

TN 622-21

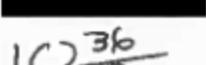
NYMH3 530.03 *
PAGE 001 *

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC
QTRG EQ **** OCTG EQ ****

* 08-09-2019
* 21:33:35

COUNT AREA	CENSUS	OUTCOUNT SECTION										OC	VERIFY COUNT	COUNT AREA		
		A	F	F	F	F	H	M	R	S	TR				V	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	10	C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	83	E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1	.	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	88	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	86	I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	.	88	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	135	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4	.	754	

COUNT VERIFY

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 10³⁶ PM

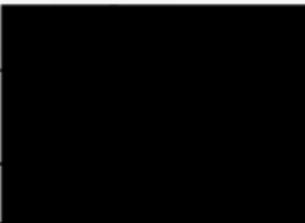
g/v 10³⁰ PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-09-19

COUNT TIME: 1000 pm

FROM:  _____
(Count)

LOCATION: Hosp

APPROVED: _____
)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053	Mersey KS	13.		
2.	91349-053	Nobaa KS	14.		
3.	85377-054	Weber KS	15.		
4.	86272-054	Montas KN	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 1 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: JA Date: 8/9/2019
 Count: 86 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-9-19
 Count: 78 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
 Count: 88 Time: 10 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: h1D Date: 8/9/2019
 Count: 1 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: SS Date: 8/9/19
 Count: 88 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-09-19
 Count: 78 Time: 1000 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-9-19
 Count: 43 + 1 Time: 10:00 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-9-19
 Count: 5 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 08-29-19
 Count: 93 Time: 10 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: 120 Date: 8/19/19 Time: 10 PM

Count: [Redacted]

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/19/19 Time: 1000 PM

Count: 40

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/19/19 Time: 10:00 PM

Count: 4

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/19/19 Time: 10:00 PM

Count: 4

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/19/19 Time: 10:00 PM

Count: 26

Print Name: _____
Signature: _____

Print Name: _____
Signature: _____