

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 D	T R N W I D			V I S I T	OC UO TU N
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87 E-N
E-S	85	.	.	.	.	5	1	.	.	.	.	6	.	X	79 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 G-S
H-A	2	1	.	.	.	.	.	.	.	.	.	1	.	X	1 H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88 K-N
K-S	138	.	.	.	.	9	.	.	.	.	.	9	.	X	129 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	X	72 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	767	1	.	.	.	14	1	.	.	.	.	16	.		751

COUNT
VERIFY

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME



Good Verbal: 4³³_{pm}

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/27/19 COUNT TIME: 400pm
 FROM: [REDACTED] LOCATION: Foodservice
 (Member Preparing Out Count)
 APPROVED: [REDACTED]
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 60685-050	[REDACTED]	E-S	13. 79652-054	[REDACTED]	K-S
2. 50659-018	[REDACTED]	E-S	14. 79965-054	[REDACTED]	K-S
3. 86026-054	[REDACTED]	K-S	15.		
4. 86022-054	[REDACTED]	K-S	16.		
5. 08200-070	[REDACTED]	E-S	17.		
6. 77863-112	[REDACTED]	K-S	18.		
7. 01735-007	[REDACTED]	K-S	19.		
8. 86764-054	[REDACTED]	K-S	20.		
9. 68683-066	[REDACTED]	E-S	21.		
10. 51702-069	[REDACTED]	K-S	22.		
11. 85976-054	[REDACTED]	K-S	23.		
12. 89673-053	[REDACTED]	E-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N 9 E-S 5 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 14

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.

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	77863-112	[REDACTED]	07-27-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	[REDACTED]	07-27-2019	E12-593U	FS PM
0003		60685-050	[REDACTED]	07-27-2019	E07-549U	FS PM
0004		86764-054	[REDACTED]	07-27-2019	K12-065U	FS PM SUICIDE OR
0005		51702-069	[REDACTED]	07-27-2019	K09-025U	FS PM
0006		50659-018	[REDACTED]	07-27-2019	E07-556U	FS PM
0007		85976-054	[REDACTED]	07-27-2019	K09-027U	FS PM
0008		86026-054	[REDACTED]	07-27-2019	K12-061L	FS PM
0009		89673-053	[REDACTED]	07-27-2019	E12-592U	FS PM SUICIDE OR
0010		86022-054	[REDACTED]	07-27-2019	K12-078U	FS PM
0011		08200-070	[REDACTED]	07-27-2019	E09-571U	FS PM LAUNDRY 1
0012		01735-007	[REDACTED]	07-27-2019	K07-001L	FS AM
0013		79652-054	[REDACTED]	07-27-2019	K08-074U	FS PM
0014		79965-054	[REDACTED]	07-27-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19

COUNT TIME: 4:00

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

LOCATION: HOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	90370-053	SS	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.

* NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
15:28:52

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	90370-053	██████████	07-27-2019	E10-573L	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-27-19

COUNT TIME: 400pm

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

LOCATION: Atty

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76318-054	ERSTEIN	HA	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 _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: _____

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 *
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INMATE ROSTER

* 07-27-2019
15:21:57

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

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ES - Date: 7/27/19 -
 Count: 79 - Time: 4:00pm -
 Print Name: K. Uray -
 Signature: [Signature] -
 Print Name: J. MASULLO -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 7/27/19 -
 Count: 129 - Time: 4:00pm -
 Print Name: M. Abbat -
 Signature: [Signature] -
 Print Name: J. Singh -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: KN - Date: 7/27/2019 -
 Count: 88 - Time: 4:00pm -
 Print Name: K. Fife -
 Signature: [Signature] -
 Print Name: G Adams -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: G-N - Date: 7-27-19 -
 Count: 70 - Time: 4:00pm -
 Print Name: J. Marrugo -
 Signature: [Signature] -
 Print Name: [Signature] -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: 2A - Date: 7/27/19 -
 Count: 72 - Time: 4:00 -
 Print Name: [Signature] -
 Signature: [Signature] -
 Print Name: Davis -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date: 7/27/2019 -
 Count: 93 - Time: 4:00pm -
 Print Name: [Signature] -
 Signature: [Signature] -
 Print Name: [Signature] -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp - Date: 7.27.19 -
 Count: 1 - Time: 4:00pm -
 Print Name: K. Gale -
 Signature: [Signature] -
 Print Name: M. SINGH -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: HA - Date: 7.27.19 -
 Count: 1 - Time: 4:00pm -
 Print Name: K. Gale -
 Signature: [Signature] -
 Print Name: M. SINGH -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: EN - Date: 7/27/19 -
 Count: 87 - Time: 4:00pm -
 Print Name: 1 Lewis -
 Signature: [Signature] -
 Print Name: M. SINGH -
 Signature: [Signature] -

Metropolitan Correctional Center
Official Count Slip

Unit: F/S - Date: 7-27-19
 Count: 14 - Time: 400pm
 Print Name: Smith
 Signature: [Signature]
 Print Name: J. Masullo
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: 2B - Date: 7-27-19
 Count: 5 - Time: 400pm
 Print Name: Fehi
 Signature: [Signature]
 Print Name: [Signature]
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date: 7-27-19
 Count: 26 - Time: 400pm
 Print Name: [Signature]
 Signature: [Signature]
 Print Name: M. SINGH
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 7-27-19
 Count: 10 - Time: 4⁰⁰pm
 Print Name: A Baptiste
 Signature: [Signature]
 Print Name: J. Murgio
 Signature: [Signature]

Metropolitan Correctional Center
Official Count Slip

Unit: Atty - Date: 7-27-19
 Count: 1 - Time: 400PM
 Print Name: J. Elipssint
 Signature: [Signature]
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS - Date: 7/27/2019
 Count: 91 - Time: 4:00PM
 Print Name: A. Alvarado
 Signature: [Signature]
 Print Name: T. JOINT
 Signature: [Signature]