

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/10/19

Count: 10 Time: 12:01 AM

[Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HLSR Date: 8/10/19

Count: 4 Time: 12:01 AM

[Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/10/19

Count: 26 Time: 12:01 AM

[Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 28-10-19
Count: 81 Time: 12:00 AM

[Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/10/19
Count: 78 Time: 12:01 AM

[Redacted]

Print Name: THOMAS
Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: GM Date: 8/10/19
Count: 78 Time: 12:01 AM



Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 05/12/19
Count: 88 Time: 0000



Metropolitan Correctional Center
Official Count Slip

Unit: IAU Date 8/10/2019
Count: 86 Time: 1201Am

[Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KIN Date 8/10/19
Count: 89 Time: 1201Am

[Redacted]

Metropolitan Correctional Center
Official Count Slip

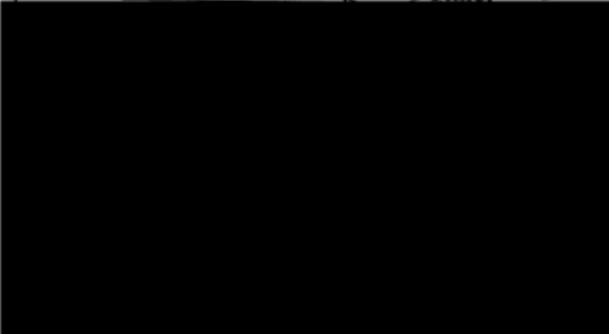
Unit: KST Date 8/10/2019
Count: 136 Time: 1201Am

[Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19

Count: 73 Time: 12:30 PM



Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-18-19

Count: 5 Time: 12:00 PM



BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC

* 08-10-2019
* 00:35:17

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 T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N I D V	T R V I S I T	V I S I T				
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	.	.	.	.	.	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	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	.	1	.	X	136 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: 12:49 PM

Good Verbal 12:31 PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

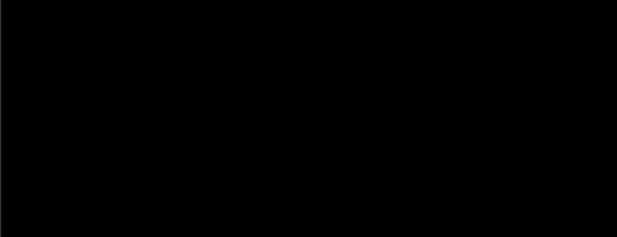
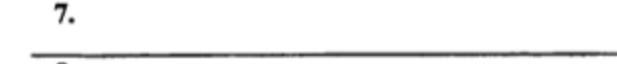
DATE: 08-10-19

COUNT TIME: 12⁰¹AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
		ES	13.		
		EN	14.		
		EN	15.		
		KS	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 1 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 1 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.

