

TN
6-22-21

* 08-10-2019
 * 01:20:48

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

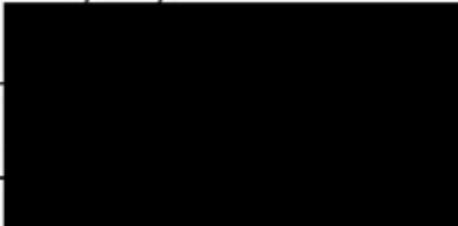
9/11 3:19
Ailin

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

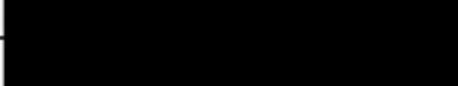
OFFICIAL OUT COUNT

DATE: 08/10/2019

COUNT TIME: 0300AM

FROM: 

LOCATION: Hoop

APPROVED: 

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054	Woolston KS	13.		
2.	48816-066	SANTANA KS	14.		
3.	86900-054	WALKER 5A	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.

**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: 3:40 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>3:00AM</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>3⁰⁰/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

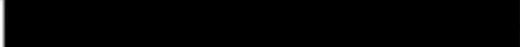
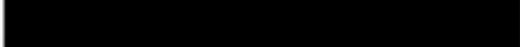
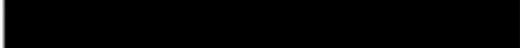
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

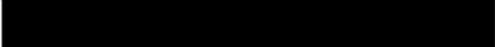
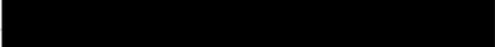
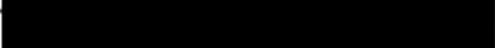
Unit: G-5 Date: 08/14/19
Count: 88 Time: 0300

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: 
Signature: 
Print Name: 
Signature 

Metropolitan Correctional Center
Official Count Slip

Unit: K5 Date 8/10/2019
Count: 135 Time 03:00
Print Name: 
Signature: 
Print Name: 
Signature 

**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: 2:00

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: ZA Date: 8/10/19
Count: 72 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: 7:00 AM

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