

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 I	T R N W	V I S I			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	1	.	.	.	.	.	1	.	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	1	.	.	.	.	.	1	.	.		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 12:54 PM

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/5/19

Count: 86 Time: 12:01 AM

Print Name: [REDACTED] _____

Signature: [REDACTED] _____

Print Name: [REDACTED] _____

Signature: [REDACTED] _____

60 12:49 PM

Official Count Slip
Unit: EN Date: 8/5/19
Count: 86 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 8/5/19
Count: 82 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 08/05/2019
Count: 78 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/5/19
Count: 87 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: G-N Date: 8.5.19
Count: 78 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 8/5/19
Count: 10 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: Hosp Date: 8.5.19
Count: 1 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8.5.19
Count: 1 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: DA Date: 8.5.19
Count: 26 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: 2B Date: 8/5/19
Count: 5 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: K-S Date: 8.5.19
Count: 142 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: K-N Date: 8.5.19
Count: 89 Time: 12:01 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8-5-19
Count: 77 Time: 12:01 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											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			O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	1	.	.	.	.	.	1	.	X	86	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	.	.	.	.	1	.	.	.	.	.	1	.		761	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME:

1254 pm

GO 1249 am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-5-19 COUNT TIME: 12⁰¹ am
FROM: [REDACTED] LOCATION: Hosp
(Staff Member Preparing Out Count)
APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	18028-104	Leon-maal	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 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.

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	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	.	.	.	.	1	.	.	.	.	.	1	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	1	.	.	.	.	.	1		761

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 3:35pm

Metropolitan Correctional Center
Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/5/19
Count: 82 Time: 3Am

Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

GOOD VERBAL: 3:31pm

Metropolitan Correctional Center
Official Count Slip
Unit: GS / Date: 8/5/19
Count: 82 / Time: 3Am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN / Date: 8/5/19
Count: 87 / Time: 3:00am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

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

Metropolitan Correctional Center
Official Count Slip
Unit: EN / Date: 8.5.19
Count: 86 / Time: 3:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA / Date: 08/5/19
Count: 210 / Time: 3:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA / Date: 8/5/19
Count: 10 / Time: 3:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES / Date: 08/05/2019
Count: 78 / Time: 3:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: HA / Date: _____
Count: 1 / Time: _____
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: AOSP / Date: 8/5/19
Count: 1 / Time: 3:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN / Date: 8/5/19
Count: 89 / Time: 3:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: G-N / Date: 8/5/19
Count: 78 / Time: 3:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA / Date: _____
Count: 77 / Time: _____
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: K-S / Date: 8.5.19
Count: 142 / Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 0/5/19

COUNT TIME: 3:00 AM

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

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA 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: 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.

NYMB5 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-05-2019
01:55:02

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	85918-054	GAMA-PINEDA	08-05-2019	E05-533U	SUICIDE OR UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

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

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		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	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	1	.	1	.	X	77 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	762	.	.	.	.	.	1	.	.	1	.	2	.		760

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 6:30am

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 8/5/19

Metropolitan Correctional Center
Official Count Slip

Unit: BS Date: 8/5/19
Count: 82 Time: 5 Am

Print Name: [REDACTED]

Signature: [REDACTED]

Print Name: [REDACTED]

Signature: [REDACTED]

GOOD VERIFY: 5:37pm

Metropolitan Correctional Center
Official Count Slip
Unit: BS Date: 8/5/19
Count: 82 Time: 5 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: G-N Date: 8/5/19
Count: 78 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 8/5/19
Count: 87 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 8.5.19
Count: 86 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 08/05/2019
Count: 77 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

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

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

Metropolitan Correctional Center
Official Count Slip
Unit: HA Date: 8/5/19
Count: 1 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HOSP Date: 8/5/19
Count: 1 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 8/5/19
Count: 89 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: TWDP Date: 8/5/19
Count: 1 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: K-S Date: 8.5.19
Count: 142 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 8.5.19
Count: 77 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

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

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/5/19

COUNT TIME: 5:00AM

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

LOCATION: HOSP

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA 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 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.

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 HOSP 85918-054 GAMA-PINEDA

OCT DATE QTR
08-05-2019 E05-533U

WRK
SUICIDE OR
UNASSG

FROM:

D. D. [Signature]
(Staff Member Preparing Out Count)

LOCATION:

TN WING

APPROVED:

[Signature]
(Operator Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	<i>5-11-156</i>	<i>ES</i>	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

CA _____ ES _____ GS _____ RA _____
 EA _____ EB _____ EC _____ ED _____ EE _____ EF _____ EG _____ EH _____ EI _____ EJ _____ EK _____ EL _____ EM _____ EN _____ EO _____ EP _____ EQ _____ ER _____ ES _____ ET _____ EU _____ EV _____ EW _____ EX _____ EY _____ EZ _____

G0000 TRANSACTION SUCCESSFULLY COMPLETED

This form is to be used to report the out-count of inmates in the facility. It is to be filled out by the staff member responsible for the out-count. The form is to be used only as an out-count. No other use will be accepted in lieu of the Out-Count Form.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

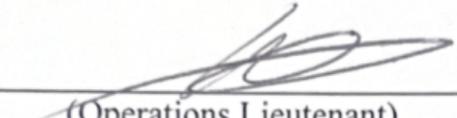
OFFICIAL OUT COUNT

DATE: 8-5-97

COUNT TIME: 5:00 PM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: TNWDVR

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.

NYMB5 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-05-2019
02:08:40

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	08-05-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED