

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC

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

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

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 I	T R N W	V I S I			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	2	.	83	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	.	137	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:



3:24 AM

9/11 3:19 AM

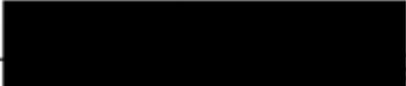
S.D
7-12-2.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

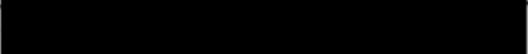
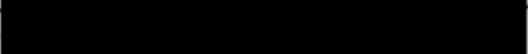
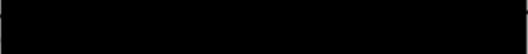
DATE: 08/10/2019

COUNT TIME: 0300AM

FROM:  (punit)

LOCATION: Hoop

APPROVED: 

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		KS	13.		
2.		KS	14.		
3.		5N	15.		
4.		5N	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 _____

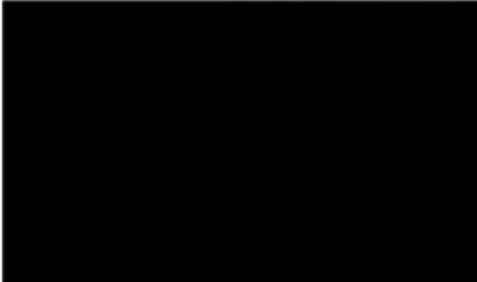
Total Out-Counted: 4

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: BA Date: 8-10-19
Count: 26 Time: 3:00 AM

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



**Metropolitan Correctional Center
Official Count Slip**

Unit: CA Date: 8/10/19
Count: 10 Time: 3⁴⁰ AM

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



**Metropolitan Correctional Center
Official Count Slip**

Unit: EN Date 08-10-2019
Count: 81 Time: 3:00AM
Print Name _____
Signature _____
Print Name _____
Signature _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: ES Date 8/10/19
Count: 79 Time: 3⁰⁰/AM
Print Name _____
Signature _____
Print Name _____
Signature _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: GN Date: 8/10/19
Count: 78 Time: 3:00 AM

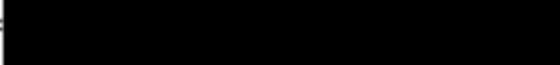
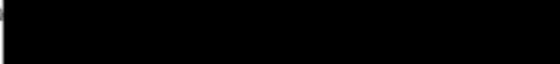
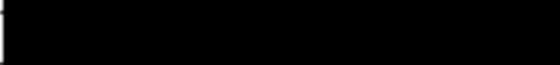
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

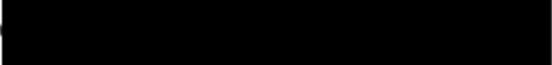
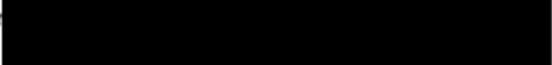
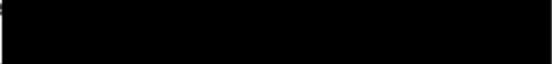
Unit: G.S Date: 08/14/19
Count: 88 Time: 0300

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/10/19
Count: 89 Time: 130000
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/14/2019
Count: 135 Time: 020000
Print Name: 
Signature: 
Print Name: 
Signature: 

**Metropolitan Correctional Center
Official Count Slip**

Unit: HOSP Date: 8-10-19
Count: 4 Time: 3:00 AM

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

**Metropolitan Correctional Center
Official Count Slip**

Unit: HA Date: 8-10-19
Count: 4 Time: 3:00 AM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: BA Date: 8/10/19
Count: 1 Time: 3:00

1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/10/19
Count: 86 Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19
Count: 72 Time: 3:45 AM
Print Name: M. Licina
Signature: 
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2-B Date: 8-10-2019
Count: 5
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____