

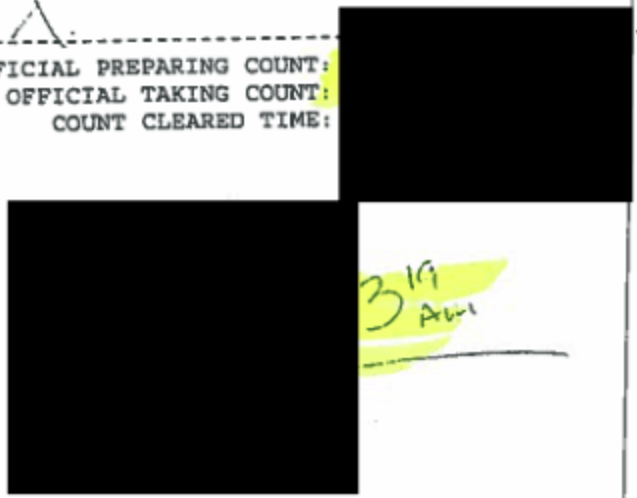
08-10-2019
 01:20:48

8/04/21

COUNT AREA	CENSUS	OUTCOUNT SECTION											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	T R N	V I S			O C T U 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:
 OFFICIAL TAKING COUNT:
 COUNT CLEARED TIME:



319
 Aug

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08/10/2014

COUNT TIME: 0300Am

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

LOCATION: Hoop

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	KS	13.		
2.	[Redacted]	KS	14.		
3.	[Redacted]	5N	15.		
4.	[Redacted]	5A	16.		
5.	[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 _____ 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.

NYMFC 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-10-2019
01:21:34

CATEGORY: OCT
ASSIGNMENT: HOSP

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

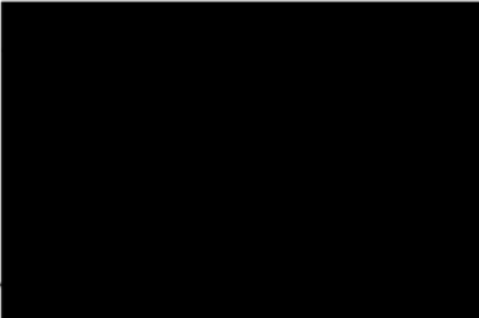
NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK	
0001	HOSP			08-10-2019	E05-535L	SUICIDE	OR
						UNASSG	
0002				08-10-2019	K09-028U	SUICIDE	OR
0003				08-10-2019	E06-546L	SUICIDE	OR
						UNASSG	
0004				08-10-2019	K11-053L	FS WAREHO	OR
						SUICIDE	OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**Metropolitan Correctional Center
Official Count Slip**

Unit: BA Date: 8-10-19
Count: 26 Time: 3:00 AM


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



**Metropolitan Correctional Center
Official Count Slip**

Unit: CA Date: 8/10/19
Count: 10 Time: 3⁴⁰ AM

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>3:00 A.M.</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>3⁰⁰/AM</u>
Print Name	_____
Signature	_____
Print Name	_____
Signature	_____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/10/19
Count: 78 Time: 3:00 AM





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

Metropolitan Correctional Center
Official Count Slip

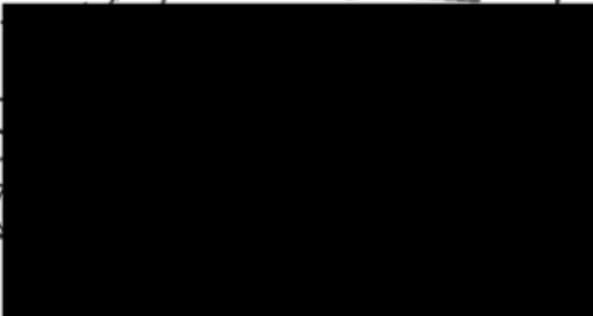
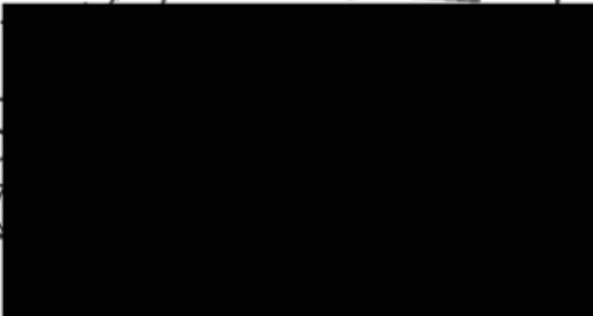
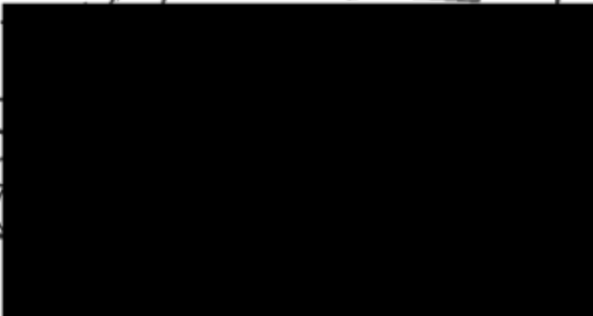
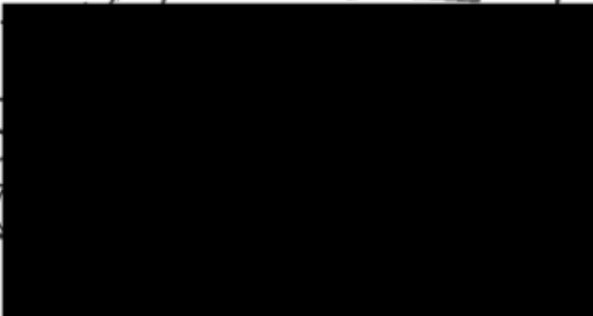
Unit: G.S Date: 08/14/19
Count: 88 Time: 0300

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/10/19
Count: 89 Time: 3000
Print Name: 
Signature: 
Print Name: 
Signature: 

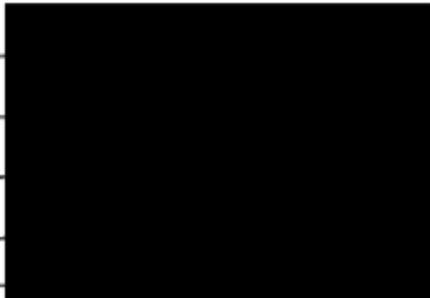
Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/14/2019
Count: 135 Time: 0300Am
Print Name: 
Signature: 
Print Name: 
Signature: 

**Metropolitan Correctional Center
Official Count Slip**

Unit: HOSP Date: 8-10-19
Count: 4 Time: 3:00AM


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



**Metropolitan Correctional Center
Official Count Slip**


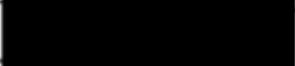
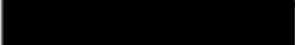
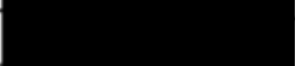
Unit: HA Date: 8-10-19
Count: 4 Time: 3:00AM

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




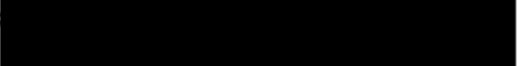
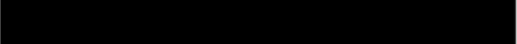
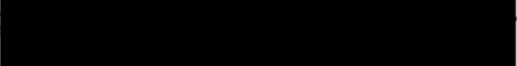
Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: BA Date: 8/10/19
Count: 1 Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/10/19
Count: 86 Time: 3:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19
Count: 72 Time: 3:45 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: Z-B Date: 8-10-2019
Count: 5 Time: 7:00

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