade	
14	changes done in original structure/plan		yes/ No	No	if yes, details				
	If minor changes done, please specify		— NA —						

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	Yes			
		Electrification	Yes			
18	Any other information like use of solar energy		No			
19	Inspection done in presence of		P W D			
		Name of person	address	Position	Email	contact No
1		VINOD	PWD OFFICE	JE	—	964681000
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	NA	steel grade		wall Tk	External wall		Internal wall

By



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					No
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				No
	if yes, details thereof					
10	Delay in construction if any with reason	No			if yes, details thereof	
11	change of Engineer	yes/No.	No	if yes		

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12	change of contractor	yes/No. <input checked="" type="checkbox"/>			if yes, details				
12	stages of construction								

13	Maintenance Type	water proofing	yes/No <input checked="" type="checkbox"/>		If yes, frequency		yrs/month		
		plastering	yes/No <input checked="" type="checkbox"/>		If yes, frequency		yrs/month		
		coloring	yes/No <input checked="" type="checkbox"/>		If yes, frequency		yrs/month		
		strengthening	yes/No <input checked="" type="checkbox"/>		If yes, frequency		yrs/month		
		water supply	Yes						
		drainage	yes/No <input checked="" type="checkbox"/>		If yes, frequency		yrs/month		
14	Previous inspections done	yes/No	No		reason				
	if yes, details								
	document available	yes/No. <input checked="" type="checkbox"/>							
	If, done when			name of authority					
15	Action taken then, yes/ No <input checked="" type="checkbox"/>			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			
	No							
16	Any structural defects observed like				Type			
	wing/flat	wing/flat	wing/flat	wing/flat	settlement		yes/No	Tilting yes/No
					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				Nil			
18	compound wall details				Nil			
19	Signs of failure in compound wall				Nil			

8/11/20
 Executive Officer
 Municipal Council
 Patti

Public Works Department (P.W.D.)
 Division No. 2
 Dhule