

7/15/21

NYMFC 530.03 \*  
PAGE 001

BUREAU OF PRISONS COUNT SHEET  
NEW YORK MCC

\* 08-10-2019  
\* 00:35:17

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

COUNT AREA	CENSUS	OUTCOUNT SECTION											OC	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			
		Y	J	Y	Y		S		D	N	W	S	TU			
				E	S		P		I	D	I	N	T			
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	2	X	81	E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	.	.	1	.	.	.	.	.	1	X	136	K-S
R-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	758	.	.	.	.	.	4	.	.	.	.	.	4		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT  
OFFICIAL TAKING COUNT  
COUNT CLEARED TIME



Good Verbal 3/23/20

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-10-19

COUNT TIME: 12<sup>01</sup>AM

FROM: Thomas  
(Staff Member Reporting Out Count)

LOCATION: Hosp

APPROVED:   
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520-055	Decapua ES	13.		
2.	86409-034	Bullock EN	14.		
3.	85918-054	Buma EN	15.		
4.	86768-034	McDuffie KS	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 2 E-S 1 G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 1 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ Z-B \_\_\_\_\_

Total Out-Counted: 4

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.

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INMATE ROSTER

\* 08-09-2019  
22:52:23

CATEGORY: OCT  
ASSIGNMENT: HOSP  
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:  
FACILITY: NYM  
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	MRK
0001	HOSP	86409-054	BULLOCK	08-09-2019	E05-535L	
0002		16520-055	DECAPUA	08-09-2019	E07-555L	
0003		85918-054	GAMA-PINEDA	08-09-2019	E03-519L	
0004		86768-054	MCDUFFIE	08-09-2019	K12-064L	

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~20~~ Date: ~~8/10/19~~  
 Count: ~~89~~ Time: ~~12:01 AM~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~105~~ Date: ~~8/10/2019~~  
 Count: ~~136~~ Time: ~~12:01 AM~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~20~~ Date: ~~8/10/2019~~  
 Count: ~~86~~ Time: ~~12:01 AM~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~CA~~ Date: ~~8/10/19~~  
 Count: ~~10~~ Time: ~~12:01 AM~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~95~~ Date: ~~8/10/19~~  
 Count: ~~88~~ Time: ~~0600~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~GN~~ Date: ~~8/10/19~~  
 Count: ~~79~~ Time: ~~12:01 AM~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~11512~~ Date: ~~8/10/19~~  
 Count: ~~4~~ Time: ~~12:01 AM~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~151~~ Date: ~~2019-10-19~~  
 Count: ~~11~~ Time: ~~12:01 AM~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: [Redacted]  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ~~15~~ Date: ~~8/10/19~~  
 Count: ~~78~~ Time: ~~12:01 AM~~

Print Name: [Redacted]  
 Signature: [Redacted]  
 Print Name: ~~THOMAS~~  
 Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/10/19  
Count: 4 Time: 12:01 AM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: BA Date: 8/10/19  
Count: 1 Time: 12:01 AM

1. Print Name: \_\_\_\_\_  
1. Signature: \_\_\_\_\_  
2. Print Name: \_\_\_\_\_  
2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/10/19  
Count: 73 Time: 2:57 AM

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ZB Date: 8-10-19  
Count: 5 Time: 12:01 AM

1. Print Name: \_\_\_\_\_  
1. Signature: \_\_\_\_\_  
2. Print Name: \_\_\_\_\_  
2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/10/19  
Count: 26 Time: 12:01 AM

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