

4 6/17/21

NYMFC 530.03 *
PAGE 001 *

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC

* 08-10-2019
* 01:20:48

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											V I D I V I T	O C U O T U N T	V E R I F Y C O U N T	C O U N T A R E A		
		A T T Y	F N J	F N Y	F N Y	F N S	H O S P	M S	R & D	S A N I T A R Y	T R A N S I T I O N A L	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:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:



5:30
Acm



5:29
Acm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

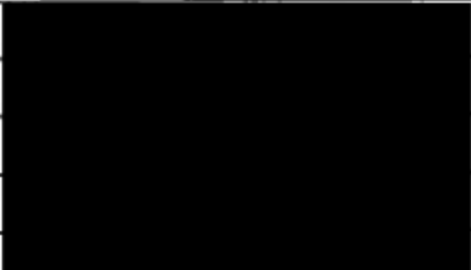
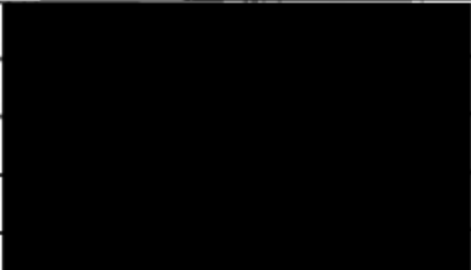
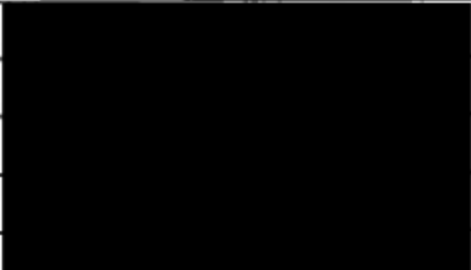
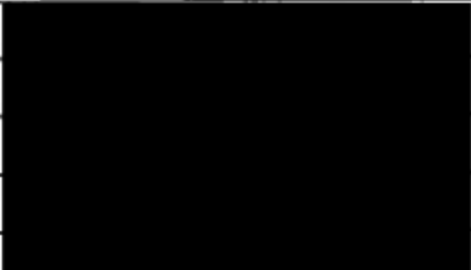
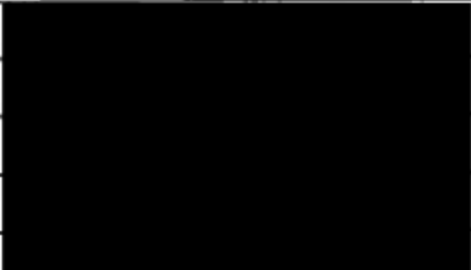
DATE: 08/10/2019

COUNT TIME: 0500 Am

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Hoop

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		KS	13.		
2.		KS	14.		
3.		SN	15.		
4.		SN	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: ZA Date: 8-10-2019

Count: 72 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: CA Date: 8/10/19
Count: 10 Time: 5:00⁰⁰
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: HOSP Date: 8/10/19
Count: 4 Time: 5:00⁰⁰
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-10-2019
Count: 81 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/10/19
Count: 79 Time: 5⁰⁰ AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/10/19
Count: 78 Time: 5:00am

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

Metropolitan Correctional Center
Official Count Slip


Unit: G-5 Date: 08/10/19
Count: 88 Time: 0500

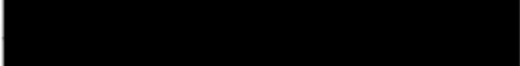
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Signature: _____
Print Name: _____
Signature: _____

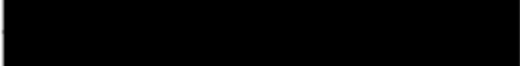
Metropolitan Correctional Center
Official Count Slip

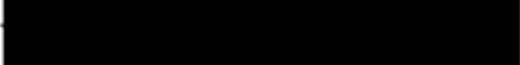
Unit: HA Date: 8-10-19

Count: 4 Time: 5:00AM

Print Name: 

Signature: 


Print Name: 

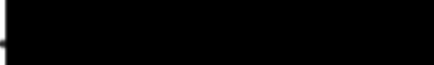
Signature: 

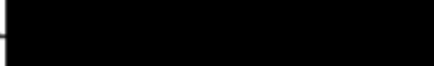
Metropolitan Correctional Center
Official Count Slip

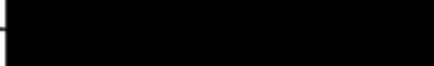
Unit: IN Date: 8/10/19

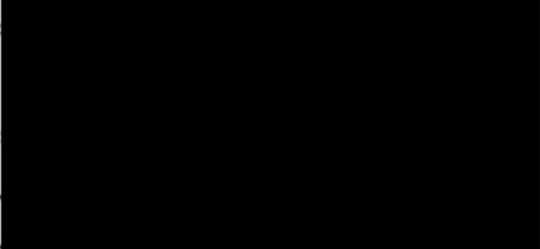
Count: 26 Time: 5:00AM


Print Name: 

Signature: 

Print Name: 

Signature: 


Metropolitan Correctional Center Official Count Slip	
Unit: <u>KN</u>	Date: <u>8/10/19</u>
Count: <u>89</u>	Time: <u>500AM</u>
Print Name:	
Signature:	
Print Name:	
Signature	

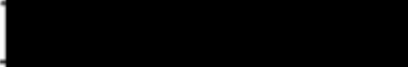
Metropolitan Correctional Center Official Count Slip	
Unit: <u>KS</u>	Date: <u>8/10/2019</u>
Count: <u>135</u>	Time: <u>0500AM</u>
Print Name:	
Signature:	
Print Name:	
Signature	


Metropolitan Correctional Center
New York, New York
Official Count Slip


Unit: RA Date: 8/10/18

Count: 1 Time: 5:00 am

1. Print Name: 

1. Signature: 


2. Print Name: 

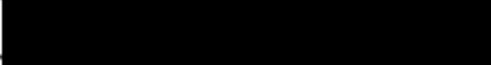
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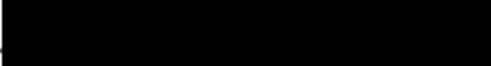
Metropolitan Correctional Center
Official Count Slip

Unit: Z-B Date: 8-10-2019

Count: 5 Time: 5:00

Print Name: 

Signature: 

Print Name: 

Signature: 