

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	M S	R & D	S A N W I D V	T R I S I D I V	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	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86	E-N
E-S	78	.	.	.	.	.	.	.	.	.	1	.	1	.	X	77	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	.	2	.		760	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 6:30am

GOOD VERBAL: 5:34am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/5/19

COUNT TIME: 5:20 AM

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PINED4 EN	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: 8-5-97

COUNT TIME: 5:05 PM

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

LOCATION: TNWDVR

APPROVED: [Redacted]
(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.

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/5/19
Count: 1 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/5/19
Count: 1 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BIA Date: 8/5/19
Count: 26 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08/05/2019
Count: 77 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8-5-19
Count: 86 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/5/19
Count: 10 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/5/19
Count: 87 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BS Date: 8/5/19
Count: 82 Time: 5 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 8/5/19
Count: 78 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN / Date: 8/5/19 /

Count: 89 / Time: 500 /

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2B / Date: 8/5/19 /

Count: 5 / Time: 5⁰⁰ /

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A / Date: 8.5.19 /

Count: 77 / Time: 5⁰⁰ AM /

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TWDP / Date: 8/5/19 /

Count: 1 / Time: 5:00 AM /

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 / Date: 8.5.19 /

Count: 142 / Time: 5:00 AM /

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____