

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 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 V	T R W S I T			V I S I T	OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	85	.	.	.	1	.	1	.	.	.	.	.	2	.	X	83 E-N
E-S	80	.	.	.	1	3	1	.	.	.	.	.	5	.	X	75 E-S
G-N	78	.	.	.	1	.	.	.	.	.	.	.	1	.	X	77 G-N
G-S	80	1	.	.	.	.	.	.	.	.	.	.	1	.	X	79 G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	.	X	4 H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	.	1	.	X	85 I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	.	1	.	X	88 K-N
K-S	137	.	.	.	2	11	.	.	.	.	.	13	.	.	X	124 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	75	1	.	1	.	.	.	.	.	.	.	.	2	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	755	3	.	1	6	14	2	.	.	.	.	.	26	.		729

COUNT
VERIFY

X XXXX

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 4:48 PM

good verbal 441 PM

Metropolitan Correctional Center
Metropolitan Correctional Center
Official Count Slip

Unit: GS
Count: 79
Date: 8-8-19
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8-8-19
Count: 5A Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KW Date: 8/8/19
Count: 8/8 Time: 4PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IK Date: 8/8/2019
Count: 85 Time: 400pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EF Date: 08-08-19
Count: 75 Time: 400pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/8/19
Count: 4 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GA Date: 08-08-19
Count: 77 Time: 4:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 8/8/19
Count: 83 Time: 400pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: Aug 8, 2019
Count: 10 Time: 4:00 pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/8/19
Count: 25 Time: 4:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8/8/19
Count: 5 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: FCS Date: 8-8-19
Count: 14 Time: 400pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/8/19
Count: 2 Time: 4:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: FIVE Date: 8/8/19
Count: 1 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: FS Date: 8-8-19
Count: 14 Time: 4:00PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/8/2019
Count: 124 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: Attor conf Date: 8/8/19
Count: 3 Time: 4:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: FMS Date: 8/8/19
Count: 6 Time: 4:00pm
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZX Date: 8/8/19
Count: 73 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 4-8-19

COUNT TIME: 4:00PM

FROM: A. Neronjo
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 90370-053	Chan	ES	13.		
2. 96700-054	Conley	EN	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 1 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-08-2019
15:40:03

OFFICIAL OUT-COUNT FORM

CATEGORY: OCT
ASSIGNMENT: HOSP

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

New York, New York 10007

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	90370-053	CHAN	08-08-2019	E10-573L	EDUCATION SUICIDE OR
0002	HOSP	86700-054	CONLEY	08-08-2019	E03-524U	SUICIDE OR UNASSG

From: J. Small Location: FNYE

(Staff Member Supervising Inmates)

Approved: _____

(Operations Lieutenant)

REG. LN. FN. QTR. ...
 86700-053 DAVIS HOWARD 201-206000

B-A ___ R-A ___ E-N ___ E-S ___ G-N ___ G-S ___
 H-A ___ FN ___ KN ___ K-S ___ R-A ___ Z-A 1 ___ Z-B ___

Total Out-Counted: 1

This document is submitted to the Courts and Assignments Office FORTY-FIVE MINUTES PRIOR to the affected court. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center

New York, New York 10007

Date: 08-08-2019

Count Time: 4:00 pm

From: 

Location: FNYE

(Staff Member Supervising Inmates)

Approved: _____

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR...
89380-053	DAVIS	HOWARD	Z01-106UAD

B-A___ C-A___ E-N___ E-S___ G-N___ G-S___
 H-A___ I-N___ K-N___ K-S___ R-A___ Z-A 1 Z-B___

Total Out-Counted: 1

This Form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR To The affected account. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYE

FACILITY: NYM

OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

OFFICIAL OUT-COUNT FORM

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	89380-053	DAVIS	08-08-2019	Z01-106UAD	UNASSG

New York, New York 10037

Date: 08-08-2019

Count Time: 4:00 pm

From: J. SMALL
(Staff Member Supervising Inmates)

Location: FNYE

Approved: _____
pp (Operations Lieutenant)

REG	LN	FN	QTR
86340-054	NTEVES	IVAN	206-5475
65773-054	BRITO	RASSEN	G05-7400
57349-054	HERRERA	LOUIS	K01-001L
19435-104	DE FREITAS	PABLO	K03-1220
30772-065	TAVERAS	JAIRO	K07-0070
77737-112	IGNATOV	KONSTANTIN	K07-0730

B-A ___ C-A ___ E-N ___ I-E-S ___ G-N ___ I-G-S ___
 H-A ___ J-N ___ K-N ___ I-K-S ___ L-R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 6

This Form must be returned to the Counts and Assignments Officer FOURTY-FIVE MINUTES PRIOR to the affected count. Prepare this form in duplicate. Group the inmates according to their respective housing unit.

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: 08-08-2019

Count Time: 4:00 pm

From:



Location: FNYS

(Staff Member Supervising Inmates)

Approved: _____

pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86340-054	NIEVES	IVAN	E06-547L
65773-054	BRITO	HASSEN	G05-740U
57343-054	HERRERA	LOUIS	H01-001L
19435-104	DE FREITAS	FABIO	K03-122U
30772-069	TAVERAS	JAIRO	K07-007U
77737-112	IGNATOV	KONSTANTIN	K07-073U

B-A ___ C-A ___ E-N 1 E-S ___ G-N 1 G-S ___
H-A 1 I-N ___ K-N 1 K-S 2 R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 6

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.

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	65773-054	BRITO	08-08-2019	G05-740U	UNASSG
0002		19435-104	DE FREITAS	08-08-2019	K03-122U	SUICIDE OR UNASSG
0003		57343-054	HERRERA	08-08-2019	H01-001L	UNASSG
0004		77737-112	IGNATOV	08-08-2019	K07-073U	UNASSG
0005		86340-054	NIEVES	08-08-2019	E06-547L	UNASSG
0006		30772-069	TAVERAS	08-08-2019	K07-007U	UNASSG

APPROVER:

REG #	NAME	UNIT	REG #	NAME	UNIT
77737-112	Ignatov	ES	79692-054	Thomas	ES
48457-069	Saint	ES	79363-054	Thomas	ES
77737-112	Ignatov	ES			
51700-069	Estada	ES			
76741-054	Granados	ES			
76595-054	Morales	ES			
51659-018	Kick	ES			
75976-036	Barbosa	ES			
81026-054	Barbosa	ES			
89623-054	Barbosa	ES			
76023-054	Barbosa	ES			
75937-054	Barbosa	ES			

OUT-COMPT BY UNIT

CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	

G0000 TRANSACTION SUCCESSFULLY COMPLETED

This document is submitted to the Correctional Department Office FORTY-FIVE MINUTES BEFORE the scheduled event. Changes to this form is not allowed. The information reported on this document is for planning purposes only. This form is to be used only as an information source. The actual data will be reported to the Office of the Chief Correctional Officer.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-8-19

COUNT TIME: 400pm

FROM: T. Smith
(Staff Member Preparing Out Count)

LOCATION: F/S

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13. 79652-054	Thomas	K-S
2. 68683-066	Clark	E-S	14. 79965-054	Thomas	K-S
3. 86764-054	Duncan	K-S	15.		
4. 51702-069	Estrada	K-S	16.		
5. 76161-054	Granados	K-S	17.		
6. 86535-054	Kamara	K-S	18.		
7. 50659-018	Kirk	E-S	19.		
8. 85976-054	Martinez	K-S	20.		
9. 86026-054	Merchant	K-S	21.		
10. 89673-053	Mersey	E-S	22.		
11. 86022-054	Reingard	K-S	23.		
12. 85927-054	Romero	K-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 3 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S 11 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 14

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.

CATEGORY: OCT
ASSIGNMENT: FS

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-08-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-08-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-08-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-08-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-08-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-08-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-08-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-08-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-08-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-08-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-08-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-08-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-08-2019	K08-074U	FS PM
0014		79965-054	THOMAS	08-08-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
 NEW YORK, NY
 OFFICIAL OUT COUNT

DATE: 8/8/19

COUNT TIME: 4:00 pm

LOCATION: Atty conf

FROM: [Redacted]

(Staff Member Preparing Out Count)

APPROVED: [Signature]

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126-053	ARAJO	13.		
2.	76318-054	EPSTEIN	14.		
3.	71776-018	IMZATTY	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 1 C-A _____ E-N _____ G-N _____ H-A _____
 I-N 1 K-N _____ K-S _____ R-A _____ Z-A 1 Z-B _____

3

Total Out-Counted: _____

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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-08-2019
15:15:05

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-08-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-08-2019	Z04-206LAD	UNASSG
0003		71776-018	IRIZARRY	08-08-2019	G08-759U	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

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	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	84	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	X	79 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	X	85 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	X	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	2	X	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	2		757

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:44pm

Metropolitan

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 08-08-19
 Count: 78 Time: 10:00 PM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Verbal: 10:37pm

Metropolitan Correctional Center
Official Count Slip
Unit: G-N Date: 08-08-19
Count: 781 Time: 10:00 PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 08-08-19
Count: 79 Time: 1000 pm
Print Name: Thomas
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: FN Date: 8/8/2019
Count: 86 Time: 1000 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/8/19
Count: 3 Time: 10:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/8/19
Count: 89 Time: 10pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/8/19
Count: 10 Time: 1000 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/8/19
Count: 26 Time: 10:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: FN Date: 08-08-19
Count: 84 Time: 10pm
Print Name: J. Smith
Signature: [Redacted]
Print Name: C. Thomas
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8-8-19
Count: 85 Time: 10:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8-8-19
Count: 77 Time: 10:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOC P Date: 8/8/19
Count: 2 Time: 10:00 pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 08/08/19
Count: 135 Time: 10pm
Print Name: A. Roberts
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip
Unit: ZB Date: 8-8-19
Count: 5 Time: 10:00 pm
1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-08-19

COUNT TIME: 1000 pm

FROM: *Thomas*
(Staff Member Preparing Out Count)

LOCATION: Hbsp

APPROVED: *Ca*
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91349-053	Noba	KS	13.	
2.	85377-054	Weber	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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-08-2019
20:22:02

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	91349-053	NOBOA	08-08-2019	K07-009L	FS AM SUICIDE OR
0002		85377-054	WEBER	08-08-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED