

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 W			V I S	OC UO TU
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	142	.	.	.	.	.	1	.	.	.	.	.	1	X	141 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1		762

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 1044

good verbal 1041 PM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-31-19

COUNT TIME: 1000 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: HSP

APPROVED: [Signature]
(Operations Lieutenant)

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

* 07-31-2019
21:15:34

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			07-31-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 07-31-19
Count: 84 Time: 10pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/31/19
Count: 10 Time: 1000pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/31/19
Count: 25 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/31/2019
Count: 92 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 07/31/19
Count: 70 Time: 10:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-31-19
Count: 82 Time: 1000pm
Print Name: T. K. [unclear]
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: LS Date: 7/31/19
Count: 141 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IX Date: 7/31/2019
Count: 89 Time: 1000pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/31/19
Count: 1 Time: 10:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/31/19
 Count: 73 Time: 10:00pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KD Date: 2/21/2019
 Count: 90 Time: 10:00pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 7-31-19
 Count: X Time: 10:00pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 7-31-19
 Count: 5 Time: 10:00pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____