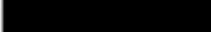


QTRG EQ \*\*\*\* OCTG EQ \*\*\*\*

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 S	T R I D I V	V I S I T			OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	83 E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	1	.	<del>X</del>	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	4 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	1	.	<del>X</del>	88 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	2	.	<del>X</del>	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	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

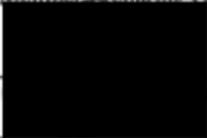
OFFICIAL OUT COUNT

DATE: 08-09-19

COUNT TIME: 1000 pm

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED:  (nt)

REG #	NAME	UNIT	REG #	NAME	UNIT
			13.		
			14.		
			15.		
			16.		
			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: \_\_\_\_\_