FACILITY AUDIT REPORT

Reporting Facility: _____ Month Ending: _____

No. of Files Corrected: _____ Type of Corrections_____

	Facility	No. of Audits	1	2	3	4	5	6	7	8	9	10	Total Corrections
	Oklahoma State Penitentiary												
	Jackie Brannon Correctional Center												
	James Crabtree Correctional Center												
	North Fork Correctional Center												
	Lexington A&R Center												
	Joseph Harp Correctional Center												
	Howard McLeod Correctional Center												
	Mack Alford Correctional Center												
	Jim E. Hamilton Correctional Center												
	Dick Conner Correctional Center												
	Mabel Bassett Correctional Center												
	Mabel Bassett A&R Center												
	Lexington Correctional Center												
	Jess Dunn Correctional Center												
	John Lilley Correctional Center												
	William S. Key Correctional Center												
	Eddie Warrior Correctional Center												
	Northeast Ok. Correctional Center												
	Bill Johnson Correctional Center												
	Cimarron Correctional Facility												
	Davis Correctional Facility												
	Lawton Correctional Facility												
	Kate Barnard/Hillside CC												
	Lawton CCC												
	Union City CCC												
	Enid CCC												
	Tulsa Region CC												
	Consolidated Records Unit (GPS)												
	Oklahoma City CCC												
	Clara Waters CCC												
	Oklahoma State Reformatory												
	Total												

Type of Corrections: (1) Time Served; (2) Jail Time; (3) Earned Credit; (4) Emergency Time Credit; (5) Achievement Credit; (6) Deferred Reception Credit;(7) Restored Credit; (8) Lost Credit; (9) NCT; (10) Sentencing/Legal

Report Prepared By:_____ Date: _____