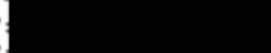
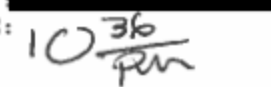


BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	COUNT COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F S S	H O S	M S	R & D	S A N	T R N			V I S	OC UO TU
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: 10³⁶ PM

g/v 10³⁰ PM


J.D.
7-12-2

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**


OFFICIAL OUT COUNT





DATE: 08-09-19

COUNT TIME: 1000 pm

FROM:  (at Count)

LOCATION: HOSP

APPROVED:  (at)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		FS	13.		
2.		KS	14.		
3.		KS	15.		
4.		KN	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 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: 8/9/2019
Count: 86 Time: 10:20 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: h5D Date: 8/9/2019
Count: 1 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8.9.19
Count: 42 + 1 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-9-19
Count: 78 Time: 10:40

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

Metropolitan Correctional Center
Official Count Slip

Unit: SS Date: 8/9/19
Count: 88 Time: 10:00 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-9-19
Count: 5 Time: 10:07 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 88 Time: 10 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-09-19
Count: 73 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 08-29-19
Count: 90 Time: 10 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 125 Date: 8/10/19
Count: 130 Time: 10pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
Count: AD Time: 1000PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/14/19
Count: 6 Time: 7:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/14/19
Count: 2 Time: 6:02 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/19/19
Count: 2-6 Time: 6:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____