

NYMH3 530.03 *
PAGE 001

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

* 08-09-2019
* 15:41:05

7/15/21

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC TU N T	VERIFY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F N S	H O S P	M S	R & D	S A N I T A R I A N	T R A C T	V I S I T					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	X	83	E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	.	3	.	X	75	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	85	1	.	.	.	.	.	.	.	.	.	.	1	.	X	84	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	.	1	.	X	85	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	1	10	2	.	.	.	.	.	13	.	X	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	76	1	.	.	.	.	.	.	.	.	.	.	1	.	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	755	3	.	.	1	13	2	.	.	.	.	.	19	.		736	

COUNT VERIFY

X X X X

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:03 pm

Good Verbal 15:00 pm

NYMH3 530*05 *
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INMATE ROSTER

* 08-09-2019
15:39:36

CATEGORY: OCT
ASSIGNMENT: FNYS
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT
GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	53358-054	[REDACTED]	08-09-2019	K11-056U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 08-09-2019

Count Time: 4:00 pm

From:



(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____

pp (Operations Lieutenant)

REG.....

LN.....

FN.....

QTR.....



K11-056U

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S ___

H-A ___ I-N ___ K-N ___ K-S 1 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 is to be used only as an Out Count.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19 COUNT TIME: 4:00
 FROM: [REDACTED] LOCATION: FS
(Supervisor or Reporting Out Count)
 APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	ES	13.	[REDACTED]	KS
2.	[REDACTED]	ES	14.	[REDACTED]	
3.	[REDACTED]	ES	15.		
4.	[REDACTED]	KS	16.		
5.	[REDACTED]	KS	17.		
6.	[REDACTED]	KS	18.		
7.	[REDACTED]	KS	19.		
8.	[REDACTED]	KS	20.		
9.	[REDACTED]	KS	21.		
10.	[REDACTED]	KS	22.		
11.	[REDACTED]	KS	23.		
12.	[REDACTED]	KS	24.		

OUT-COUNT BY UNIT
 B-A _____ C-A _____ E-N _____ E-S 2 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 10 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 13

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.

NYMH3 530*05 *
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INMATE ROSTER

* 08-09-2019
15:36:31

CATEGORY: OCT
ASSIGNMENT: ATTY
GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	[REDACTED]	08-09-2019	I04-930U	UNASSG
0002		76318-054	[REDACTED]	08-09-2019	Z04-206LAD	UNASSG
0003		19735-104	[REDACTED]	08-09-2019	G07-756U	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-9-19

COUNT TIME: 4:00pm

FROM: [REDACTED]

LOCATION: Atty

APPROVED: [REDACTED]

	UNIT	REG #	NAME	UNIT
	Z-A	13.		
	I-N	14.		
	G-S	15.		
		16.		
		17.		
5.		18.		
6.		19.		
7.		20.		
8.		21.		
9.		22.		
10.		23.		
11.		24.		
12.				

OUT-COUNT BY UNIT

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

Total Out-Counted: 3

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
NEW YORK, NY

OFFICIAL OUT COUNT

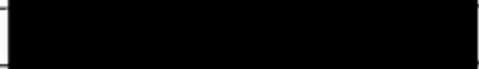
DATE: 8/9/2019

COUNT TIME: 4:00pm

FROM: 

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		KS	13.		
2.		KS	14.		
3.			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 _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S 2 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.

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-4-19
Count: 5 Time: 4:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 89 Time: 4pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: AT4 Date: 8-9-19
Count: 7 Time: 4:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19
Count: 75 Time: 4:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/9/2019
Count: 85 Time: 4:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-9-18
Count: 84 Time: 4:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 8-9-19
Count: 124 Time: 4pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS Date: 08/09/2019
Count: 1 Time: 4:00 PM
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/1/19
Count: 17 Time: 4:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19

Count: 10 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-09-19

Count: 75 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19

Count: 2 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19

Count: 26 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 08-09-19

Count: 82 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-9-19

Count: 78 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19

Count: 2 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____