

Performa for 3rd party Quality Audit of Shelters for urban Homeless

ANNEXURE -IV

Name of ULB:- Talwandi Bhai	Talwandi Bhai	Name of SUH: Talwandi Bhai (Night Shelter), Old Tehsil road Talwandi Bhai
Name of Institution/Organization through which	PWSSB Department	Address of SUH: Old Tehsil road Talwandi Bhai
Date of Social Audit	5/12/2023	Capacity: 3 Beds

1	Type of Building	Residential	Commercial	Institute	Hospital	Other				
		NA	NA	NA	NA	MC Office				
2	Description	NA								
3	Location	Old Tehsil Road Talwandi Bhai	Tehsil	Talwandi Bhai	Distt	Talwandi Bhai				
4	General information of Building/structure	Approximate overall dimensions	lights	NA	width	NA	hight	NA		
	Overall details of Building/structure									
	No of Story	Single	Symmetrical		Nonsymmetrical					
	No fo Rooms	1 Hall			NA					
	No of Bahrooms	1 attached								
5	No of Kitchen	1 Inside Hall								
	Starting Year of Construction	NA	Reference	Permission certificate	NA					
	Year of completion of construction	2010	Reference	Completion Certificate	NA					
	Structure is completed at one time or in stages	NA		Under Construction	NA	Stage	NA			
6	Name of Architect	NA	address	NA		Contact No	NA			
7	Name of Engineer	NA	address	NA		Contact No	NA			
8	Name of Builder	NA	address	NA		Contact No	NA			
9	Name of Contractor	NA	address	NA		Contact No	NA			
10	Competent Authority	NA								
11	Existing Use	Yes	NA	No	NA	Fully	NA	Partly	NA	
12	Adjoining structure if any	office building								

13	Court matter if any	Yes/No	NA	If yes	report/undertaking				
	Security facility	Yes/No	Yes	fencing	Yes/No	NA	NOC from Fire Brigade	Yes	
14	changes done in original structure/plan	Yes/No	If Yes, detail						
	If minor changes done. Please specify	NA							
15	History of failure in structure or part of it, if any	NA							
16	failure of adjoining structure if any	NA							
	Maintenance details	Structural	Regular						
		Non structural	-						
		Water supply/sanitary	Available						
		Electricification	Available						
18	Any other information like use of solar energy	NA							
19	Inspection done in presence of	NA							
		1. Name of person	address	position	Email	Contact No			
		2. NA	NA	NA	NA	NA			
		3. NA	NA	NA	NA	NA			
		4. NA	NA	NA	NA	NA			
B	Technical record								
		Year of Construction	NA	Reference	NA				
		2. Age of structure	Years		NA				
		3. Materials for construction	RCC	NA	Steel	NA	Masonry	NA	Plastic/Fiber
		Grade of concrete		Steel gade	NA	wall tk	external wall	NA	Internal wall
									NA

		NA	NA	NA	NA	NA	NA	NA	NA	
		NA	NA	NA	NA	NA	NA	NA	NA	
		NA	NA	NA	NA	NA	NA	NA	NA	
		NA	NA	NA	NA	NA	NA	NA	NA	
		NA	NA	NA	NA	NA	NA	NA	NA	
		NA	NA	NA	NA	NA	NA	NA	NA	
4	Documents/Records available	Yes	NA	No	NA					
	if yes describe	Plan								
	elevation	NA								
	cross section	NA								
	structural drawings	NA								
	completion certificate	NA								
	test reports of materials	NA								
	any other document	NA								
5	Mode of construction contract	tender	NA	negotiation	NA	if any other please specify	NA			
6	Changes made in contruction as compared to structural design and drawings available									
	if yes details there of	NA								
7	Adjoining structures avaiible before/during	yes/No	NA							
	if yes details there of		NA							
8	Additional structure constructed alongwith	yes/No	NA							
9	Extension to existing structure	date	NA							
	if yes details thereof		NA							
10	Delay in construction if any with reason *		if yes details thereof							
11	Change of Engineer	yes/No	NA	If yes details thereof	NA					
12	Change of contractor	yes/No	NA	If yes details thereof	NA					
12	Stages of eonstruction		NA							
13	Maintenance Type	Water Proofing	yes/No	NA	If yes frequency	NA	Yrs/month	NA		
		Plastering	yes/No	NA	If yes frequency	NA	Yrs/month	NA		
		Coloring	yes/No	NA	If yes frequency	NA	Yrs/month	NA		

	Strengthening	yes/No	NA	If yes frequency	NA	Yrs/month	NA		
	Water Supply	yes/No	NA	If yes frequency	NA	Yrs/month	NA		
	drainage	yes/No	NA	If yes frequency	NA	Yrs/month	NA		
14	Previous inspections don	yes/No	NA						
	If yes, details	NA							
	document available	yes/No	NA						
	If done when	NA	Name of authority	NA					
	Action taken then								
15	Yes/No	NA	If yes details	NA					
	Major repairs If any	NA	Type of repair with reason	NA					
	Major repair If any	NA	Type of repair with reason	NA					
16	Any Structural defects observed like		Type						
	Wing/Flate	wing/flat	wing/Flate	settlement	Yes/No	NA		Tilting	Yes/No
				Major/minor cracks	Yes/No	NA			NA
				Leakage in slab	Yes/No	NA		roof slab	NA
				seepage in slab	Yes/No	NA		roof slab	NA
				spalling of plaster	Yes/No	NA		roof slab	NA
	NA				Yes/No	NA		roof slab	NA
	Major/minor cracks in plaster								
17	Signs of failure at ground floor	NA							
18	compound wall details	NA							
19	Signs of failure in compound wall	NA							


 Junior Engineer
 PWSSB Ferozepur


 Executive Officer,
 Municipal Council
 Talwandi Bhai