

PRIMARY SECURITY LEVEL ASSESSMENT

Inmate Name: _____

Inmate ID: _____

D.O.B: _____

Circle Whether Override Of Security Designation Was Recommended: **YES** **NO**

Written Explanation of Override:

Circle The Recommended Security Designation:

HIGH CLOSE CUSTODY MEDIUM ASSAULTIVE-ESCAPE MEDIUM LOW MEDIUM MINIMUM LOW MINIMUM VERY LOW MINIMUM

Signature Of Assessment Staff Member and Date Assessment Completed: _____

Supervisory Review Of Override:

Circle Whether Override Of Security Designation Was Approved or Disapproved
(If 'DISAPPROVED' is circled, provide a written explanation)

DISAPPROVED APPROVED

Written Explanation of Disapproval:

Circle Final Security Designation:

HIGH CLOSE CUSTODY MEDIUM ASSAULTIVE-ESCAPE MEDIUM LOW MEDIUM MINIMUM LOW MINIMUM VERY LOW MINIMUM

Signature Of Supervisor and Date Of Override Review: _____

Recommended Housing Assignment: _____