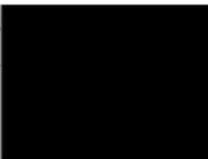


COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFI COUNT	COUNT AREA	
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R W			V I S
B-A	25	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	84 E-N
E-S	84	.	.	.	.	.	.	.	1	.	1	.	<del>X</del>	83 E-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	69 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	92 I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	91 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	69 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	760	.	.	.	.	.	.	.	1	.	1	.		759

COUNT  
VERIFY

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



*Load verb: 604pm*

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 07-31-19

COUNT TIME: 5:00 PM

FROM: ANDREA  
(Staff Member Preparing Out Count)

LOCATION: TNWDUR

APPROVED: \_\_\_\_\_  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.			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.

NYMFM 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 07-31-2019  
06:22:40

CATEGORY: OCT  
ASSIGNMENT: TNWDVR

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR			07-31-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: C-A / Date 7-31-19  
Count: 10 / Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HA / Date 7-31-19  
Count: 1 / Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: BA / Date 7-31-19  
Count: 25 / Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GN / Date 7/31/19  
Count: 69 / Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: E-S / Date 07/31/19  
Count: 83 / Time: 05:00

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: EN / Date 7/31/19  
Count: 84 / Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB / Date 7/31/19  
Count: 5 / Time: 5:00

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GS / Date 7/31/2019  
Count: 90 / Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: IN / Date 7/31/19  
Count: 92 / Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 7/31/19  
Count: 91 Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: 2A Date: 7/31/19  
Count: 69 Time: 5:00

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: INWDNR Date: 7/31/19  
Count: 1 Time: 3:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 7-31-19  
Count: 138 Time: 5:00 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_