

6/17/21

COUNT AREA	CENSUS	OUTCOUNT SECTION											OC UO TU N	VERIFY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F N S	H O S	M S	R & D	S A N I	T R N W	V I S I					
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:

3:24 AM

[REDACTED]

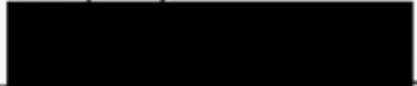
3:19 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

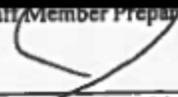
OFFICIAL OUT COUNT

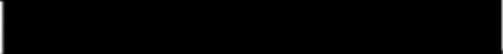
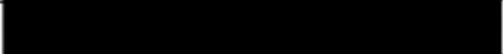
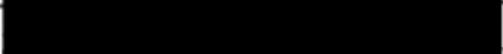
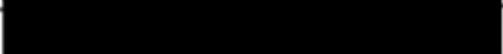
DATE: 08/10/2019

COUNT TIME: 0300AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Hoop

APPROVED: 
(Operations Lieutenant)

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

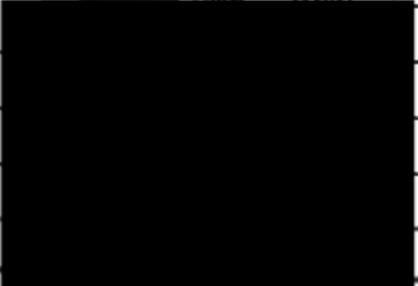
Metropolitan Correctional Center
Official Count Slip

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: 3⁰⁰ AM
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>3:00 AM</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>3:00 AM</u>
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-5 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 3:00

Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip

Unit: K5 Date 8/10/2019
Count: 135 Time 12:00

Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

**Metropolitan Correctional Center
Official Count Slip**

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

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



**Metropolitan Correctional Center
Official Count Slip**

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

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



Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: RA 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: 3⁰⁰AM

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



Metropolitan Correctional Center
Official Count Slip

Unit: Z-B Date: 8-10-2019
Count: 5 Time: 3:00

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

