

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	F N Y	F S	H O S P	M S	R & D	S A N I T I D V	T R N W S I T	V I S I T			OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1	.		761

COUNT  
VERIFY

OFFICIAL PREPARING COUNT:   
 OFFICIAL TAKING COUNT:   
 COUNT CLEARED TIME: 3:09 AM

Good verbal 3:29 AM

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-04-2019

COUNT TIME: 3<sup>00</sup> PM

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

LOCATION: HOSP

APPROVED: [REDACTED]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054 Gama-Pineda Jose		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  
Official Count Slip

Unit: EN Date: 08-04-2019  
Count: 86 Time: 3:00AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/4/19  
Count: 10 Time: 3<sup>00</sup>AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8-4-2019  
Count: 26 Time: 3:00am

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8/04/2019  
Count: 82 Time: 3:00AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 08/04/19  
Count: 78 Time: 3:00am

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8-4-19  
Count: 78 Time: 3:00AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 8/4/19  
Count: 89 Time: 300AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/4/19  
Count: 87 Time: 3AM

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

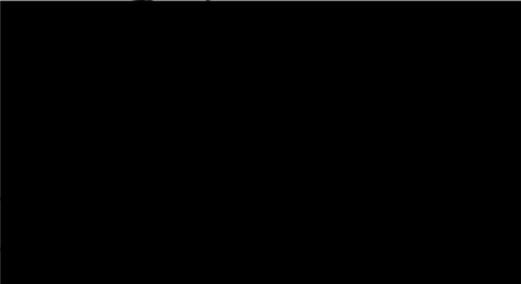
Unit: HA Date: 8-4-2019  
Count: 1 Time: 3:00am

Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/4/19  
Count: 77 Time: 3<sup>00</sup>AM

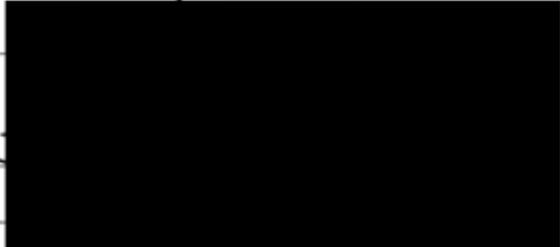
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_



Metropolitan Correctional Center  
Official Count Slip

Unit: K.S Date: 8-4-19  
Count: 142 Time: 300 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_



Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8-4-2019  
Count: 1 Time: 3:00am

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_



Metropolitan Correctional Center  
Official Count Slip

Unit: Z:B Date: 8-4-19  
Count: 5 Time: 3:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

