

10121

NYMFC 530.03 * BUREAU OF PRISONS COUNT SHEET
PAGE 001 * NEW YORK MCC
QTRG EQ **** OCTG EQ ****

* 08-10-2019
* 00:35:17

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 N Y	H S	M S	R & D	S A N W S	T R I S	V I S			O C U O 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	.	.	.	.	.	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
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



Good verbal 3/23/20

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**


OFFICIAL OUT COUNT


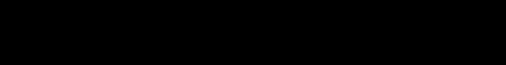
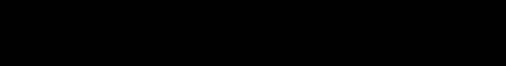
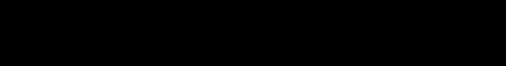

DATE: 08-10-19

COUNT TIME: 12⁰¹AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		ES	13.		
2.		EN	14.		
3.		EN	15.		
4.		KS	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 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	86409-054	[REDACTED]	08-09-2019	E05-535L	SUICIDE OR UNASSG
0002		16520-055	[REDACTED]	08-09-2019	E07-555L	ORD CCS SUICIDE OR
0003		85918-054	[REDACTED]	08-09-2019	E03-519L	SUICIDE OR UNASSG
0004		86768-054	[REDACTED]	08-09-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KN~~ Date: ~~8/10/19~~
Count: ~~89~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KS~~ Date: ~~8/10/2019~~
Count: ~~136~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KN~~ Date: ~~8/10/2019~~
Count: ~~86~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KA~~ Date: ~~8/10/19~~
Count: ~~78~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GS~~ Date: ~~8/10/19~~
Count: ~~88~~ Time: ~~00:00~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GM~~ Date: ~~8/10/19~~
Count: ~~79~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~HSR~~ Date: ~~9/10/19~~
Count: ~~4~~ Time: ~~11:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KA~~ Date: ~~8/10/19~~
Count: ~~87~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KS~~ Date: ~~8/10/19~~
Count: ~~78~~ Time: ~~12:01 AM~~

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

Metropolitan Correctional Center
Official Count Slip

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

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: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/10/19
Count: 73 Time: 12:01 AM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-10-19
Count: 5 Time: 12:01 AM

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

Metropolitan Correctional Center
Official Count Slip

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

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