

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC

08-10-2019
01:20:48

Handwritten signature/initials

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	OUTCOUNT SECTION											OC UO TU N T	VERIFY COUNT	COUNT AREA			
		A T T Y	F N J	F N Y E	F N Y S	F S	H O S P	M S	R & D	S A N I T R Y	T R A N S F E R	V I S I T I O N						
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	.	.	2	.	81	E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	79	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	88	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	89	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	.	.	2	.	135	K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	.	.	4	.	754	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 3:24 AM

Handwritten signature 3:19 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

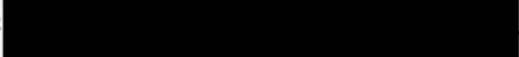
OFFICIAL OUT COUNT

DATE: 08/10/2019

COUNT TIME: 0300AM

FROM: 

LOCATION: Hosp

APPROVED: 

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054 Woolston	KS	13.		
2.	48816-066 SANTANA	KS	14.		
3.	86900-054 WALKER	SN	15.		
4.	86409-054 BULLOCK	SA	16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N 2 E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 2 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 4

This form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

**Metropolitan Correctional Center
Official Count Slip**

Unit: BA Date: 8-10-19
Count: 26 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: CA Date: 8/10/19
Count: 10 Time: 3:40
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center Official Count Slip	
Unit: <u>EN</u>	Date: <u>08-10-2019</u>
Count: <u>81</u>	Time: <u>3:00 A.M.</u>
Print Name	_____
Signature	_____
Print Name	_____
Signature	_____

Metropolitan Correctional Center Official Count Slip	
Unit: <u>ES</u>	Date: <u>8/10/19</u>
Count: <u>79</u>	Time: <u>3⁰⁰/AM</u>
Print Name	_____
Signature	_____
Print Name	_____
Signature	_____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/10/19

Count: 78 Time: 3:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: G.S Date: 08/14/19

Count: 88 Time: 0300

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/10/19
Count: 89
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/10/2019
Count: 135
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

**Metropolitan Correctional Center
Official Count Slip**

Unit: HOSP Date: 8-10-19
Count: 4 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: HA Date: 8-10-19
Count: 4 Time: 3:00AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: BA Date: 8/10/19
Count: 1 Time: 3:00

1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/10/19
Count: 86 Time: 3⁰⁰AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19
Count: 72 Time: 3:00am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2-B Date: 8-10-2019
Count: 5 Time: 3:00am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____