

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO		
		T	J	Y	Y		S		D	N	W	S	TU		
		Y		E	S		P			I	D	I	N		
										V	T	T			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	.	1	X	87 E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86 E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	|	0 R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.	X	71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	.	.	1		773

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 10:56

Good verbal: ~~E. Tor~~ 10:55

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/24/19
Count: 26 Time: 10:00 PM
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

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	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO		
		T	J	Y	Y		S		D	N	W	S	TU		
		Y	E	S			P		I	D	I	N	T		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	.	1	X	87 E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86 E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	|	0 R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.	X	71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	.	.	1		773

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 10:56

Good Verbal: ~~E. Farr~~ 10:55

OUT-COUNT BY UNIT

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-24-19

COUNT TIME: 1000 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78107-054 English	EN	13.		
2.			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 1 E-S _____ 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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-24-2019
21:11:53

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	78107-054	ENGLISH	07-24-2019	E05-539L	SUICIDE OR UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7/24/19
Count: 26 Time: 10:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/24/19
Count: 74 Time: 10pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/24/19
Count: 10 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7-24-19
Count: 92 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7-24-19
Count: 91 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 07-24-19
Count: 87 Time: 10PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 7/24/2019
Count: 92 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 07-24-19
Count: 86 Time: 10:00pm
Print Name: Thomas
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 7/24/19
Count: 1 Time: 10:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

MCC NEW YORK
Official Count Slip
Unit: ZA Date: 7/24/19
Count: 71 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: Hosp Date: 7/24/19
Count: 1 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 7-24-19
Count: 138 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7-24-19
Count: 5 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____