

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 COUNT	AREA		
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N W	T R V I S I T				V O U T U 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	.	.	.	.	.	.	.	.	.	.	.	.	X	85	E-S
G-N	70	1	.	.	.	.	.	.	.	.	.	.	1	X	69	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	1	.	.	.	.	.	.	.	.	.	.	1	X	87	K-N
K-S	137	.	.	.	.	14	2	.	.	.	.	.	16	X	121	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	3	.	.	.	14	2	.	.	.	.	.	19		748	

COUNT
VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:



GOOD VERBAL: 10:20 AM

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	76235-054	[REDACTED]	07-28-2019	K09-031U	FS AM
0002		61876-054	[REDACTED]	07-28-2019	K11-053U	FS AM
0003		79196-054	[REDACTED]	07-28-2019	K07-008L	FS AM
0004		01558-112	[REDACTED]	07-28-2019	K08-016L	FS AM
0005		85771-054	[REDACTED]	07-28-2019	K11-054L	FS AM
						SUICIDE OR
0006		86024-054	[REDACTED]	07-28-2019	K08-074L	FS AM
0007		90649-054	[REDACTED]	07-28-2019	K09-031L	FS PM
0008		06303-082	[REDACTED]	07-28-2019	K11-055U	FS AM
0009		79752-054	[REDACTED]	07-28-2019	K08-019U	FS AM
0010		85571-054	[REDACTED]	07-28-2019	K08-020U	FS AM
0011		01735-007	[REDACTED]	07-28-2019	K07-001L	FS AM
0012		86023-054	[REDACTED]	07-28-2019	K08-013U	FS AM
						UNASSG
0013		11714-052	[REDACTED]	07-28-2019	K11-052L	FS AM
0014		24772-057	[REDACTED]	07-28-2019	K08-024L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/28/19

COUNT TIME: 10 A.M.

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

LOCATION: HOSP

APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86764-054	KS	13.		
2.	86768-054	KS	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 2 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 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.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
09:28:35

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86764-054	[REDACTED]	07-28-2019	K12-065U	FS PM SUICIDE OR
0002		86768-054	[REDACTED]	07-28-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07/28/19

COUNT TIME: 10:00Am

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

LOCATION: Atty conf

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86943 -054	[Redacted]		13.		
2. 85984 -054	[Redacted]		14.		
3. 76318 -054	Epstein		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 1 G-S _____ H-A 1
I-N _____ K-N 1 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
09:38:57

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	85984-054	[REDACTED]	07-28-2019	K03-123U	UNIT 11N
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG
0003		86943-054	[REDACTED]	07-28-2019	G05-737U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 7-28-19
Count: 73 Time: 10AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 7/28/19
Count: 14 Time: 10 am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ATTY CONT Date: 7/28/19
Count: 3 Time: 10:00AM
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: B-A Date: 7/28/19
Count: 26 Time: 10:00A
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 7/28/19
Count: 2 Time: 10:00A
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/28/19
Count: 1 Time: 10:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/28/19
Count: 87 Time: 10:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/28/19
Count: 85 Time: 10:00am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7-28-19
Count: 10 Time: 10:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date: 7-28-19
 Count: 93 Time: 10:00 A.M.
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/28/19
 Count: 69 Time: 1000AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/28/2019
 Count: 91 Time: 10:00 AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7/28/19
 Count: 121 Time: 10 A.M.
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 7-28-2019
 Count: 87 Time: 10:00AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-28-19
 Count: 5 Time: 10:00 AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____