

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 E	F N Y E	F N Y S	F S Y S	H O S P	M S	R & D	S A N I D V	TR N W S T	V I S I T			OC UO TU N T	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87	E-N
E-S	85	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	84	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	93	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	89	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5	Z-B
TOTAL	767	.	.	.	.	1	.	.	.	.	.	1	.		766	

COUNT  
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME: 10:51 PM

g/r 10:47 PM

NYMH3 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-26-2019  
20:12:36

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	78359-053	TISDALE	07-26-2019	E11-581U	EDUCATION SUICIDE OR

G0000      TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-26-19

COUNT TIME: 1:00 PM

FROM: 

LOCATION: Hosp

APPROVED: \_\_\_\_\_  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78359-053	Tisdale	ES	13.	
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

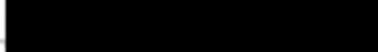
OUT-COUNT BY UNIT

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

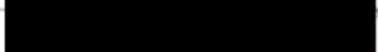
Total Out-Counted: \_\_\_\_\_

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.

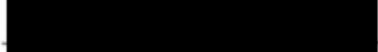
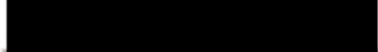
Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 7/26/2019  
Count: 93 Time: 1000pm  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

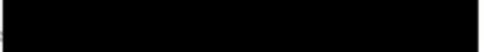
Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 7/26/19  
Count: 1 Time: 10:00pm  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

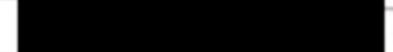
Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 07-26-19  
Count: 84 Time: 1000pm  
Print Name: Thomas  
Signature:   
Print Name:   
Signature: 

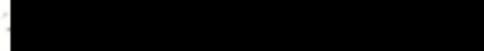
Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 7/26/2019  
Count: 9 Time: 10:00  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

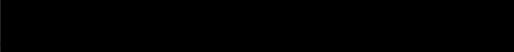
Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 7/26/19  
Count: 10 Time: 1000pm  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

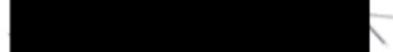
Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 7/26/19  
Count: 70 Time: 10pm  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

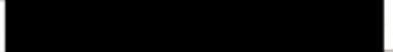
Metropolitan Correctional Center  
Official Count Slip

Unit: FN Date: 07-26-19  
Count: 87 Time: 10pm  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

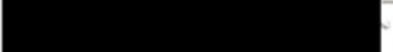
Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 7/26/19  
Count: 1 Time: 10:00pm  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

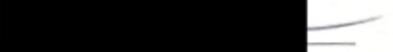
Metropolitan Correctional Center  
Official Count Slip

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

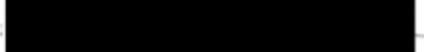
Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 7-26-19  
Count: 5 Time: 10:00  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

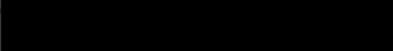
Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 7-26-19  
Count: 138 Time: 10:00pm  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 7/26/19  
Count: 72 Time: 10:00  
Print Name:   
Signature:   
Print Name: NOCL  
Signature: 

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 07/26/19  
Count: 89 Time: 10:00pm  
Print Name:   
Signature:   
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_