**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)