

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COU COUNT AR		
		A T Y	F N J	F N Y	F N Y	F S S	H O S	M S	R & D	S A N W I D V	T R I S I T	V I T			OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	X	83 E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	1	.	.	X	78 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	.	.	.	.	.	1	.	.	.	.	1	.	.	X	88 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	2	.	.	X	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73 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:

10:36 PM

NYM3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
21:27:58

CATEGORY: OCT
ASSIGNMENT: HOSP

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	██████████	██████████	08-09-2019	E12-592U	FS PM SUICIDE OR
0002		██████████	██████████	08-09-2019	K06-148U	SUICIDE OR UNASSG
0003		██████████	██████████	08-09-2019	K07-009L	FS AM SUICIDE OR
0004		██████████	██████████	08-09-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT






DATE: 08-09-19

COUNT TIME: 1000 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED:  ()

REG #	NAME	UNIT	REG #	NAME	UNIT
1.			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 1 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: ~~JN~~ Date: ~~8/9/2019~~
Count: ~~86~~ Time: ~~10:20 pm~~

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ~~99 + 1~~ Date: ~~8/9/2019~~
Unit: ~~h=1D~~ Date: ~~8/9/2019~~
Count: ~~1~~ Time: ~~10:00 pm~~

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ZA~~ Date: ~~8.9.19~~
Count: ~~43 + 1~~ Time: ~~10:00 pm~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GN~~ Date: ~~8-9-19~~
Count: ~~78~~ Time: ~~10:40~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~CS~~ Date: ~~8/9/19~~
Count: ~~88~~ Time: ~~10:00 AM~~

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ~~ZB~~ Date: ~~8-9-19~~
Count: ~~5~~ Time: ~~10:00 pm~~

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KN~~ Date: ~~8/9/19~~
Count: ~~88~~ Time: ~~10 pm~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ES~~ Date: ~~08-09-19~~
Count: ~~78~~ Time: ~~10:00 pm~~

Print Name: ~~Thomas~~
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~EA~~ Date: ~~08-09-19~~
Count: ~~93~~ Time: ~~10:30~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19

Count: 26 Time: 10:00 PM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19

Count: 86 Time: 10:00 PM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19

Count: 4 Time: 10:02 PM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HS Date: 8/10/19

Count: 130 Time: 10:00

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19

Count: 10 Time: 10:00 PM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____