

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY COUNT	COUNT AREA			
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N W	T R I S	V I S			OC UO TU		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	86	.	.	.	.	.	1	.	.	.	.	.	1	.	.	85	E-N
E-S	83	.	.	.	.	.	1	.	.	.	.	.	1	.	.	82	E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	.	.	80	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	.	.	80	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2	H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	.	83	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	.	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	.	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	.	2	.	.	757	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 12:58 am

Good Verbal: 12:55 am

Metropolitan Correctional Center
 Official Count Slip

Unit: B1A
 Count: 26
 Date: 8/6/19
 Print Name: [REDACTED] 12:01 AM
 Signature: [REDACTED]
 Print Name: [REDACTED]
 Signature: [REDACTED]
 Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/6/19
Count: 26 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/6/19
Count: 10 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GA Date: 8/6/19
Count: 80 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/6/19
Count: 83 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8/6/19
Count: 82 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/6/19
Count: 2 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/6/19
Count: 2 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 08-06-19
Count: 85 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: W. Sant P
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/6/19
Count: 80 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8-6-19
Count: 5 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KSS Date: 8-6-19
Count: 138 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KL Date: 8-6-19
Count: 88 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8-6-19
Count: 78 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 12⁰¹ AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: J. [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85621-054	TORRES	ES	13.	
2.	85918-054	GRAMA	EN	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 1 E-S 1 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 2

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
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	85918-054	GAMA-PINEDA	08-05-2019	E03-519L	SUICIDE OR UNASSG
0002		85621-054	TORRES	08-05-2019	E09-566U	GM CARP SUICIDE OR

G0000

TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/06/19

COUNT TIME: 0300

FROM: [REDACTED]
(Staff Member Preparing Out Count)

LOCATION: NOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA	5N	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 1 E-S _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

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
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/06/19

COUNT TIME: 0504

FROM: [REDACTED]
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PINED	5N	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 1 E-S _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

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.

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 T Y	F N J	F N Y E	F N Y S	F S	H O S P	M S	R & D	S A N I T I D V	TR N W I T	V I S I T			OC UO TU N T		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	86	.	.	.	.	.	2	.	.	.	.	.	2	.	.	86	E-N
E-S	83	.	.	.	.	.	.	1	.	.	1	.	2	.	.	83	E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	.	.	80	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	.	.	80	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2	H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	.	83	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	.	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	.	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	759	.	.	.	.	.	2	1	.	.	1	.	4	.	.	759	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:05 AM

good verbal: 5:22 AM

OUT COUNT BY UNIT

Metropolitan Correctional Center
Official Count Slip

Unit: HA

Count: 2

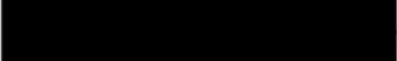
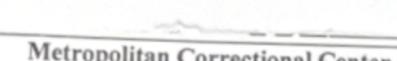
Date: 8/6/19

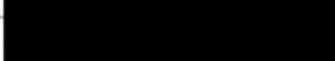
Print Name: [REDACTED]

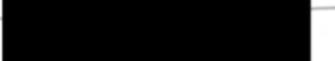
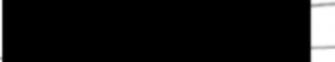
Signature: [REDACTED]

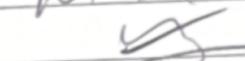
Print Name: [REDACTED]

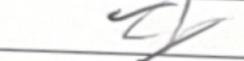
Signature: [REDACTED]

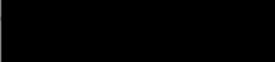
Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/6/19
Count: 2 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

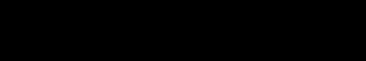
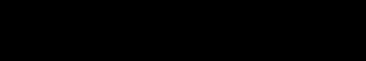
Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/6/19
Count: 78 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

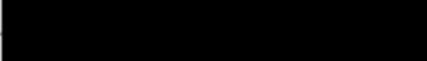
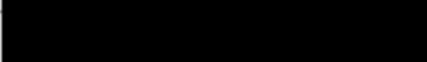
Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8/6/19
Count: 5 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

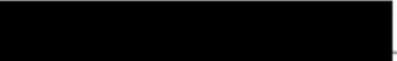
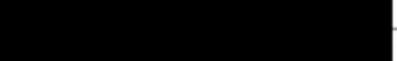
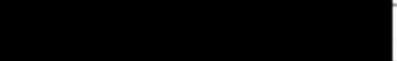
Metropolitan Correctional Center
Official Count Slip
Unit: EA Date: 8/6/19
Count: 84 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: M. Adams
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8/6/19
Count: 81 Time: 5:00
Print Name: 
Signature: 
Print Name: M. Adams
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: K25 Date: 8.6.19
Count: 158 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

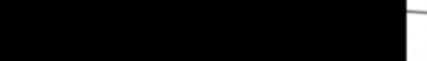
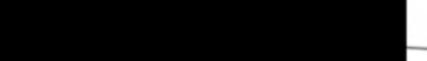
Metropolitan Correctional Center
Official Count Slip
Unit: C-A Date: 8/6/19
Count: 10 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

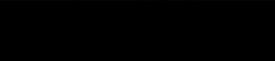
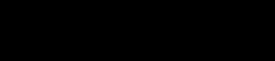
Metropolitan Correctional Center
Official Count Slip
Unit: H25P Date: 8/6/19
Count: 2 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

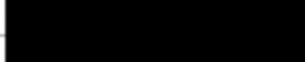
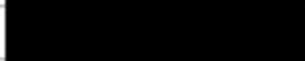
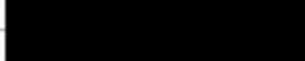
Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/6/19
Count: 26 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

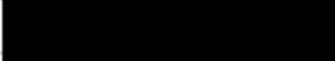
Metropolitan Correctional Center
Official Count Slip
Unit: Toa Dir Date: 8/6/19
Count: 1 Time: 5:00 AM
Print Name: M. Adams
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: MS Date: 8/6/19
Count: 1 Time: 5:00 AM
Print Name: M. Adams
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: AS Date: 8-6-19
Count: 80
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: TA Date: 8/6/19
Count: 83 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: KA Date: 8/6/19
Count: 88 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: GA Date: 8/6/19
Count: 80 Time: 5:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/6/2019

COUNT TIME: 5:00 AM

FROM: [REDACTED]
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409054	BULLOCK EN	13.		
2.	86900054	WALKER EN	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 _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 2

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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
03:20:39

CATEGORY: OCT
ASSIGNMENT: HOSP
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86409-054	BULLOCK	08-06-2019	E05-535L	SUICIDE OR UNASSG
0002		86900-054	WALKER	08-06-2019	E06-546L	SUICIDE OR UNASSG

FROM

LOCATION

EMPLOYED:

REF ID	NAME	UNIT	REF ID	NAME	UNIT
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		
11			21		
12			22		
13			23		
14			24		

COUNT BY UNIT

0-A	0-A	0-A	0-B	0-B	0-C	0-C	0-D
1-A	1-A	1-B	1-B	1-C	1-C	1-D	1-D

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/19

COUNT TIME: 5:00 AM

FROM: M. Williams
(Staff Member Preparing Out Count)

LOCATION: Town Square

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084.056	Harrison	ES	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 _____ E-S 1 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

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: TNWDVR

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-06-2019	E08-561L	TWN DRIVER

FROM: [Faint text]

APPROVED: [Faint text]

REG NO	NAME	UNIT	REG NO	NAME	UNIT
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

GETCULTURE UNIT

BA	BB	BC	BD	BE	BF
BA	BB	BC	BD	BE	BF

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[Faint footer text]

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/6/19 COUNT TIME: 5⁰⁰ AM
 FROM: M. J. Lewis LOCATION: MS
 (Staff Member Preparing Out Count)
 APPROVED: _____
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	61881.054	Braeth ES	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 _____ E-S 1 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: _____

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.

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 Y	F S	H O S P	M S	R & D I	S A N I T I V	T R A N S I T	V I S I T			OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	86	.	.	.	.	.	2	.	.	.	.	.	2	X	84	E-N
E-S	83	.	.	.	.	.	.	1	.	.	.	.	1	X	82	E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.	X	83	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	759	.	.	.	.	.	2	1	.	.	.	.	3	756		
COUNT VERIFY		XX														

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 03:33 AM
 Good verbal 3:33 AM

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 8/6/19
 Count: 88 Time: 3:00 am
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 8/6/19
Count: 80 Time: 3:00 am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/6/19
Count: 82 Time: 3:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: OS Date: 8/6/19
Count: 80 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08/06/19
Count: 84 Time: 03:04
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BN Date: 8/6/19
Count: 80 Time: 3 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/6/19
Count: 5 Time: 3:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: JN Date: 8/6/19
Count: 83 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZK Date: 8/6/19
Count: 7/8 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/6/19
Count: 10 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Hoop Date: 8/6/19
Count: 2 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: MS Date: 8/6/19
Count: X Time: 3:00 PM
Print Name: M. Lewis
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/6/19
Count: 20 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8.6.19
Count: 138 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/6/19
Count: 2 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

1971 11 11
1971 11 11
1971 11 11

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/6/19

COUNT TIME: 3:00 AM

FROM: W. Hamilton
(Staff Member Preparing Out Count)

LOCATION: MS.

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 61881-054	Barnett	ES	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 _____ E-S 1 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

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
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/2019

COUNT TIME: 3⁰⁰ AM

FROM: [REDACTED]
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409054 Bullock	EM	13.		
2.	86900054 Walker	EM	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 _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 2

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.