

DEPARTMENT OF SOCIAL WELFARE
GOVT. OF NCT OF DELHI
GLNS COMPLEX, DELHI GATE, NEW DELHI -02

No. F.10(3)/2009-DSW/Estt/Gen Cir & Sta Instt./

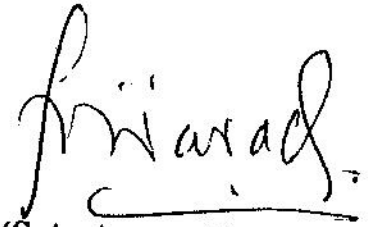
13878-924
Dated:

26 OCT 2009

CIRCULAR

To ensure effective and efficient functioning of the Homes / Institutions under the Department of Social Welfare, Surprise Inspections shall be carried out by the designated Officers. The name of the Officer and his / her date and time of the Surprise Inspection will be conveyed to him / her confidentially by the undersigned. The visiting Officer will inspect the Institutions / Home and submit the report to the Director (Social Welfare) soon after his visit and in any case within three days. The general format in which the report is expected from the Surprise Inspection is as per the Annexure to this Circular.

This is for the information of all concerned.



(S.A. Awaradi)

Director (Social Welfare)

Copy to:

1. Incharge of all Branches of Social Welfare of HQ.
2. Incharge of all Homes / Institutions under Social Welfare
3. Incharge of the Schools under Social Welfare
4. File No. 45(75)2004/DSW/Estt/Part I

Computer (e/1)

**DEPARTMENT OF SOCIAL WELFARE
GOVT. OF NCT OF DELHI**

No. 45(75)/2004/DSW/ES/Part-I

Dated: _____

SURPRISE INSPECTION REPORT

1. Name of the Institution _____
2. Date of Inspection _____ (working day / holiday)
3. Time of (a) Arrival at Institution _____ (b) Departure _____
4. Statutory & Non-Statutory Committees and their visits / meets:

| Name of Committee | Prescribed frequency of visit / meet | Date of last visit / meet | Register of visit maintained : Yes/No |
|-------------------|--------------------------------------|---------------------------|---------------------------------------|
| | | | |

5. Maintained Duty Roster for : (a) office hours (b) non office hours (c) holiday: Yes / No.

KITCHEN

6. Whether daily food menu is displayed : Yes / No (if no, reason : _____)
7. Stock of food articles is available for the period of _____ weeks.
8. General hygiene and cleanliness observed in the kitchen _____
9. How many times cleaning of Kitchen garbage bin is done in a day _____
10. Whether water purifier is available Yes / No.
11. Purifier is working: Yes / No (If no, action taken : _____)

BATHROOMS & TOILETS

12. Whether disinfectants (phenyl etc.) are being used regularly: Yes / No.
13. Connection of taps and **availability** of water in Bathrooms: Yes / No.
14. Connection of taps and **availability** of water in toilets: Yes / No.
15. Over-all cleanliness of bathroom and toilets : _____
16. Repairs, if any, required.

INMATES

17. Number (a) as per records: _____ (b) Physically found _____ (difference, if any, between (a) and (b) above and reasons for the same _____)
18. Doctor's fixed visiting days (tick mark): (i) Mon (ii) Tue (iii) Wed (iv) Thur (v) Fri (vi) Sat (vii) Sun.
19. Doctor visited last on _____ (date)
20. Suggestions / complaints, if any, of inmates : _____

21. Complaint / Suggestion Box / Register is maintained : Yes / No

22. Complaints redressed : Yes / No

SAFETY & SECURITY

23. Physical (structural) safety of building : (i) apparently safe / (ii) apparently unsafe because we observed _____

24. Last inspection of PWD Asstt. / Executive Engineer (date) _____

25. Safety related to Electrical wiring / switches : _____

26. Availability of working fire fighting equipments - Yes / No (If not working, action taken : _____)

27. Number of Security Guards / Persons on duty : _____

28. Number of Security Guards sanctioned : _____

29. Communication facilities :

| Sl.No. | Phone Nos. / Fax | Working : Yes / No | Action taken by Superintendent if not working |
|--------|------------------|--------------------|---|
| (i) | (ii) | (iii) | (iv) |
| (a) | Internet | | |
| (b) | | | |
| (c) | | | |

30. Following clauses / paras in Manual of S.W. Department are not being complied:

| Sl.No. | Clause / Para | Situation prevailing in Institution |
|--------|---------------|-------------------------------------|
| | | |
| | | |
| | | |

Signature :

Name of Inspecting Officer

Designation

Com Puter Cell

Copy to:

I/C of Home / Institution