

**Metropolitan Correctional Center  
Official Count Slip**

Unit: CA Date: 8/10/19  
 Count: 10 Time: 12:01 AM  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Metropolitan Correctional Center  
Official Count Slip**

Unit: K15R Date: 8/10/19  
 Count: 4 Time: 12:01 AM  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 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: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: EW Date: 28-10-19  
Count: 81 Time: 12:5m  
Print Name:   
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8/10/19  
Count: 78 Time: 12:01/AM  
Print Name:   
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GM 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: 08/10/19  
Count: 88 Time: 0000

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

Metropolitan Correctional Center  
Official Count Slip

Unit: IA Date 8/10/2019  
Count: 86 Time: 12:14m  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KA Date 8/10/19  
Count: 89 Time: 12:01am  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KA Date 8/10/2019  
Count: 136 Time: 12:01 Am  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/10/19

Count: 73 Time: 12:30 AM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ZB Date: 8-10-19

Count: 5 Time: 12:01 AM

1. Print Name: [REDACTED]

1. Signature: [REDACTED]

2. Print Name: [REDACTED]

2. Signature: [REDACTED]

BUREAU OF PRISONS COUNT SHEET  
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 S	H O S	M S	R & D	S A N I D I V	T R V I S I T			V I S I T	OC UO TU 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	.	X	754	

COUNT  
VERIFY

OFFICIAL PREPARING COUNT: *K-Cake*  
OFFICIAL TAKING COUNT: *49*  
COUNT CLEARED TIME: *12:00pm*

*Good verbal 12:30pm*

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-10-19

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

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: [Signature]  
(Operations Lieutenant)

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

G0000 TRANSACTION SUCCESSFULLY COMPLETED