

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT COUNT AREA		
		A T Y	F N J	F N Y	F N Y	F S P	H O S	M S	R & D	S A N	T R V	V I S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1	.		761

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 5 30/AM
 Good verbal @ 5 32/AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-04-2019

COUNT TIME: 5:00A.M

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>85918-054</u>	<u>Gama-Pineda Jose</u>	<u>EN</u>	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: 5:00AM

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: 5:00⁰⁰AM

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: 5:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/4/2019
Count: 82 Time: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/04/19
Count: 78 Time: 5:00AM

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: 5:00AM

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: 5:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZN Date: 8/4/19
Count: 87 Time: 5AM

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: 5:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: Z.B. Date: 8.4.19

Count: 5 Time: 5:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-4-2019

Count: _____ Time: 5:00am

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 8.4.19

Count: 142 Time: 5:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____



Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/4/19

Count: 77 Time: 5:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

