

7/15/2021

NYMFC 530.03 *
PAGE 001 *

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC
QTRG EQ **** OCTG EQ ****

* 08-10-2019
* 00:35:17

| COUNT AREA | CENSUS | O U T C O U N T S E C T I O N | | | | | | | | | | | VERIFY COUNT | COUNT AREA | |
|-----------------|--------|-------------------------------|-------------|-------------|-------------|-------------|-------------|--------|--------|--------|-------------|-------------|-----------------|---------------|----------------|
| | | A T Y | F N J | F N Y | F N Y | F N Y | H O S | M S | R & | S A | T R N | V I W | | | OC UO TU |
| B-A | 26 | . | . | . | . | . | . | . | . | . | . | . | . | X | 26 B-A |
| C-A | 10 | . | . | . | . | . | . | . | . | . | . | . | . | X | 10 C-A |
| E-N | 83 | . | . | . | . | 2 | . | . | . | . | . | 2 | . | X | 81 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 | . | . | . | . | . | . | . | . | . | . | . | . | X | 89 K-N |
| K-S | 137 | . | . | . | . | 1 | . | . | . | . | . | 1 | . | X | 136 K-S |
| R-A | 1 | . | . | . | . | . | . | . | . | . | . | . | . | X | 1 R-A |
| Z-A | 72 | . | . | . | . | . | . | . | . | . | . | . | . | X | 72 Z-A |
| Z-B | 5 | . | . | . | . | . | . | . | . | . | . | . | . | X | 5 Z-B |
| TOTAL | 758 | . | . | . | . | 4 | . | . | . | . | . | 4 | . | | 754 |
| COUNT VERIFY | | X | | | | | | | | | | | | | |

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: *12:00pm*


Good verbal 3/23/20





**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-10-19 COUNT TIME: 12⁰¹AM

FROM:  LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

| REG # | NAME | UNIT | REG # | NAME | UNIT |
|---------------------|--|-----------|-------|------|------|
| 1. <u>16520-055</u> |  | <u>ES</u> | 13. | | |
| 2. <u>86409-054</u> |  | <u>EN</u> | 14. | | |
| 3. <u>89918-054</u> |  | <u>EN</u> | 15. | | |
| 4. <u>86768-054</u> |  | <u>KS</u> | 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 1 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 1 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: ~~KA~~ Date: ~~8/10/19~~
Count: ~~89~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KA~~ Date: ~~8/10/2019~~
Count: ~~186~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KA~~ Date: ~~8/10/2019~~
Count: ~~86~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~CA~~ Date: ~~8/10/19~~
Count: ~~78~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GS~~ Date: ~~8/10/19~~
Count: ~~88~~ Time: ~~0600~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GN~~ Date: ~~8/10/19~~
Count: ~~79~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~HICK~~ Date: ~~8/10/19~~
Count: ~~4~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KA~~ Date: ~~28/10/19~~
Count: ~~81~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KA~~ Date: ~~8/10/19~~
Count: ~~78~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/10/19
Count: 4 Time: 12:01 AM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: BA Date: 8/10/19
Count: 1 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19
Count: 73 Time: 12:01 AM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-9-19
Count: 2 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/10/19
Count: 26 Time: 12:01 AM

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