

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											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 W	V I S					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	2	.	X	81	E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	X	79	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	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	X	135	K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4	.		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME:

5:30 AM

[REDACTED] 5:29 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/10/2019

COUNT TIME: 0500 Am

FROM:  (Operations Lieutenant)

LOCATION: Hoop

APPROVED:  (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.			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 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.

CATEGORY: OCT
ASSIGNMENT: HOSP

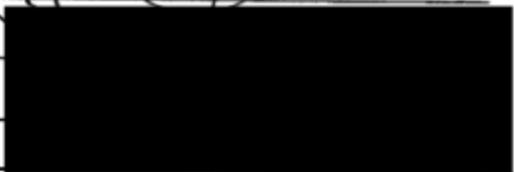
GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	[REDACTED]	[REDACTED]	08-10-2019	E05-535L	SUICIDE OR UNASSG
0002		[REDACTED]	[REDACTED]	08-10-2019	K09-028U	SUICIDE OR
0003		[REDACTED]	[REDACTED]	08-10-2019	E06-546L	SUICIDE OR UNASSG
0004		[REDACTED]	[REDACTED]	08-10-2019	K11-053L	FS WAREHO SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**Metropolitan Correctional Center
Official Count Slip**

Unit: ZA Date: 8-10-2019
Count: 72 Time: 5:00am
Print Name: Noel
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: ID Time: 5:00

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: HOSP Date: 8/10/19

Count: 4 Time: 5:00am

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 _____

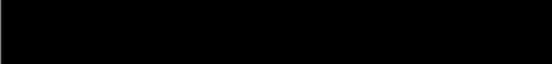
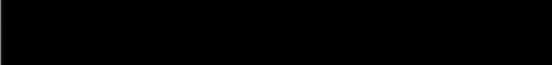
**Metropolitan Correctional Center
Official Count Slip**

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

Print Name _____
Signature: _____
Print Name _____
Signature _____

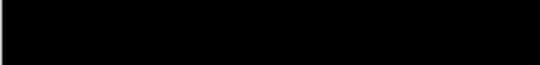
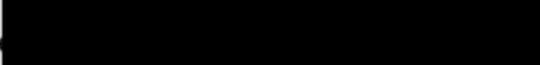
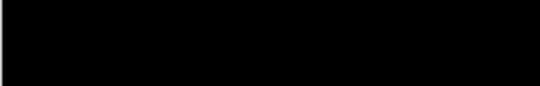
Metropolitan Correctional Center
Official Count Slip

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

Print Name: 
Signature: 
Print Name: 
Signature: 

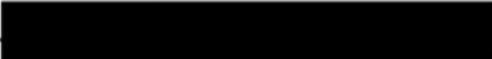
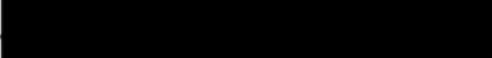
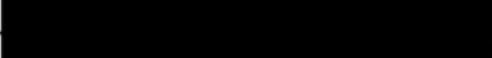
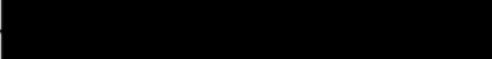
Metropolitan Correctional Center
Official Count Slip

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

Print Name: 
Signature: 
Print Name: 
Signature: 

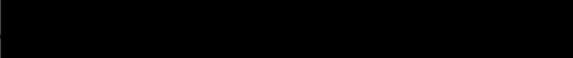
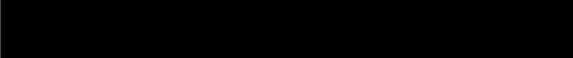
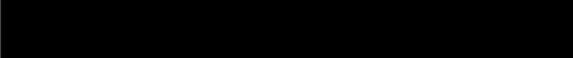
Metropolitan Correctional Center
Official Count Slip

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 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

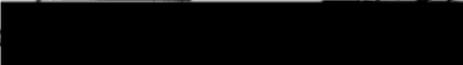
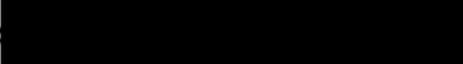
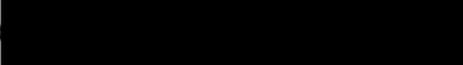
Unit: KN Date 8/10/19
Count: 89 Time: 500AM
Print Name _____
Signature: _____
Print Name _____
Signature _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/10/2019
Count: 135 Time: 0500AM
Print Name _____
Signature: _____
Print Name _____
Signature _____

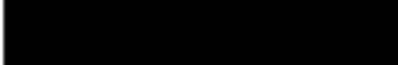
Metropolitan Correctional Center
New York, New York
Official Count Slip

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: Jack
Signature: 