

2/21/21

NYMH3 530.03 *
PAGE 001 *

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

* 08-09-2019
* 21:33:35

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	T R V			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:

10:36 PM

0:30 PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-09-19 COUNT TIME: 1000 pm
 FROM: [Redacted] LOCATION: Hosp
 (Staff Member Preparing Out Count)
 APPROVED: [Redacted]
 (Officer/Supervisor)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	KS	13.		
2.	[Redacted]	KS	14.		
3.	[Redacted]	KS	15.		
4.	[Redacted]	KN	16.		
5.	[Redacted]		17.		
6.	[Redacted]		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: ~~JA~~ Date: ~~8/9/2019~~
Count: ~~86~~ Time: ~~10:20 PM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ~~43 + 1~~ ~~h5D~~ Date: ~~8/9/2019~~
Count: ~~1~~ Time: ~~11:00 PM~~

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ZA~~ Date: ~~8.9.19~~
Count: ~~43 + 1~~ Time: ~~10:00~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GN~~ Date: ~~8-9-19~~
Count: ~~78~~ Time: ~~10:20 PM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~CS~~ Date: ~~8-9-19~~
Count: ~~88~~ Time: ~~10:20 PM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ~~ZB~~ Date: ~~8-9-19~~
Count: ~~5~~ Time: ~~10:20 PM~~

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KN~~ Date: ~~8/9/19~~
Count: ~~88~~ Time: ~~10:20 PM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ES~~ Date: ~~08-09-19~~
Count: ~~78~~ Time: ~~10:20 PM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~EA~~ Date: ~~08-09-19~~
Count: ~~92~~ Time: ~~10:20 PM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19
Count: 26 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19
Count: 46 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19
Count: 4 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HS Date: 8/9/19
Count: 120 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
Count: 10 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____