



8 5 21

NYMD4 530.03 *
PAGE 001

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC
QTRG EQ **** OCTG EQ ****

* 08-09-2019
* 05:02:49

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	T R N	V I S			OC UO TU		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	84 E-N
E-S	79	.	.	.	.	.	.	.	.	.	1	.	1	.	.	78 E-S	
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	78 G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	85 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	3 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	87 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	.	.	88 K-N	
K-S	137	.	.	.	.	.	1	.	.	.	.	.	1	.	.	136 K-S	
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	5 Z-B
TOTAL	760	.	.	.	.	.	2	.	.	.	1	.	3	.	.	757	

R-A 0
Z-A 77

0 R-A
77 Z-A

COUNT VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:



6:00am

Good verbal: 5⁴³ 44

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19

COUNT TIME: 5:00 AM

FROM: [Redacted]
(Staff Member Preparing)

LOCATION: Host

APPROVED: [Signature]
(Operations Lieutenant)

	NAME	UNIT	REG #	NAME	UNIT
4.	[Redacted]	11N	13.		
5.	[Redacted]	11S	14.		
6.			15.		
7.			16.		
8.			17.		
9.			18.		
10.			19.		
11.			20.		
12.			21.		
			22.		
			23.		
			24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ G-S _____ H-A _____
 I-N _____ K-N (1) K-S (1) R-A _____ Z-A _____ Z-B _____

Total Out-Counted: (2)

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.

NYMD4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
04:58:00

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 HOSP

OCT DATE QTR
08-09-2019 K05-133U

WRK
SUICIDE OR
UNASSG

0002

08-09-2019 K09-028U

SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-9-2019

COUNT TIME: 5:00pm

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

LOCATION: 5:00pm

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	ES	13.		
2.	[REDACTED]		14.		
3.	[REDACTED]		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 _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

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: KN / Date: 8/9/19 / Time: 5:00 AM

Count: 88

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

Metropolitan Correctional Center
Official Count Slip

Unit: TWDR / Date: 8/9/19 / Time: 5:00 AM

Count: 1

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / Date: 8/9/19 / Time: 5:00 AM

Count: 2

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZB / Date: 8/9/19 / Time: 5:00 AM

Count: 5

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA / Date: 8/9/19 / Time: 5:00 AM

Count: 77

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS / Date: 8/9/19 / Time: 5:00

Count: 136

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date: 08-09-2019 / Time: 5:00 AM

Count: 84

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES / Date: 8-9-19 / Time: 5:00 AM

Count: 78

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

Metropolitan Correctional Center
Official Count Slip

Unit: CS / Date: 8/9/19 / Time: 5:00 AM

Count: 85

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
Count: 10 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/9/19
Count: 78 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/9/19
Count: _____ Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19
Count: 26 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19
Count: 3 Time: 5:00 AM

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