

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 I D I V	T R A N S F E R	V I S I T I O N			OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 E-N
E-S	86	.	.	.	.	6	.	.	.	.	.	6	.	X	80 E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	X	76 G-N
G-S	91	.	.	.	1	.	.	.	.	.	.	1	.	X	90 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	.	X	0 H-A
I-N	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 I-N
K-N	92	.	.	.	1	.	.	.	.	.	.	1	.	X	91 K-N
K-S	137	.	.	.	.	6	.	.	.	.	.	6	.	X	131 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	776	1	.	.	2	12	.	.	.	.	.	15	.		761

COUNT
VERIFY

~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 4:59 pm
 Lead Verbal: 4:53 pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

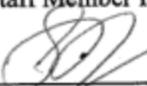
OFFICIAL OUT COUNT

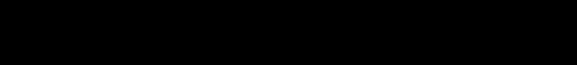
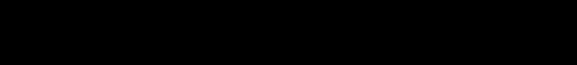
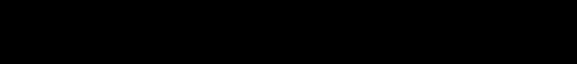
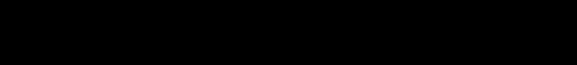
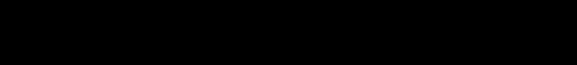
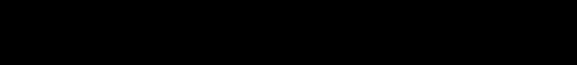
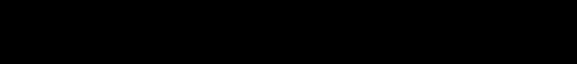
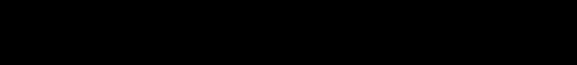
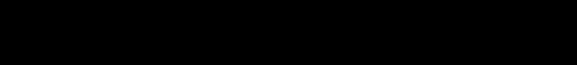
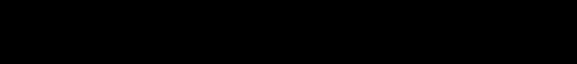
DATE: 7/23/19

COUNT TIME: 400pm

FROM: 
(Staff Member Preparing Out Count)

LOCATION: F/S

APPROVED: 
(Operations Lieutenant)

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

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 6 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 6 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 12

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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-23-2019
15:09:52

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			07-23-2019	E08-564U	FS PM
0002				07-23-2019	E11-581L	FS PM
0003				07-23-2019	E07-549U	FS PM
0004				07-23-2019	K09-025U	FS PM
0005				07-23-2019	K11-053U	FS PM
0006				07-23-2019	E07-556U	FS PM
0007				07-23-2019	K09-027U	FS PM
0008				07-23-2019	E12-592U	FS PM
						SUICIDE OR
0009				07-23-2019	K12-078U	FS PM
0010				07-23-2019	E09-571U	FS PM
						LAUNDRY 1
0011				07-23-2019	K10-045U	FS PM
0012				07-23-2019	K10-044L	FS PM

G0000

TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

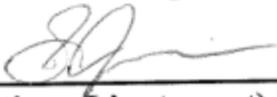
OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-23-2019

Count Time: 4:00 pm

From: 
(Staff Member Supervising Inmates)

Location: FNYS

Approved: 
(Operations/Lieutenant)

REG..... LN..... FN..... QTR.....



G10-777L
K02-116L

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S 1
H-A ___ I-N ___ K-N 1 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 is to be used only as an Out Count.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-23-2019
15:28:55

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	07-23-2019	H01-001L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-23-2019
15:34:01

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			07-23-2019	K02-116L	UNASSG
0002				07-23-2019	G10-777L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-23-19

COUNT TIME: 4:00 PM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Atty

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>76312-054</u>	<u>STEIN</u>	<u>H-A</u>	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 1
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: IN - Date: 7/23/2019
Count: 91 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 7-23-19
Count: 131 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KW - Date: 7.23.19
Count: 97 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 7/23/19
Count: 10 - Time: 4:00pm

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

MCC NEW YORK
Official Count Slip

Unit: ZA - Date: 7/23/19
Count: 73 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date: 7/23/19
Count: 26 - Time: 4:00pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS - Date: 7/23/19
Count: 2 - Time: 4:00pm

1. Print Name: _____
1. Signature: _____
2. Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB - Date: 7-23-19
Count: 5 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: F/S - Date: 7/23/19
Count: 12 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/23/19

Count: 76 Time: 4pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/23/19

Count: 88 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/23/2019

Count: 90 Time: 4⁰⁰ pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ATG Date: 7-23-19

Count: 1 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 07-23-19

Count: 80 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: Thomas

Signature: _____