



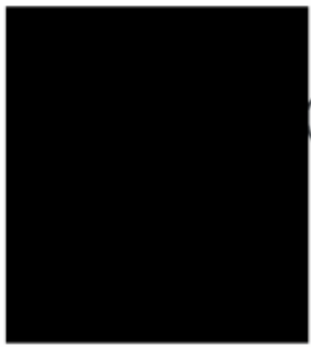
QTRG EQ **** OCTG EQ ****

7/15/21

COUNT AREA	CENSUS	OUTCOUNT SECTION											VERIFY COUNT	COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F N S	H O S	M S	R & D	S A N	T R W	V I S			O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	X	83 E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	X	4 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	.	X	88 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	X	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4	.		754

COUNT VERIFY

OFFICIAL PREPARING COUNT: 
OFFICIAL TAKING COUNT: 
COUNT CLEARED TIME: 10:36 PM



0:30 PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-09-19

COUNT TIME: 1000 pm

FROM: [Redacted]
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	KS	13.		
2.	[Redacted]	KS	14.		
3.	[Redacted]	KS	15.		
4.	[Redacted]	KN	16.		
5.	[Redacted]		17.		
6.	[Redacted]		18.		
7.	[Redacted]		19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 1 G-N _____ G-S _____ H-A _____
 I-N _____ K-N 1 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: ~~JN~~ Date: ~~8/9/19~~
Count: ~~86~~ Time: ~~10:20a~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ~~95 + 1~~ Date: ~~8/4/19~~
Count: ~~1~~ Time: ~~10:00a~~

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~2A~~ Date: ~~8.9.19~~
Count: ~~43 + 1~~ Time: ~~10:00a~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GN~~ Date: ~~8-9-19~~
Count: ~~78~~ Time: ~~10:20a~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~CS~~ Date: ~~8/9/19~~
Count: ~~25~~ Time: ~~10:20a~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ~~Z13~~ Date: ~~8-9-19~~
Count: ~~5~~ Time: ~~10:00a~~

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KN~~ Date: ~~8/9/19~~
Count: ~~88~~ Time: ~~10:20a~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ES~~ Date: ~~08-09-19~~
Count: ~~78~~ Time: ~~10:00 PM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~EA~~ Date: ~~08-09-19~~
Count: ~~92~~ Time: ~~10:30a~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19
Count: 26 Time: 1:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19
Count: 4 Time: 1:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19
Count: 4 Time: 1:02 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HS Date: 8/9/19
Count: 125 Time: 1:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
Count: 10 Time: 1:00 PM

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