

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 V S T	V I S I T I O N			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

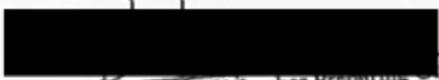
Good verbal: 5⁴³ AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

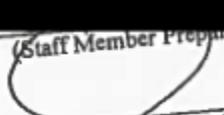
OFFICIAL OUT COUNT

DATE: 8/9/19

COUNT TIME: 5:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: 
(Operations Lieutenant)

	NAME	UNIT	REG #	NAME	UNIT
4.		11N	13.		
5.		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

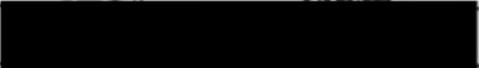
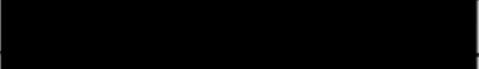
DATE: 8-9-2019

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: _____