

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		
		T	J	Y	Y	S	S		D	N	W	S	TU		
		Y	E	S		P			I	D	I	N	T		
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	/	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	/	10 C-A
E-N	84	.	.	.	.	1	.	.	.	.	.	1	.	/	83 E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	/	82 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	/	70 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	/	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	/	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	/	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	/	90 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	/	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	/	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	/	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	/	5 Z-B
TOTAL	763	.	.	.	.	1	.	.	.	.	.	1	.		762

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 1:00am

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 8-1-19
Count: 70 Time: 12:01 AM
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

Good Verbal 10:10am

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 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	25	.	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	1	.	.	.	.	.	1	.	.	X	83 E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	1	.	.	.	.	.	1	.	.		762

COUNT VERIFY

OFFICIAL PREPARING COUNT: [Redacted]
OFFICIAL TAKING COUNT: [Redacted]
COUNT CLEARED TIME: 1:08 am

Good Verbal @ 1:01 am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-01-19

COUNT TIME: 12⁰¹ AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86831-054	Rodriguez 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 _____ E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

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

* 07-31-2019
22:51:51

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86831-054	RODRIGUEZ	07-31-2019	E04-525L	SUICIDE OR UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip
Unit: G-7 Date: 8-1-19
Count: 70 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/1/19
Count: 89 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/1/19
Count: 1 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/1/19
Count: 92 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: E-3 Date: 08/01/2019
Count: 82 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/1/19
Count: 1 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 08/01/2019
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: 8/1/19
Count: 10 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8/1/19
Count: 25 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/1/19
Count: 142 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 8-1-19
Count: 5 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/1/2019
Count: 73 Time: 12:01
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/1/19
Count: 90 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU N T	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	T R W	V I S						
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	.	.	1	X	83	E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	.	.	1		762	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
PREPARED TIME: 3:36 AM

GOOD VERBAL 3:35 AM

Metropolitan Correctional Center

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/19

Count: 92 Time: 3:00 AM

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											OC UO TU N T	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 T I O N	T R A N S P O R T	V I S I T O R S					
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	1	.	X	83	E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89	I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1	.		762	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 3:36 AM

GOOD VERBAL 3:35 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE:

8/11/19

COUNT TIME:

3:00 AM

FROM:



(Staff Member Preparing Out Count)

LOCATION:

HHS

APPROVED:

[Signature]

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054 Gama-Pineda	E-N	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.

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/19
Count: 92 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/1/19
Count: 5 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/1/19
Count: 89 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-1-19
Count: 73 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: E-N Date: 8-01-2019
Count: 83 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 8-1-19
Count: 70 Time: 3 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: F-S Date: 8/1/19
Count: 82 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/1/19
Count: 10 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-1-19
Count: 25 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/1/19
Count: 142 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HoSP Date: 8-1-19
Count: 1 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/1/19
Count: 90 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-1-19
Count: 1 Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

COUNT AREA	CENSUS	OUTCOUNT SECTION											VERIFIY 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	V	T	T			
B-A	25	.	.	.	.	.	.	.	.	.	.	.	25	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	10	10 C-A
E-N	84	.	.	.	.	1	.	.	.	.	.	1	84	83 E-N
E-S	82	.	.	.	.	.	.	.	.	1	.	1	82	81 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	70	70 G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	89	89 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	1	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	89	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	90	90 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	142	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	0	0 R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	76	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	5	5 Z-B
TOTAL	763	.	.	.	.	1	.	.	.	1	.	2		761

COUNT
VERIFIY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:48AM

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/1/19

Count: 5 Time: 5:00

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

GOOD VERBAL: 5:47AM

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC UO TU N T	VERIF Y	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					
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	.	1	.	X	83 E-N
E-S	82	.	.	.	.	.	.	.	.	.	1	.	.	1	.	X	81 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	1	.	2	.	.		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
OFFICIAL TAKING COUNT: ~~X~~
COUNT CLEARED TIME: 5:48am

GOOD VERBAL: 5:47

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/1/19

COUNT TIME: 5:00 Am

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

LOCATION: Town Dr

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	7084-056 Harrison	E-5	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.

INMATE ROSTER

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: TNWDVR

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-01-2019	E08-561L	TWN DRIVER

LOCATION

(Operator (Inmate))

(Operator (Inmate))

REG #	NAME	INTE	REG #	NAME	INTE
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

DAY COUNT BY UNIT

BA	GA	GS	BA
BA	GA	GS	BA

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

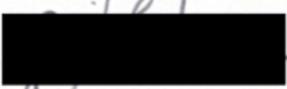
DATE:

8/1/19

COUNT TIME:

5:00 AM

FROM:



(Staff Member Preparing Out Count)

LOCATION:

Doc

APPROVED:

[Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	88918-054	Gama-Pinoda E-N	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 _____ 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.

NYMA7 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
05:09:07

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	85918-054	GAMA-PINEDA	08-01-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/1/19
Count: 90 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/1/19
Count: 89 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 8-1-19
Count: 25 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/1/19
Count: 10 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/1/2019
Count: 89 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: E-N Date: 08-01-2019
Count: 89 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 8-1-19
Count: 70 Time: 5 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 8/1/19
Count: 81 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8/01/2019
Count: 76 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

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

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 8/1/19
Count: 142 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

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

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