

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N W I D V	T R V S I T			O C U O T U	
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: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 12:00

Good verbal 3/23/20

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-10-19

COUNT TIME: 12⁰¹AM

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	16520-055 Decapua	ES	13.		
2.	86409-054 Bullock	EN	14.		
3.	85918-054 Bama	EN	15.		
4.	86768-054 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.

NYMFC 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
22:52:23

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	86409-054	BULLOCK	08-09-2019	E05-535L	SUICIDE OR UNASSG
0002		16520-055	DECAPUA	08-09-2019	E07-555L	ORD CCS SUICIDE OR
0003		85918-054	GAMA-PINEDA	08-09-2019	E03-519L	SUICIDE OR UNASSG
0004		86768-054	MCDUFFIE	08-09-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KV~~ Date: ~~8/10/19~~
Count: ~~89~~ Time: ~~12:01 AM~~
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KS~~ Date: ~~8/10/2019~~
Count: ~~136~~ Time: ~~12:01 AM~~
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~JA~~ Date: ~~8/10/2019~~
Count: ~~86~~ Time: ~~12:01 AM~~
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~CA~~ Date: ~~8/10/19~~
Count: ~~10~~ Time: ~~12:01 AM~~
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GS~~ Date: ~~08/10/19~~
Count: ~~88~~ Time: ~~0000~~
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~GN~~ Date: ~~8/10/19~~
Count: ~~78~~ Time: ~~12:01 AM~~
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~KCSR~~ Date: ~~8/10/19~~
Count: ~~4~~ Time: ~~12:01 AM~~
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~EW~~ Date: ~~28-10-19~~
Count: ~~81~~ Time: ~~12:01 AM~~
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ~~ES~~ Date: ~~8/10/19~~
Count: ~~78~~ Time: ~~12:01 AM~~
Print Name: _____
Signature: _____
Print Name: ~~Thomas~~
Signature: _____

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: ~~12:01 AM~~

Print Name: ~~Mr. Davis~~
Signature: _____
Print Name: ~~Noel~~
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: _____