

BUREAU OF PRISONS COUNT SHEET

NEW YORK MCC

* 07-25-2019

* 02:58:01

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

O U T C O U N T S E C T I O N

A	F	F	F	F	H	M	R	S	T	R	V	O
T	N	N	N	S	O	S	&	A	N	I	I	U
T	J	Y	Y	S	S		D	N	W	S	I	T
Y		E	S		P			I	D	I	N	T

ENSUS

VERIFY COUNT
COUNT COUNT AREA

	26	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	X	88	E-N
E-S	86	.	.	.	.	1	.	.	.	.	.	1	X	85	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	.	.	.	.	.	.	.	.	.	.	.	X	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 [REDACTED]
 OFFICIAL TAKING COUNT [REDACTED]
 COUNT CLEARED TIME: 3:33 AM

Good verbal 3:33 AM

NYMD9 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
02:57:35

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 HOSP [REDACTED]

OCT DATE QTR
07-25-2019 E07-555L

WRK
ORD CCS
SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-2019

COUNT TIME: 3:00 AM

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

LOCATION: H08P

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	B5	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 1 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.

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7-25-19
Count: 5 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: W Date 7-25-19
Count: 92 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: V-8 Date 7/25/19
Count: 128 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 7/25/2019
Count: 91 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IX Date 7/25/19
Count: 92 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/25/19
Count: 71 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EB Date 7-25-19
Count: 85 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GM Date 7/25/19
Count: 74 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date 7-25-19
Count: 88 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-25-19
Count: 26 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/25/19
Count: 10 Time: 4:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-25-19
Count: 1 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-25-19
Count: 1 Time: 3:00AM

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