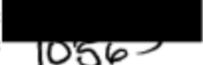


QTRG EQ \*\*\*\* OCTG EQ \*\*\*\*

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 I	S A N I T I V	T R V I S I T			V O C A T I O N A L
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	1	X	87 E-N
E-S	86	.	.	.	.	.	.	.	.	.	.	.	X	86 E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	X	74 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	92	.	.	.	.	.	.	.	.	.	.	.	X	92 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.		0 R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	X	71 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	.	1		773

COUNT  
VERIFY

OFFICIAL PREPARING COUNT:   
 OFFICIAL TAKING COUNT:   
 COUNT CLEARED TIME: 10:56

Good Verbal: ~~E. Far~~ 10:55

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 07-24-19

COUNT TIME: 1000 pm

FROM: *Thomas*  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: *[Signature]*  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78107-054 English	EN	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.

NYMAQ 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-24-2019  
21:11:53

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	78107-054	ENGLISH	07-24-2019	E05-539L	SUICIDE OR UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date: 07-24-19  
 Count: 87 Time: 10PM  
 Print Name: J. Jones  
 Signature: J. Jones  
 Print Name: RICHARDSON  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 7/24/19  
 Count: 10 Time: 1000pm  
 Print Name: A. Baptiste  
 Signature: [Signature]  
 Print Name: [Signature]  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 7/24/19  
 Count: 26 Time: 10:00PM  
 Print Name: E. Cohen  
 Signature: [Signature]  
 Print Name: RICHARDSON  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 7-24-19  
 Count: 91 Time: 1000pm  
 Print Name: B. King  
 Signature: [Signature]  
 Print Name: KUVOY  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 7/24/19  
 Count: 74 Time: 10pm  
 Print Name: KUVOY  
 Signature: [Signature]  
 Print Name: B. King  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 07-24-19  
 Count: 86 Time: 1000pm  
 Print Name: [Signature]  
 Signature: [Signature]  
 Print Name: RICHARDSON  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 7-24-19  
 Count: 92 Time: 10:00pm  
 Print Name: MARTINEZ, A.  
 Signature: [Signature]  
 Print Name: [Signature]  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 7/24/2019  
 Count: 92 Time: 1000pm  
 Print Name: C. Washington  
 Signature: [Signature]  
 Print Name: RICHARDSON  
 Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 7/24/19  
 Count: 1 Time: 10:00PM  
 Print Name: E. Cohen  
 Signature: [Signature]  
 Print Name: RICHARDSON  
 Signature: [Signature]

MCC NEW YORK  
Official Count Slip

Unit: 2A Date: 7/24/19

Count: 71 Time: 10:00pm

Print Name: W SILVA

Signature: [Signature]

Print Name: RC GOJANA

Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 7-24-19

Count: 138 Time: 10:00PM

Print Name: G. Benhamme

Signature: [Signature]

Print Name: [Signature]

Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 7/24/19

Count: 1 Time: 10:00 PM

Print Name: E. Cohen

Signature: [Signature]

Print Name: R. Ivarsson

Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 7-24-19

Count: 5 Time: 10:00pm

Print Name: [Signature]

Signature: [Signature]

Print Name: [Signature]

Signature: [Signature]