

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT AREA			
		A T T Y	F N J	F N Y	F N S	F N S	H O S	M S	R & D	S A N	T R W	V I S			O C U O T U		
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
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 3:24 AM

g/v 3:19 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/10/2019

COUNT TIME: 0300AM

FROM: C. Washington
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054 Woolaston	KS	13.		
2.	48816-066 SANTANA	KS	14.		
3.	86900-054 WALKER	5N	15.		
4.	86409-054 BULLOCK	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.

CATEGORY: OCT
ASSIGNMENT: HOSP

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86409-054	BULLOCK	08-10-2019	E05-535L	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-10-2019	K09-028U	SUICIDE OR
0003		86900-054	WALKER	08-10-2019	E06-546L	SUICIDE OR UNASSG
0004		85369-054	WOOLASTON	08-10-2019	K11-053L	FS WAREHOU SUICIDE OR

G000

TRANSACTION SUCCESSFULLY COMPLETED

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: EN Date: 08-10-2019

Count: 81 Time: 3:00 AM

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

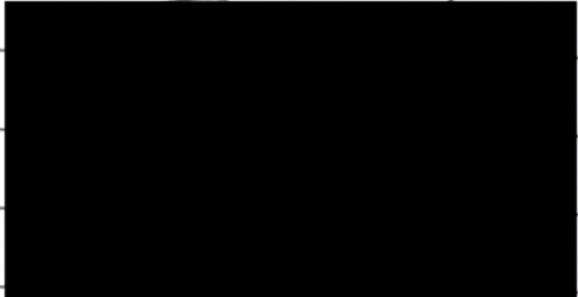
Count: 78 Time: 3:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: G-5 Date: 08/10/19

Count: 88 Time: 0300

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/10/2019

Count: 135 Time: 0300 AM

Print Name: C Washington

Signature: _____

Print Name: _____

Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/10/19

Count: 89 Time: 300 AM

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: 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: 3:00 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 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19

Count: 72 Time: 3:00 AM

Print Name: M. Thomas
Signature: _____
Print Name: Noel
Signature: _____