

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 I	T R N W	V I S I			O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	.	X	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	.	X	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	.	.	1	.		769

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 12:43 am

Good Verbal: 12:43 am

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-26-19 COUNT TIME: 12⁰¹ AM
 FROM: Thomas LOCATION: Hosp
 (Staff Member Preparing Out Count)
 APPROVED: [Signature]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520-055	Decapua 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.

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/26/19
Count: 10 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/26/19
Count: 1 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/26/19
Count: 1 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/26/19
Count: 85 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019
Count: 91 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/26/19
Count: 70 Time: 12 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/26/19
Count: 92 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 7/26/19
Count: 87 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/26/19
Count: 26 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

MCC NEW YORK
Official Count Slip

Unit: ZA Date: 7/26/19
Count: 74 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-26-19
Count: 5 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/26/19
Count: 90 Time: _____
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date: 7/26/19
Count: 138 Time: 12 AM
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											VERIF Y	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 N 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	87	.	.	.	.	.	1	.	.	.	.	1	.	X	86 E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	.	1	.		769

COUNT
 VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 3:20am

Good Verba 3:18am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/26/19

COUNT TIME: 3:00 AM

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

LOCATION: HOSP.

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918054 GAMA-PINEDA	5N	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.

NYMES 530*05 *

INMATE ROSTER

* 07-26-2019

PAGE 001 OF 001

00:58:41

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	85918-054	GAMA-PINEDA	07-26-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/26/19
Count: 92 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019
Count: 91 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

MCC NEW YORK
Official Count Slip

Unit: ZA Date: 7/26/19
Count: 74 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/26/19
Count: 80 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7/26/19
Count: 5 Time: 3:00 A.M.

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/26/19
Count: 70 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/26/19
Count: 86 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 7/26/19
Count: 138 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/26/19
Count: 90 Time: 3 A.M.

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/26/19
Count: 26 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7/26/19
Count: 1 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/26/19
Count: 1 Time: 3:00 AM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/26/19
Count: 10 Time: 3:00 AM

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 T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N W I D V	T R A N S I T	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	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86 E-N
E-S	86	.	.	.	.	.	.	.	.	.	1	.	1	.	X	85 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	.	X	74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	1	.	2	.		768

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 5:30pm

Lead verbal @ *5:30pm*

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/26/19

COUNT TIME: 5:00 AM

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

LOCATION: TUNDRIVER

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084056 HARRISON	5S	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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/26/19

COUNT TIME: 5:00 AM

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

LOCATION: HOSP.

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918054 GAMA-PINEDA	5A	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.

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
05:04:47

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	85918-054	GAMA-PINEDA	07-26-2019	E05-533U	SUICIDE OR UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 7/26/19
Count: 92 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: H03P Date: 7/26/19
Count: 1 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 7/26/19
Count: 85 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7/26/2019
Count: 91 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/26/19
Count: 10 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/26/19
Count: 70 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 7/26/19
Count: 86 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7/26/19
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: 7/26/19
Count: 1 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7/26/19
Count: 5 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: TWDVR Date: 7/26/19
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: 7/26/19
Count: 90 Time: 5 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: K-5 Date: 7-26-19
Count: 138 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

MCC NEW YORK
Official Count Slip
Unit: ZA Date: 7/26/19
Count: 74 Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

BUREAU OF PRISONS COUNT SHEET
NEW YORK MCC

* 07-26-2019
* 16:09:55

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											OC	VERIFY COUNT	COUNT AREA		
		A	F	F	F	F	H	M	R	S	TR	V				UO	TU	N	T
B-A	26	.	.	.	1	.	.	.	.	.	.	.	.	1	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	85	.	.	.	.	5	.	.	.	.	.	.	.	5	X	80	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	91	1	.	.	.	.	.	.	.	.	.	.	.	1	X	90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	.	.	1	X	0	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	.	.	1	X	88	K-N
K-S	138	.	.	.	1	9	.	.	.	.	.	.	.	10	X	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	2	.	.	3	14	.	.	.	.	.	.	.	19		748	

COUNT VERIFY X XX

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 5:01 pm

Good verbal: 4:50 pm

CATEGORY: OCT
ASSIGNMENT: FS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	68683-066	CLARK	07-26-2019	E12-593U	FS PM
0002		60685-050	DOCKERY	07-26-2019	E07-549U	FS PM
0003		86764-054	DUNCAN	07-26-2019	K12-065U	FS PM
						SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	07-26-2019	K09-025U	FS PM
0005		86535-054	KAMARA	07-26-2019	K11-053U	FS PM
0006		50659-018	KIRK	07-26-2019	E07-556U	FS PM
0007		85976-054	MARTINEZ	07-26-2019	K09-027U	FS PM
0008		86026-054	MERCHANT	07-26-2019	K12-061L	FS PM
0009		89673-053	MERSEY	07-26-2019	E12-592U	FS PM
						SUICIDE OR
0010		86022-054	REINGOUD	07-26-2019	K12-078U	FS PM
0011		08200-070	RENE	07-26-2019	E09-571U	FS PM
						LAUNDRY 1
0012		85927-054	ROMERO-GRANADOS	07-26-2019	K10-045U	FS PM
0013		79652-054	THOMAS	07-26-2019	K08-074U	FS PM
0014		79965-054	THOMAS	07-26-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/26/19 COUNT TIME: 400 pm
 FROM: [REDACTED] LOCATION: F/S
 (Staff Member Preparing Out Count)
 APPROVED: _____
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 68683-066	Clark	E-S	13. 79965-054	Thomas	K-S
2. 86764-054	Juncan	K-S	14. 60685-050	Jockey	E-S
3. 51702-069	Estrada	K-S	15.		
4. 86535-054	Kamara	K-S	16.		
5. 50659-018	Kirk	E-S	17.		
6. 85976-054	Martinez	K-S	18.		
7. 86026-054	Merchant	K-S	19.		
8. 89673-053	Mersey	E-S	20.		
9. 86022-054	Reingold	K-S	21.		
10. 08200-070	Rene	E-S	22.		
11. 85927-054	Romero	K-S	23.		
12. 79652-054	Thomas	K-S	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: 13

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.

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
15:45:12

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	86821-054	ARAMBUL	07-26-2019	B01-215U	UNASSG
0002		86975-054	EPPS	07-26-2019	K01-108U	UNASSG
0003		86819-054	SERRANO	07-26-2019	K10-046U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-26-2019

Count Time: 4:00 pm

From [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [Signature]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86821-054	ARAMBUL	DALIA	B01-215U
86975-054	EPPS	KEVIN	K01-108U
86819-054	SERRANO	JOE	K10-046U

B-A 1 C-A E-N E-S G-N G-S
H-A I-N K-N 1 K-S 1 R-A Z-A Z-B

Total Out-Counted: 3

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 is to be used only as an Out Count.

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
15:14:09

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-26-2019	H01-001L	UNASSG
0002		19735-104	MONES-CORO	07-26-2019	G07-756U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-26-19

COUNT TIME: 400pm

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

LOCATION: Att'y

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 19735-104	Mimes-C	GIS	13.		
2. 76318-054	Epstein	HA	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 1 H-A 1
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.

Official Count Slip
Unit: K.S Date: 7/26/19
Count: 128 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: CA Date: 7/26/19
Count: 10 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7/26/19
Count: 25 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/26/19
Count: 70 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7/26/19
Count: 5 Time: 4pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 07-26-19
Count: 87 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS Date: 7/26/2019
Count: 90 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 7/26/19
Count: 77 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: NOEL V
Signature: [Handwritten Signature]

Metropolitan Correctional Center
Official Count Slip
Unit: ES Date: 07-26-19
Count: 80 Time: 4:00pm
Print Name: Thomas
Signature: [Handwritten Signature]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 26 Jul 2019
Count: 93 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ATTY CONF Date: 7/26/19
Count: 2 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: FNYS Date: 7/26/19
Count: 3 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: K=N Date: 7/26/19
Count: 88 Time: 4:00PM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: F/S Date: 7-26-19
Count: 14 Time: 4:00pm
Print Name: [Redacted]
Signature: [Redacted]
Print Name: _____
Signature: _____