

QTRG EQ **** OCTG EQ ****

10/27/21
D

COUNT AREA	CENSUS	O U T C O U N T S E C T I O 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 V	T R V I S I T	V I S I T			OC UO TU N		
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: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:30 AM


g/r 5:29 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY


OFFICIAL OUT COUNT

DATE: 08/10/2019

COUNT TIME: 0500 Am

FROM: 

LOCATION: H00P

APPROVED: 

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85364-054	Neelaston	KS	13.		
2. 48816-066	SANTANA	KS	14.		
3. 86900-054	WALKER	SN	15.		
4. 86409-054	BULLOCK	SN	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: ZA Date: 8-10-2019

Count: 72 Time: 5:00am

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-10-19

Count: 26 Time: 5:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: CA Date: 8/10/19
Count: 10 Time: 5⁰⁰
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: HOSP Date: 8/10/19
Count: 4 Time: 5:00am
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>5:00 AM</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>5:00 AM</u>
Print Name	_____
Signature	_____
Print Name	_____
Signature	_____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/10/19
Count: 78 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-5 Date: 08/10/19
Count: 88 Time: 0500

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

**Metropolitan Correctional Center
Official Count Slip**

Unit: HA Date: 8-10-19

Count: 4 Time: 5:00PM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: IN Date: 8/10/19

Count: 26 Time: 5:00 PM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: KN Date: 8/10/19
Count: 89 Time: 500AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: KS Date: 8/10/2019
Count: 135 Time: 0500AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
New York, New York
Official Count Slip**

Unit: RA Date: 8/10/18
Count: 1 Time: 5:00 AM

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

**Metropolitan Correctional Center
Official Count Slip**

Unit: 2-B Date: 8-10-2019
Count: 5 Time: 6:00 AM

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