

Classification Audit Worksheet

Month _____ Year _____

Name: _____ S.O.# _____ Custody Level: _____

1. Classified prior to housing; Y__ N__
2. Housed according to custody level; Y__ N__
3. Instruments completed in an accurate and timely manner; Y__ N__
4. Was an override used? Y__ N__

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Total # of Overrides _____ Is override rate acceptable: Yes _____ (<15 % OF POPULATION). No _____ (>15 % OF POPULATION)