

# Metropolitan Correctional Center Official Count Slip

Unit: EN  
Count: 87 Date: 08-07-19

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Time: 10pm

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

I	O	N	TR	V	OC	VERIFY	COUNT
N	I	UO	W	S	TU	COUNT	AREA
D	I	N	V	T	T		

G-N	79						26	B-A
G-S	80						10	C-A
H-A	4						87	E-N
I-N	87						80	E-S
K-N	88						79	G-N
K-S	138						80	G-S
R-A	0						4	H-A
Z-A	78						87	I-N
Z-B	5						88	K-N
TOTAL	763			1		1	138	K-S
							0	R-A
							78	Z-A
							5	Z-B
							762	

COUNT  
VERIFY

OFFICIAL PREPARING COUNT: \_\_\_\_\_  
OFFICIAL TAKING COUNT: \_\_\_\_\_  
COUNT CLEARED TIME: 10:31 pm

Good Verbal: 10:31 pm

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	87													X	87 E-N
E-S	81						1					1		X	80 E-S
G-N	79													X	79 G-N
G-S	80													X	80 G-S
H-A	4													X	4 H-A
I-N	87													X	87 I-N
K-N	88													X	88 K-N
K-S	138													X	138 K-S
R-A	0													X	0 R-A
Z-A	78													X	78 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:



Good verbal: 10:31 pm

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date: 08-07-19  
Count: 87 Time: 10am  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/7/2019  
Count: 87 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/7/19  
Count: 4 Time: 16:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: H-N Date: 08-07-2019  
Count: 88 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: G-5 Date: 8-7-19  
Count: 80 Time: 10 pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/7/19  
Count: 10 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GM Date: 8/7/19  
Count: 79 Time: 10 am  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8/7/19  
Count: 80 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/7/19  
Count: 26 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/7/19  
Count: 78 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/7/19  
Count: 1 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 8/7/2019  
Count: 133 Time: 10pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 8/7/19  
Count: 5 Time: 10:00pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/7/19

COUNT TIME: 10:00pm

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

LOCATION: Hosp

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89673-054	Mersey	55		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
			13.		
			14.		
			15.		
			16.		
			17.		
			18.		
			19.		
			20.		
			21.		
			22.		
			23.		
			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) One

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 \*  
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INMATE ROSTER

\* 08-07-2019  
21:23:49

CATEGORY: OCT  
ASSIGNMENT: HOSP

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO    NAME  
0001 HOSP            89673-053 MERSEY

OCT DATE    QTR  
08-07-2019 E12-592U

WRK  
FS PM  
SUICIDE OR

G0000

TRANSACTION SUCCESSFULLY COMPLETED