# Month

**Classification Audit Worksheet**

# 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)