

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

mu
8/04/21

COUNT AREA	CENSUS	OUTCOUNT SECTION											OC UO TU 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	T R N	V I S						
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	.	2	.	.	81	81 E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	79	79 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	78	78 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	88	88 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4	4 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	86	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	89	89 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	.	2	.	.	135	135 K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	72	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5	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

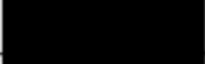
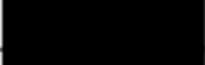
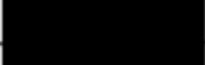
DATE: 08/10/2019

COUNT TIME: 0500 Am

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85364-054		KS	13.		
2. 48816-066		KS	14.		
3. 86900-054		SN	15.		
4. 86409-054		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: 42 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: _____

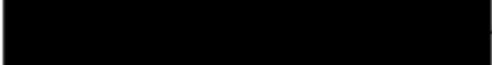
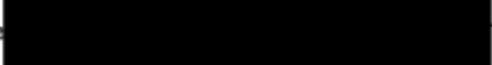
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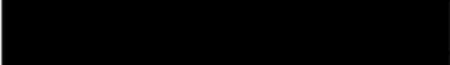
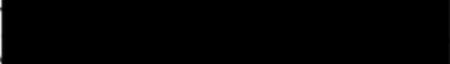
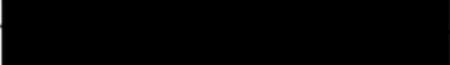
Print Name: _____

Signature: _____

Metropolitan Correctional Center Official Count Slip	
Unit: <u>CA</u>	Date: <u>8/10/19</u>
Count: <u>10</u>	Time: <u>5:00⁰⁰</u>
Print Name: _____	
Signature: _____	
Print Name: _____	
Signature: _____	

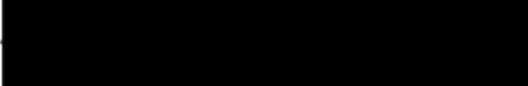
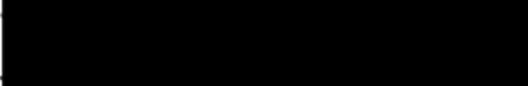
Metropolitan Correctional Center Official Count Slip	
Unit: <u>HOSP</u>	Date: <u>8/10/19</u>
Count: <u>4</u>	Time: <u>5:00am</u>
Print Name: _____	
Signature: _____	
Print Name: _____	
Signature: _____	

Metropolitan Correctional Center Official Count Slip	
Unit: <u>EN</u>	Date: <u>08-10-2019</u>
Count: <u>81</u>	Time: <u>5:00AM</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>5⁰⁰AM</u>
Print Name:	
Signature:	
Print Name:	
Signature:	

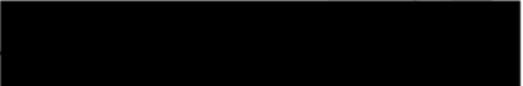
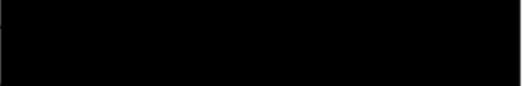
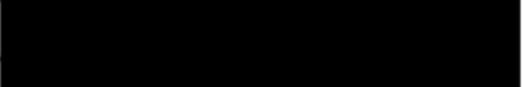
Metropolitan Correctional Center
Official Count Slip

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: 5:00PM

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

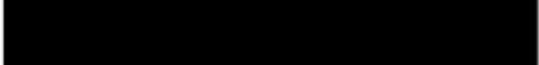
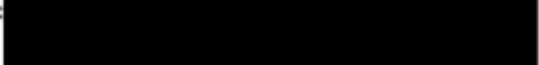
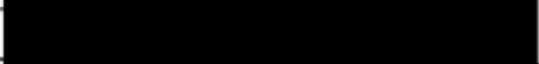
**Metropolitan Correctional Center
Official Count Slip**

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

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

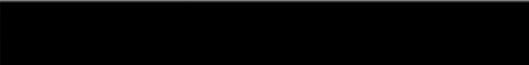
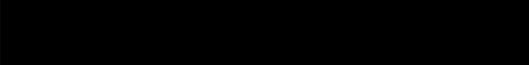
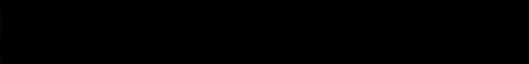
Metropolitan Correctional Center
Official Count Slip

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: 2-B Date: 8-10-2019
Count: 5 Time: 5:00 am

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