

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

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

7-14-21

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU N T	VERIFIY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N I	T R N W	V I S I					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10	C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	.	2	<del>X</del>	81	E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	79	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	89	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	.	2	<del>X</del>	135	K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	.	4		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT:   
OFFICIAL TAKING COUNT:   
COUNT CLEARED TIME: 5:30 AM

  
5:29 AM

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/10/2019

COUNT TIME: 0500 Am

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]	SN	15.		
4.	[Redacted]	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

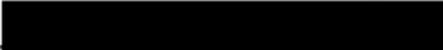
This form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

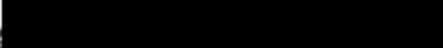


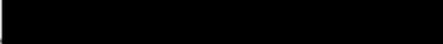
Metropolitan Correctional Center  
Official Count Slip

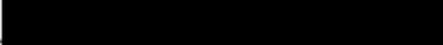
Unit: ZA Date: 8.10.2019

Count: 72 Time: 5:00 am

Print Name: 

Signature: 

Print Name: 

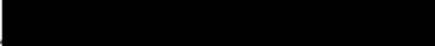
Signature: 

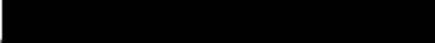
Metropolitan Correctional Center  
Official Count Slip

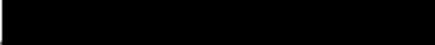
Unit: BA Date: 8-10-19

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: 5:00<sup>pm</sup>

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

Unit: HOSP Date: 8/10/19

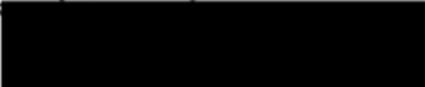
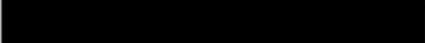
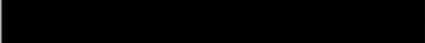
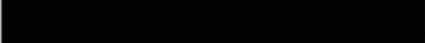
Count: 4 Time: 5:00<sup>pm</sup>

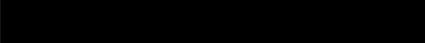
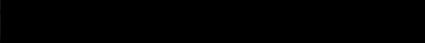
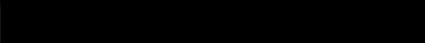
Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Metropolitan Correctional Center Official Count Slip	
Unit: <u>EN</u>	Date: <u>08-10-2019</u>
Count: <u>81</u>	Time: <u>5:00 A.M.</u>
Print Name:	
Signature:	
Print Name:	
Signature:	

Metropolitan Correctional Center Official Count Slip	
Unit: <u>ES</u>	Date: <u>8/10/19</u>
Count: <u>79</u>	Time: <u>5<sup>00</sup>AM</u>
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

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

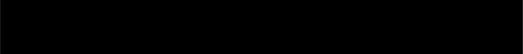
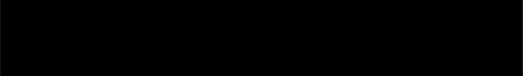
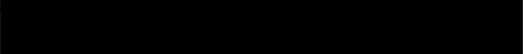
**Metropolitan Correctional Center  
Official Count Slip**

Unit: HA                      Date: 8-10-19  
Count: 4                         Time: 5:00AM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

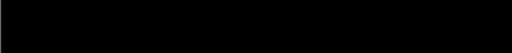
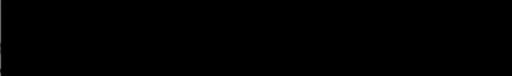
**Metropolitan Correctional Center  
Official Count Slip**

Unit: IN                      Date: 8/10/19  
Count: 26                         Time: 5:00  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 8/10/19  
Count: 89 Time: 500AM  
Print Name:   
Signature:   
Print Name:   
Signature: 

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 8/10/2019  
Count: 135 Time: 0500AM  
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: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: Z-B Date: 8-10-2019  
Count: 5 Time: 5:00 PM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_