

7/15/21

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 S	H O S	M S	R & D	S A N W I D I V	T R N S V	V I S I T			OC UO TU N		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	79	.	.	.	.	.	.	.	.	1	.	.	1	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	85 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	.	.	X	88 K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	.	1	.	.	X	136 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	.	.	.	.	.	2	.	.	.	.	1	.	3	.		757

COUNT
VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:



6:00 AM

Good verbal: 5⁴³ AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19

COUNT TIME: 5:00 AM

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

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

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

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N (1) K-S (1) R-A _____ Z-A _____ Z-B _____

Total Out-Counted: (2)


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
NEW YORK, NY**

OFFICIAL OUT COUNT


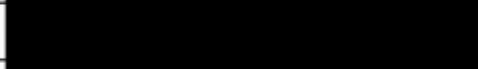

DATE: 8-9-2019

COUNT TIME: 5:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: S:0A

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		ES	13.		
2.			14.		
3.			15.		
4.			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 _____ E-S 1 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

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: KN Date: 8/9/19
Count: 88 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: TWDR Date: 8/9/19
Count: 1 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19
Count: 2 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/9/19
Count: 5 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19
Count: 77 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/9/19
Count: 136 Time: 8:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-09-2019
Count: 84 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-9-19
Count: 78 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-5 Date: 8-9-19
Count: 85 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
Count: 10 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/9/19
Count: 78 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/9/19
Count: 87 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/10/19
Count: 26 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/10/19
Count: 3 Time: 5:00 AM

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