

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

|                                                                                     |           |  |                |                                |  |
|-------------------------------------------------------------------------------------|-----------|--|----------------|--------------------------------|--|
| Name of ULB:                                                                        | Suman     |  | Name of SUH:   | Night Shelter                  |  |
| Name of Agency through which 3 <sup>rd</sup> Party Quality Audit is being conducted | HNYS      |  | Address of SUH | Near Baba Chingri Shah Samadhi |  |
| Date of Audit                                                                       | 18.6.2024 |  | Capacity:      | 2                              |  |

| A) General                            |                                            |                                |             |           |          |                |  |  |  |
|---------------------------------------|--------------------------------------------|--------------------------------|-------------|-----------|----------|----------------|--|--|--|
| 1                                     | Type of Building                           | Residential                    | Commercial  | Institute | Hospital | Other          |  |  |  |
| 2                                     | Description                                |                                |             |           |          |                |  |  |  |
| 3                                     | Location                                   | Near Baba Chingri Shah Samadhi |             |           |          |                |  |  |  |
| 4                                     | General information of building /structure | Approximate overall dimensions |             | length    | width    | height         |  |  |  |
| Overall details of Building/structure |                                            |                                |             |           |          |                |  |  |  |
| No. of story                          |                                            | 1                              | symmetrical |           |          | Nonsymmetrical |  |  |  |
| No. of Rooms                          |                                            | 1                              |             |           |          |                |  |  |  |
| No. of Bathrooms                      |                                            | 1                              |             |           |          |                |  |  |  |
| No. of Kitchen                        |                                            | 0                              |             |           |          |                |  |  |  |

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|                                                 |                                         |             |    |                             |        |                        |  |              |  |
|-------------------------------------------------|-----------------------------------------|-------------|----|-----------------------------|--------|------------------------|--|--------------|--|
| Starting year of construction                   |                                         | N. A        |    | Reference                   |        | Permission certificate |  |              |  |
| year of completion of construction              |                                         | N. A        |    | Reference                   |        | completion certificate |  |              |  |
| 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                         | —           |    | address                     |        | —                      |  | Contact No — |  |
| 9                                               | Name of contractor                      | —           |    | address                     |        | —                      |  | Contact No — |  |
| 10                                              | Competent Authority                     | M.C. office |    |                             |        |                        |  |              |  |
| 11                                              | Existing use                            | yes —       | No | Fully                       | —      | partly                 |  |              |  |
| 12                                              | Adjoining structure if any              | N. A        |    |                             |        |                        |  |              |  |
| 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   |             |    |                             |        |                        |  |              |  |

|    |                                                       |                         |     |  |
|----|-------------------------------------------------------|-------------------------|-----|--|
| 15 | History of failure in structure or part of it, if any |                         | N.A |  |
| 16 | failure of adjoining structure, if any                | No                      |     |  |
| 17 | Maintenance details                                   | structural              | OK  |  |
|    |                                                       | Non-structural          | OK  |  |
|    |                                                       | water supply / sanitary | OK  |  |
|    |                                                       | Electrification         | OK  |  |
| 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 | Raj Kumar      | M.C office | E.O      |       |            |
| 3 | yogesh         | M.C office | J.C      |       |            |
| 4 |                | M.C office | C.M.M    |       |            |

|   |                            |                  |             |               |                |
|---|----------------------------|------------------|-------------|---------------|----------------|
| B |                            | Technical record |             | Reference     |                |
| 1 | Year of construction       | N.A              |             |               |                |
| 2 | Age of structure           | years            | N.A         | Steel         | plastic/ fiber |
| 3 | Materials for construction | RCC              | steel grade | wall Tk       | Internal wall  |
|   | Grade of concrete          |                  |             | External wall |                |

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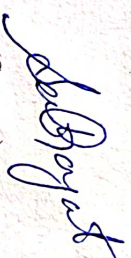
|    |                                                                                      |                                            |                                      |
|----|--------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|
| 4  | Documents / records available                                                        | Yes <input checked="" type="checkbox"/>    | No <input type="checkbox"/>          |
|    | if yes, describe                                                                     | plan                                       | No                                   |
|    |                                                                                      | elevation                                  | No                                   |
|    |                                                                                      | cross section                              | No                                   |
|    |                                                                                      | structural drawings                        | No                                   |
|    |                                                                                      | completion certificate                     | No                                   |
|    |                                                                                      | Test reports of materials                  | No                                   |
|    |                                                                                      | any other document                         | No                                   |
| 5  | Mode of construction contract                                                        | tender <input checked="" type="checkbox"/> | negotiation <input type="checkbox"/> |
| 6  | Changes made in construction as compared to structural design and drawings available |                                            |                                      |
| 7  | Adjoining structures available before / during construction                          | yes/No                                     | <input checked="" type="checkbox"/>  |
|    | if yes, details thereof                                                              |                                            |                                      |
| 8  | Additional structure constructed along with this structure                           | yes/No                                     | <input checked="" type="checkbox"/>  |
| 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 <input checked="" type="checkbox"/> | if yes,                              |

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

|    |                            |                                             |                                            |  |                   |  |           |  |  |
|----|----------------------------|---------------------------------------------|--------------------------------------------|--|-------------------|--|-----------|--|--|
| 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/No <input checked="" type="checkbox"/> |  |                   |  |           |  |  |
|    |                            | drainage                                    | yes/No <input checked="" type="checkbox"/> |  | If yes, frequency |  | yrs/month |  |  |
| 14 | Previous inspections done  | yes/No <input checked="" type="checkbox"/>  |                                            |  |                   |  |           |  |  |
|    | if yes, details            |                                             |                                            |  |                   |  |           |  |  |
|    | document available         | yes/No. <input checked="" type="checkbox"/> |                                            |  |                   |  |           |  |  |
|    | If, done when              |                                             |                                            |  |                   |  |           |  |  |
| 15 | Action taken then, yes/ No | No                                          |                                            |  |                   |  |           |  |  |

|    |                                      |                      |           |           |                     |        |  |                            |         |        |  |
|----|--------------------------------------|----------------------|-----------|-----------|---------------------|--------|--|----------------------------|---------|--------|--|
|    |                                      | Major repairs if any |           |           |                     | N.A    |  | Type of repair with reason |         | N.A    |  |
|    |                                      | Minor repair if any  |           |           |                     | N.A    |  | Type of repair with reason |         | N.A    |  |
| 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 |  |                            |         |        |  |
|    |                                      |                      |           |           | seepage in slab     | yes/No |  |                            |         |        |  |
|    |                                      |                      |           |           | spalling of plaster | yes/No |  |                            |         |        |  |
|    | major/minor cracks in plaster        |                      |           |           | yes/No              |        |  | roof slab                  | yes/No  |        |  |
| 17 | Signs of failure at Ground Floor     |                      |           |           | No                  |        |  |                            |         |        |  |
| 18 | compound wall details                |                      |           |           | No                  |        |  |                            |         |        |  |
| 19 | Signs of failure in compound wall    |                      |           |           | No                  |        |  |                            |         |        |  |

  
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