

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

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										OC UO TU N T	VERIFY COUNT	COUNT AREA	
		A T Y	F N J	F N Y	F N Y	F S S	H O S	M S	R & D	S A N	T R V I S I T				V I S I T
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	85	.	.	.	.	4	.	.	.	.	1	5	X	80	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	1	X	0	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	138	.	.	.	.	16	.	.	.	.	.	16	X	122	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	72	1	.	.	.	.	.	.	.	.	.	1	X	71	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	2	.	.	.	20	.	.	.	.	1	23		744	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: ~~X~~
OFFICIAL TAKING COUNT: ~~X~~
COUNT CLEARED TIME: ~~X~~



GV 10:21A

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

Date: 07/27/2019

Time 10:00 AM

Location: F/S

Staff supervising count: [REDACTED]

Operations Lieutenant's Approval

REG. NO.	LAST NAME/ FIRST	UNIT	REG. NO.	NAME	UNIT
79196-054	[REDACTED]	KS			
01558-112	[REDACTED]	KS			
86074-054	[REDACTED]	KS			
79752-054	[REDACTED]	KS			
76149-054	[REDACTED]	KS			
85771-054	[REDACTED]	KS			
86024-054	[REDACTED]	KS			
85571-054	[REDACTED]	KS			
11714-052	[REDACTED]	KS			
01735-007	[REDACTED]	KS			
61876-054	[REDACTED]	KS			
06303-082	[REDACTED]	KS			
41682-054	[REDACTED]	KS			
29116-379	[REDACTED]	KS			
90649-054	[REDACTED]	KS			
24772-057	[REDACTED]	KS			
15657-179	[REDACTED]	ES			
57297-083	[REDACTED]	ES			
79793-054	[REDACTED]	ES			
63274-037	[REDACTED]	ES			

Total Count For Department: 20

B-A _____ C-A _____ E-N _____ E-S 4 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 16 R-A _____ Z-A _____ Z-B _____

This form must be submitted to the Counts and Assignments Officer **FORTY FIVE MINUTES PRIOR to the affected count. Prepare this form in ink and group the inmates by respective floors. This is not a count slip, but an out-count form.

NYMCO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
09:31:52

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: VISIT

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	VISIT	21066-014	[REDACTED]	07-27-2019	E08-564U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

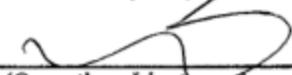
OFFICIAL OUT COUNT

DATE: 7-27-19

COUNT TIME: 10:00 AM

FROM: 

LOCATION: Atty

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 78514-054		ZA	13.		
2. 76312-054	EPSTEIN	HA	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.

NYMCO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
09:35:37

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	07-27-2019	H01-001L	UNASSG
0002		78514-054	[REDACTED]	07-27-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-27-19
Count: 5 Time: 10:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7/27/19
Count: _____ Time: 10:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: S Visiting Date: 7-27-19
Count: 1 Time: 10:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7-27-19
Count: 10 Time: 10:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Ally Date: 7-27-19
Count: 2 Time: 10:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/27/19
Count: 25 Time: 10 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/27/19
Count: 70 Time: 10 A.M.
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/27/2019
Count: 89 Time: 10:00 am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7/27/2019
Count: 20 Time: 10:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date 7-27-19
Count: 93 Time: 10:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 145 Date 7-27-19
Count: 122 Time: 10:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019
Count: 91 Time: 10:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07/27/2019
Count: 87 Time: 10:00am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 07/27/2019
Count: 80 Time: 10:00am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____