

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	T R V I S I T			V I S I T	OC UO TU
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 E-N
E-S	85	.	.	1	.	6	.	.	.	.	.	7	.	X	78 E-S
G-N	76	.	.	.	1	.	.	.	.	.	.	1	.	X	75 G-N
G-S	91	.	.	1	.	.	.	.	.	.	.	1	.	X	90 G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	.	X	0 H-A
I-N	92	.	.	.	2	.	.	.	.	.	.	2	.	X	90 I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 K-N
K-S	138	.	.	.	.	10	.	.	.	.	.	10	.	X	128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	68	1	.	.	.	.	.	.	.	.	.	1	.	X	67 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	772	2	.	2	3	16	.	.	.	.	.	23	.		749

COUNT
VERIFY

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

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

Good Verbal: 4:41 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 7/24/2019

TIME: 4:00PM

FROM: [Redacted]
Staff Supervising Out-Count

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	[Redacted]	[Redacted]	KS	21			
2	[Redacted]	[Redacted]	ES	22			
3	[Redacted]	[Redacted]	ES	23			
4	[Redacted]	[Redacted]	KS	24			
5	[Redacted]	[Redacted]	KS	25			
6	[Redacted]	[Redacted]	ES				
7	[Redacted]	[Redacted]	KS	27			
8	[Redacted]	[Redacted]	KS	28			
9	[Redacted]	[Redacted]	KS	29			
10	[Redacted]	[Redacted]	ES	30			
11	[Redacted]	[Redacted]	KS	31			
12	[Redacted]	[Redacted]	ES	32			
13	[Redacted]	[Redacted]	KS	33			
14	[Redacted]	[Redacted]	KS	34			
15	[Redacted]	[Redacted]	ES	35			
16	[Redacted]	[Redacted]	KS	36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS

BY UNIT:

B-A _____
C-A _____
E-N _____
E-S 6

G-N _____
G-S _____
I-N _____
K-S 10

K-N _____
Z-A _____
Z-B _____
R-A _____

H-A _____

TOTAL ON OUT COUNT: 16


Approving Operations Lieutenant

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMBQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-24-2019
15:20:40

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			07-24-2019	E12-593U	FS PM
0002				07-24-2019	E07-549U	FS PM
0003				07-24-2019	K09-025U	FS PM
0004				07-24-2019	E10-579L	WAREHOUSE
0005				07-24-2019	E07-549U	SAFETY
0006				07-24-2019	K11-053U	FS PM
0007				07-24-2019	E07-556U	FS PM
0008				07-24-2019	K09-027U	FS PM
0009				07-24-2019	K12-061L	FS PM
0010				07-24-2019	E12-592U	FS PM
						SUICIDE OR
0011				07-24-2019	K12-078U	FS PM
0012				07-24-2019	K10-045U	FS PM
0013				07-24-2019	K07-001L	FS AM
0014				07-24-2019	K08-074U	FS PM
0015				07-24-2019	K10-044L	FS PM
0016				07-24-2019	K11-053L	FS WAREHOU
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

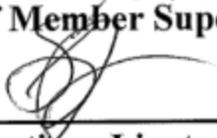
OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-24-2019

Count Time: 4:00 pm

From: 
(Staff Member Supervising Inmates)

Location: FNYS

Approved: 
(Operations Lieutenant)

REG.....

LN.....

FN.....

QTR.....



G06-746L
I05-937U
I05-935U

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S 1
H-A ___ I-N 2 K-N ___ K-S ___ R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 3

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

* 07-24-2019
16:14:06

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			07-24-2019	I05-935U	UNASSG
0002				07-24-2019	I05-937U	UNASSG
0003				07-24-2019	G06-746L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

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

Date: 07-24-2019

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: 
(Operations Lieutenant)

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

[REDACTED]

G10-779U
E10-576L

B-A___ C-A___ E-N___ E-S___1___ G-N___ G-S___1___
H-A___ I-N___ K-N___ 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 account. 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

* 07-24-2019
16:14:33

CATEGORY: OCT
ASSIGNMENT: FNYE

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE			07-24-2019	G10-779U	UNASSG
0002				07-24-2019	E10-576L	FS WAREHOU

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 4:00 PM

FROM: [Redacted]
(Staff Member Preparing Out Count)

LOCATION: Atty-CONF.

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	EPSTEIN HA	13.		
2.	78514-054	TARTAGLIONE ZA	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 1 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 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
15:37:50

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: ATTY

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	07-24-2019	H01-001L	UNASSG
0002		78514-054	TARTAGLIONE	07-24-2019	Z06-215UAD	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: LS Date: 7-24-19
Count: 128 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/24/19
Count: 92 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/24/2019
Count: 90 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: NOEL
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/24/2019
Count: 90 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

MCC NEW YORK
Official Count Slip

Unit: 2A Date: 7/24/19
Count: 67 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 7-24-19
Count: 5 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/24/19
Count: 75 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-24-19
Count: 78 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 07-24-19
Count: 88 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYE Date: 07/24/2019
Count: 2 Time: 4:00 PM

1. Print Name: 
1. Signature: 

2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/24/19
Count: 26 Time: 4:00 PM

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

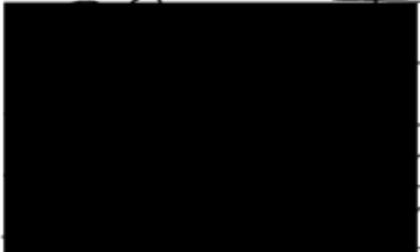
Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: July 24, 2019
Count: 10 Time: 4:00 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7/24/19
Count: 16 Time: 4:00 pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ATTY-CONF Date: 7/24/19
Count: 2 Time: 4:00 pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNY/S Date: 07/24/2019
Count: 3 Time: 4:00 PM

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