

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 E	F N Y S	F S	H O S P	M S	R & D	S A N I D V	T R I W I T			V I S I T	OC UO TU N T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	/	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	/	10 C-A
E-N	84	.	.	.	.	1	.	.	.	.	.	1	.	/	83 E-N
E-S	79	.	.	.	.	1	.	.	.	.	.	1	.	/	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	/	78 G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.	/	85 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	/	3 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	/	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	/	89 K-N
K-S	137	.	.	.	.	.	.	.	.	.	.	.	.	/	137 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	/	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	/	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	/	5 Z-B
TOTAL	759	.	.	.	.	2	.	.	.	.	.	2	.		757

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 12:05 am

Metropolitan Correctional Center
Official Count Slip

Unit: INT Date: 8/9/19
Count: 80 Time: 12:01 am
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

Verbal: 12:35 am

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 S	F H S	H O S	M S	R & D	S A N	T R W	V I S			O C U O T U		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	1	.	X	83	E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1	.	X	78	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	.	.	.	.	.	.	.	.	.	.	.	.	.	X	137	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: 12:35 am

Good Verbal: 12:35 am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-09-19

COUNT TIME: 12⁰¹ AM

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

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	Bama EN	13.		
2.	85621-054	Torres ES	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.

Metropolitan Correctional Center
Official Count Slip

Unit: ~~IN~~ Date: ~~8/9/19~~
Count: ~~80~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~BA~~ Date: ~~12:01 AM~~
Count: ~~26~~ Time: ~~8/9/19~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~EN~~ Date: ~~08-09-19~~
Count: ~~83~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~CA~~ Date: ~~8/9/19~~
Count: ~~10~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GN~~ Date: ~~8/9/19~~
Count: ~~78~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~FS~~ Date: ~~8-9-19~~
Count: ~~78~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GS~~ Date: ~~8.9.19~~
Count: ~~85~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~HA~~ Date: ~~12:01 AM~~
Count: ~~13~~ Time: ~~8/9/19~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KN~~ Date: ~~8/9/19~~
Count: ~~89~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ~~Z13~~ Date: ~~8-9-19~~
Count: ~~5~~ Time: ~~12:01 AM~~

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KS~~ Date: ~~8/9/19~~
Count: ~~137~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~HOSR~~ Date: ~~12:01 AM~~
Count: ~~2~~ Time: ~~8/9/19~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ZA~~ Date: ~~8/9/19~~
Count: ~~77~~ Time: ~~12:01 AM~~

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

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

COUNT AREA	CENSUS	OUTCOUNT SECTION											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	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	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	1	.	.	.	.	1	.	.	X	88 K-N
K-S	137	.	.	.	.	1	.	.	.	.	1	.	.	X	136 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	.	.	.	.	2	.	.	.	.	2	.	.		758

COUNT VERIFY X

OFFICIAL PREPARING COUNT: [REDACTED]

OFFICIAL TAKING COUNT: [REDACTED]

COUNT CLEARED TIME: 3:29 AM

3:24 AM

Correctional Center
Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/9/19

Count: 2 Time: 3:00 AM

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

COUNT BY UNIT

G-N

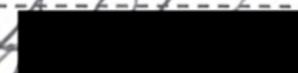
Z-A

UNIT

UNIT

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFIY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N I T A R Y	T R A N S I T I V E			V I S I T I N G	OC UO TU N T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	26	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	84	84 E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	79	79 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	78	78 G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.	85	85 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	3	3 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	87	87 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	1	.	88	88 K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	1	.	136	136 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	77	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	760	.	.	.	.	.	2	.	.	.	.	2	.		758

COUNT
VERIFIY

OFFICIAL PREPARING COUNT: 
OFFICIAL TAKING COUNT: 
COUNT CLEARED TIME: 3:29 AM

Good verbal: 3:24 AM

OUT-COUNT BY UNIT
E-S _____ U-P _____
R-A _____ Z-A _____

Faint background text: This form shall be returned to the Bureau and Department Office (ONLY FIVE MINUTES AFTER) to the affected count. The form is to be used only as an official record of the count and shall not be used for any other purpose.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/9/19

COUNT TIME:

3:00 AM

FROM:

[Redacted]

LOCATION:

Hosp

(Staff Member Preparing Out Count)

APPROVED:

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76256-054	DAVILA	11N	13.	
2.	48816-066	SANTANA	11S	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 _____ G-N _____ H-A _____
 I-N _____ K-N (1) _____ 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.

NYMD4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
02:23:31

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	76256-054	DAVILA	08-09-2019	K05-133U	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-09-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/9/19
Count: 2 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/9/19
Count: 136 Time: 3:00
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8/9/19
Count: 5 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/9/19
Count: 3 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/9/19
Count: 17 Time: 3:00 AM
Print Name: M. Ramos
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/9/19
Count: 88 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/9/19
Count: 26 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 8/9/19
Count: 78 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IA Date: 8/9/19
Count: 87 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08-09-2019
Count: 84 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: G-3 Date: 8-9-19
Count: 85 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8-9-19
Count: 79 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EA Date: 8/9/19
Count: 10 Time: 3:00
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

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

* 08-09-2019
* 05:02:49

COUNT AREA	CENSUS	A	F	F	F	F	H	M	R	S	TR	V	OC	VERIFY COUNT	COUNT AREA
		T	N	N	N	S	O	S	&	A	N	I	UO		
Y		J	Y	Y	S	P			D	N	W	S	TU		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	79	.	.	.	.	.	.	.	.	.	1	.	1	X	78 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	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	X	88 K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	.	1	X	136 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	.	.	.	.	.	2	.	.	.	1	.	3		757

COUNT VERIFY

OFFICIAL PREPARING COUNT: 
OFFICIAL TAKING COUNT: 
COUNT CLEARED TIME: 6:00 Am

Good verbal: 5⁴³ Aug

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/9/19

COUNT TIME:

5:00 AM

FROM:

[Redacted] (Staff Member Preparing Out Count)

LOCATION:

Host

APPROVED:

[Signature] (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76256-054	DAVILA	11N	13.		
2. 48816-066	SANTANA	11S	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 _____ G-N _____ H-A _____
 I-N _____ K-N (1) K-S (1) 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.

NYMD4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
04:58:00

CATEGORY: OCT
ASSIGNMENT: HOSP
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	76256-054	DAVILA	08-09-2019	K05-133U	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-09-2019	K09-028U	SUICIDE OR

REG #	NAME	UNIT	REG #	NAME	UNIT
1			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

BA	CA	DA	EA	FA	GA	HA	IA	JA
KA	LA	MA	NA	OA	PA	QA	RA	SA

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-9-2019

COUNT TIME: 5:00 PM

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

LOCATION: S:0A

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084-056 Harrison	ES	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 _____ E-S 1 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.

NYMD4 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
05:02:26

CATEGORY: OCT
ASSIGNMENT: TNWDVR

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME
0001	TNWDVR	57084-056	HARRISON

OCT DATE	QTR	WRK
08-09-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip
Unit: 2B Date: 8/9/19
Count: 5 Time: 5:00AM
Print Name: M. Lewis
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/9/19
Count: 77 Time: 5:00AM
Print Name: M THOMAS
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8-9-19
Count: 78 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08-09-20
Count: 84 Time: 5:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CT-5 Date: 8.9.19
Count: 85 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/9/19
Count: 136 Time: 8:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/9/19
Count: 2 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8
Count: 88
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: TWOVR Date: 8/9/19
Count: 1 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 8/9/19
Count: 78 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/9/19
Count: 10 Time: 5:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: _____
Count: 87
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/9/19
Count: 26 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/9/19
Count: 3 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

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 P	M S	R & D	S A N I T I V	T R W I D V	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	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

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

Good Verbal 5:00 pm

Metropolitan Correctional Center
Official Count Slip

Unit: 1C-5 Date: 8-9-19
Count: 124 Time: 4pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/9/19
Count: 13 Time: 4:00pm
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: 4:00pm
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metrop

Unit: TN
Count: 85
Print Name: C
Signature: _____
Print Name: W
Signature: _____

Metropolitan Correctional Center
Official Count Slip

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-9-18
Count: 84 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: _____

Met

Unit: Att
Count: _____
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8-9-19
Count: 5 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: BA Date: 8/9/19
Count: 26 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Me

Unit: ES
Count: 7
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: HA Date: 8/9/19
Count: 2 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 08-09-19
Count: 83 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Unit: _____
Count: _____
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY 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	T R W	V I S			O C U O T U		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	X	83	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	.	.	.	.	.	1	.	.	.	.	.	1	.	X	88	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	X	135	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4	.		754	

COUNT VERIFIY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:30 PM

Metropolitan Correctional Center

Metropolitan Correctional Center
 New York, New York
 Official Count Slip

Unit: ZB Date: 8-9-19
 Count: 5 Time: 10:00pm

1. Print Name: [REDACTED]
 1. Signature: [REDACTED]
 2. Print Name: Noch
 2. Signature: [Signature]

11/10:30 PM

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			O C U O T U		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	.	.	X	83	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	.	.	.	.	.	1	.	.	.	.	.	1	.	X	88	K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	X	135	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4	.		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 10:36 PM

g/v 10:30 PM

CATEGORY: OCT
ASSIGNMENT: HOSP
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	89673-053	MERSEY	08-09-2019	E12-592U	FS PM SUICIDE OR
0002		86272-054	MONTAS	08-09-2019	K06-148U	SUICIDE OR UNASSG
0003		91349-053	NOBOA	08-09-2019	K07-009L	FS AM SUICIDE OR
0004		85377-054	WEBER	08-09-2019	K12-078L	SUICIDE OR UNASSG

OUT COUNT BY UNIT

UNIT	EV	LS	OH	HA
BA	2	2	2	2

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-09-19

COUNT TIME: 1000 pm

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

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-053 Mersey	KS	13.		
2.	91349-029 Nobaa	KS	14.		
3.	85377-054 Weber	KS	15.		
4.	86272-054 Montas	KN	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 1 G-N _____ G-S _____ H-A _____
 I-N _____ K-N 1 K-S 2 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.