

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N I D I	T R N W S	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	.	.	.	.	.	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	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	1	.	X	136 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: 12:36 PM

Good Verbal 3/23/20

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-10-19

COUNT TIME: 12<sup>01</sup>AM

FROM: [REDACTED]  
(Start Count) (Unit)

LOCATION: HOSP

APPROVED: \_\_\_\_\_

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	[REDACTED]	13.		
2.	[REDACTED]	[REDACTED]	14.		
3.	[REDACTED]	[REDACTED]	15.		
4.	[REDACTED]	[REDACTED]	16.		
5.	[REDACTED]	[REDACTED]	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 1 G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 1 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.

NYMFC 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-09-2019  
22:52:23

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	[REDACTED]	[REDACTED]	08-09-2019	E05-535L	SUICIDE OR UNASSG
0002		[REDACTED]	[REDACTED]	08-09-2019	E07-555L	ORD CCS SUICIDE OR
0003		[REDACTED]	[REDACTED]	08-09-2019	E03-519L	SUICIDE OR UNASSG
0004		[REDACTED]	[REDACTED]	08-09-2019	K12-064L	SUICIDE OR UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/19 Time: 12:00 PM

Count: 86

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/19 Time: 12:00 PM

Count: 79

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/19 Time: 12:00 AM

Count: 79

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/2019 Time: 12:01 PM

Count: 86

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/19 Time: 12:00 PM

Count: 88

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/19 Time: 12:00 AM

Count: 88

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/19 Time: 12:00 PM

Count: 88

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/19 Time: 12:00 AM

Count: 88

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

Metropolitan Correctional Center  
Official Count Slip

Unit: 5A Date: 8/10/19 Time: 12:01 PM

Count: 88

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ~~HA~~ 4 Date: ~~8/10/19~~ 8/10/19  
 Count: 4 Time: ~~12:01 PM~~ 12:01 PM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ~~BA~~ 1 Date: ~~8/10/19~~ 8/10/19  
 Count: [Redacted] Time: ~~12:01 AM~~ 12:01 AM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ~~ZA~~ 7B Date: ~~8/10/19~~ 8/10/19  
 Count: [Redacted] Time: ~~12:01 PM~~ 12:01 PM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ~~ZB~~ 5 Date: ~~8-10-19~~ 8-10-19  
 Count: [Redacted] Time: ~~12:01 PM~~ 12:01 PM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ~~BA~~ 26 Date: ~~8/10/19~~ 8/10/19  
 Count: 26 Time: ~~12:01 PM~~ 12:01 PM

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