

6/17/21

NYMFC 530.03 \*  
PAGE 001

BUREAU OF PRISONS COUNT SHEET  
NEW YORK MCC

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

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

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	.	.	.	.	.	.	.	.	.	.	.	.	.	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	.	X	754

COUNT VERIFY

OFFICIAL PREPARING COUNT  
OFFICIAL TAKING COUNT  
COUNT CLEARED TIME: 12:42 PM

Good verbal 3/23/21

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-10-19

COUNT TIME: 12<sup>01</sup>AM

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

LOCATION: HOSP

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	ES	13.		
2.	[Redacted]	EN	14.		
3.	[Redacted]	EN	15.		
4.	[Redacted]	KS	16.		
5.	[Redacted]		17.		
6.	[Redacted]		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 \*  
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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			08-09-2019	E05-535L	SUICIDE OR UNASSG
0002				08-09-2019	E07-555L	ORD CCS SUICIDE OR
0003				08-09-2019	E03-519L	SUICIDE OR UNASSG
0004				08-09-2019	K12-064L	SUICIDE OR UNASSG

G0000            TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: 24 Date: 8/10/19  
Count: 89 Time: 12:01 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 15 Date: 8/10/2019  
Count: 136 Time: 12:01 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 24 Date: 8/10/2019  
Count: 86 Time: 12:01 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 24 Date: 8/10/19  
Count: 78 Time: 12:01 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 25 Date: 8/10/19  
Count: 88 Time: 0000

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GM Date: 8/10/19  
Count: 70 Time: 12:01 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 15 Date: 8/10/19  
Count: 4 Time: 12:01 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 24 Date: 8/10/19  
Count: 81 Time: 12:01 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 24 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: ~~4/10/19~~  
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: ~~23~~ 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: \_\_\_\_\_