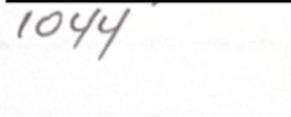


COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO		
		T	J	Y	Y	S	S	D	N	W	S	TU			
		Y	E	S	P				I	D	I	N			
									V	T	T				
B-A	25	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A	
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A	
E-N	84	.	.	.	.	.	.	.	.	.	.	.	X	84 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	.	.	.	.	1	.	.	.	.	.	1	X	141 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:   
OFFICIAL TAKING COUNT:   
COUNT CLEARED TIME: 1044

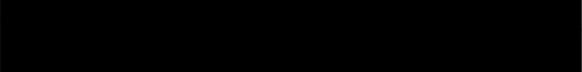
good verbal 1041 PM

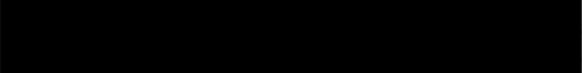
Metropolitan Correctional Center  
Official Count Slip

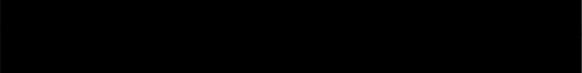
Unit: GN Date: 07/31/19

Count: 70 Time: 1041

Print Name: 

Signature: 

Print Name: 

Signature: 

Signature: 

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

COUNT AREA	CENSUS	OUTCOUNT SECTION											VERIFY COUNT	COUNT AREA		
		A T T Y	F N J E	F N Y E	F N Y S	F S P	H O S P	M S D	R & D	S & N	T R A N S I D V	V I S I T			OC UO TU N T	
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84	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	.	.	.	.	1	.	.	.	.	.	1	.	X	141	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: [REDACTED]

good verbal 1041 PM

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY  
OFFICIAL OUT COUNT

DATE: 07-31-19

COUNT TIME: 1000 pm

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: HSP

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85377-054 Weber	KS	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 1 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

\* 07-31-2019  
21:15:34

GROUP CODE:  
FACILITY: NYM  
OPER CATG ASSIGNMENT

R CATG ASSIGNMENT

E BER	OCT DATE 07-31-2019	QTR K12-078L	WRK SUICIDE OR UNASSG
----------	------------------------	-----------------	-----------------------------

TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-31-2019  
21:15:34

CATEGORY: OCT  
ASSIGNMENT: HOSP

GROUP CODE:  
FACILITY: NYM  
OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME  
0001 HOSP 85377-054 WEBER

OCT DATE QTR  
07-31-2019 K12-078L

WRK  
SUICIDE OR  
UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip  
Unit: GN Date: 07/31/19  
Count: 70 Time: 10pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: IN Date: 7/31/2019  
Count: 89 Time: 1600pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: EW Date: 07-31-19  
Count: 84 Time: 10pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: GS Date: 7/31/2019  
Count: 92 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: ES Date: 07-31-19  
Count: 82 Time: 1000pm  
Print Name: THOMAS  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: BA Date: 7/31/19  
Count: 25 Time: 16:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: HA Date: 7/31/19  
Count: 1 Time: 10:00  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: CA Date: 7/31/19  
Count: 10 Time: 1000pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: LS Date: 7/31/19  
Count: 141 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: HOSP Date: 7/31/19  
Count: 1 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: ZA Date: 7/31/19  
Count: 73 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: KD Date: 7/31/2019  
Count: 90 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip  
Unit: ZB Date: 7-31-19  
Count: 5 Time: 12:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_