

SITE VISIT REPORT Annexure -XIII

1	DATE OF VISIT	
2	NAME OF THE OFFICER (S)	
3	NAME OF THE AGENCY	
4	NAME OF THE DIRECTORS OF THE AGENCY	
5	ADDRESS OF THE OFFICE WHERE VISITED (RENTAL/LEASE/OWNERSHIP AGREEMENT TO BE CHECKED)	
6	WHETHER THE AGENCY IS ALSO ENGAGED IN WORK(S) OTHER THAN PROVIDING HOUSEKEEPING AND MAINTENANCE SERVICES	
7	IF YES, MENTION NATURE OF WORK, NUMBER OF EMPLOYEES ENGAGED AND THE NAME OF THE CLINTS	
8	DATE OF PROVIDING HOUSEKEEPING AND MAINTENANCE SERVICES TO SBI AND NUMBER OF EMPLOYEES ENGAGED FOR SBI (RECORDS TO VERIFY)	
9	DATE OF PROVIDING HOUSEKEEPING AND MAINTENANCE SERVICES TO THE ORGANISATION OTHER THAN SBI AND NUMBER OF EMPLOYEES ENGAGED FOR THE CLIENTS (RECORDS TO VERIFY)	
10	NUMBER OF EMPLOYEES WORKING IN THIS OFFICE OF THE AGENCY (RECORDS TO VERIFY)	
11	AMBIENCE AND CLEANLINESS OF THE OFFICE; TO BE MARKED (EXCELLENT/GOOD/AVERAGE)	
12	WHETHER THE AGENCY PROVIDE MACHINES (NAME OF THE MACHINE TO BE NOTED) *(MUST PROVIDE EITHER PHYSICAL OR INVOICE OF THE MACHINE)	
13	WHETHER COMPANY HAS ITS OWN TRAINING INSTITUTE FOR ITS EMPLOYEES	
14	ANY SEPARATE STAFF EMPLOYED FOR LOOKING AFTER HR MATTERS	
15	VISIT OF THE OFFICES OF THE ORGANISATION WHERE THE AGENCY HAS PROVIDED HOUSEKEEPING AND MAINTENACE SERVICES OTHER THAN SBI. *(MENTION (1) PLACE OF VISIT (2) NAME OF THE ORGANIZATION WHERE VISITED (3) NUMBER OF EMPLOYEE ENGAGED (4) OTHERS IF ANY	
16	WHETHER THE AGENCY/CONTRACTOR HAVE CERTIFICATE FROM GOVT. AUTHORITIES FOR REGULAR PEST CONTROL WITHIN THE PREMISES INCLUDING EXTERIORS AND INTERIORS WITH APPROPRIATE CHEMICALS	1

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MACHINES FOR MAINTENANCE OF THE PREMISES

SL NO	NAME OF THE MACHINE	PHYSICALLY VERIFIED	INVOICE SUBMITTED	NOT SUBMITTED
1	FLOOR SCRUBBING MACHINE			
2	SHAMPOOING MACHINE			
3	DRY- WEY VACUUM CLEANER			
4	JET PRESSURE CLEANING MACHINE			
5	TITLE SCRUBBING MACHINE			
6	AUTOMATIC SQUEEZER			
7	ROAD SWEEPER MACHINE			

SIGNATURE

NAME OF THE OFFICIALS

DESIGNATION

DATE