

Date of Inspection: _____ Name of Depot: _____ Godown Area (in sq. ft.): _____	Area Office: _____ State: _____ District / City: _____
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Put "☑" Mark Only in the Appropriate Boxes

GODOWN LAYOUT / CONDITION / APPROACH			
Type of godown:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	
Approach road to godown: (for movement of cement fleet)	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	
Drainage system exist at site	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Need Action	
Openings / Doors (Entry):	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> >3	
Suitable chajjas exist over door / windows:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of roof	<input type="checkbox"/> RCC <input type="checkbox"/> GI Sheets (Tin)	<input type="checkbox"/> Cement Sheets <input type="checkbox"/> Other(Mention)	
Roof condition	<input type="checkbox"/> No Leakage	<input type="checkbox"/> Leakage/Dampness/Holes/Cracks Visible	
No of windows	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> >3	
Windows close fitting / air tightness	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Need Action	
Floor base	<input type="checkbox"/> Concrete	<input type="checkbox"/> Brick	
Floor base cover	<input type="checkbox"/> Plastered	<input type="checkbox"/> Unplastered	
Floor level	<input type="checkbox"/> Above GL	<input type="checkbox"/> Below GL	
	_____ Mtr above/below GL		
Floor condition	<input type="checkbox"/> Dry	<input type="checkbox"/> Damp	
Walls thickness	<input type="checkbox"/> 4.5"	<input type="checkbox"/> 9"	
Walls condition	<input type="checkbox"/> Dry	<input type="checkbox"/> Damp	
Outer walls-plastered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Inner walls-Plastered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electricity	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	

STACKING / COVERING / PLACEMENT OF CEMENT BAGS			
Tarpaulin	<input type="checkbox"/> Available	<input type="checkbox"/> Not available	
Floor covered (tarpaulin/ dunnage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cement bags covered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cement bags stacking height	<input type="checkbox"/> 10 <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> >15	
Cement bags stacking width	<input type="checkbox"/> 3 Mtr <input type="checkbox"/> 6-9 Mtr	<input type="checkbox"/> 3-6 Mtr <input type="checkbox"/> >9 Mtr	
Header / Stretcher	<input type="checkbox"/> Maintained	<input type="checkbox"/> Not maintained	
Stacking directly on floor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stacking at a height	<input type="checkbox"/> Over wooden planks	<input type="checkbox"/> Platform	
Distance from walls	<input type="checkbox"/> <1'	<input type="checkbox"/> >1'	
FIFO being maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Boards / tally cards displayed on each pile	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OPC/PPC clearly stacked/segregated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cut & Torn bags available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cut & Torn and Set/Partially set bags are stacked separately	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Need Action	

Is the Godown suitable for Hiring (Applicable for New Godown) :	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Comment by Inspection Team:

Signature of RE-CTS Name: _____	Signature of SH-CTS Name: _____	Signature of ASM Marketing Name: _____
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