

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 Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R V I S I T I V E			V O C A T I O N A L
B-A	25	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	1	.	.	.	.	.	.	1	X	83 E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	3	X	75 E-S
G-N	71	.	.	1	.	.	.	.	.	.	.	1	X	70 G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	X	88 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	88	2	.	1	.	.	.	.	.	.	.	3	X	85 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	142	.	.	.	1	11	1	.	.	.	.	13	X	129 K-S
R-A	2	.	.	.	.	.	.	.	.	.	.	.	X	2 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	2	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	761	4	.	2	2	14	1	.	.	.	.	23		738

COUNT VERIFY X X X X X

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

good verbal 439

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-1-19

COUNT TIME: 4:00pm

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

LOCATION: Hosp

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 89771-054	[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.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

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

Date: 07-31-2019

Count Time: 4:00 pm

From:

[Redacted]

(Staff Member Supervising Inmates)

Location: FNYE

Approved:

[Redacted]

(Operations Lieutenant)

REG.....
76539-067
39715-013

LN.....
[Redacted]

FN.....

QTR.....
G01-704U
I01-904L

B-A ___ C-A ___ E-N ___ E-S ___ G-N 1 G-S ___
H-A ___ I-N 1 K-N ___ K-S ___ R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 02

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 is to be used only as an Out Count.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
15:38:19

CATEGORY: OCT
ASSIGNMENT: FNYE

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	76539-067	[REDACTED]	08-01-2019	G01-704U	UNASSG
0002		39715-013	[REDACTED]	08-01-2019	I01-904L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

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

Date: 07-31-2019

Count Time: 4:00 pm

From: [REDACTED]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86553-054	[REDACTED]	YIRAN	E03-517U
68283-054	[REDACTED]	KARLIEK	K12-071U

B-A ___ C-A ___ E-N 1 E-S ___ G-N ___ G-S ___
H-A ___ I-N ___ K-N ___ K-S 1 R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 02

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 is to be used only as an Out Count.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
16:55:56

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	86553-054	[REDACTED]	08-01-2019	E03-517U	UNASSG
0002		68283-054	[REDACTED]	08-01-2019	K12-071U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/1/19

COUNT TIME: 400 PM

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

LOCATION: F/S

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	[REDACTED]	K-S	13. 79965-057	Thomas	K-S
2. 68683-066	[REDACTED]	E-S	14. 01735-007	Jattan	K-S
3. 86764-054	[REDACTED]	K-S	15.		
4. 51702-069	[REDACTED]	K-S	16.		
5. 76161-054	[REDACTED]	K-S	17.		
6. 86535-054	[REDACTED]	K-S	18.		
7. 50659-018	[REDACTED]	E-S	19.		
8. 86026-054	[REDACTED]	K-S	20.		
9. 86022-054	[REDACTED]	K-S	21.		
10. 08200-070	[REDACTED]	E-S	22.		
11. 85927-054	[REDACTED]	K-S	23.		
12. 79652-054	[REDACTED]	K-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 3 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S 11 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.

NYMBU 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
14:28:39

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FS

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]	08-01-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	[REDACTED]	08-01-2019	E12-593U	FS PM
0003		86764-054	[REDACTED]	08-01-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	[REDACTED]	08-01-2019	K09-025U	FS PM
0005		76161-054	[REDACTED]	08-01-2019	K07-007L	FS PM
0006		86535-054	[REDACTED]	08-01-2019	K11-053U	FS PM
0007		50659-018	[REDACTED]	08-01-2019	E07-556U	FS PM
0008		86026-054	[REDACTED]	08-01-2019	K12-061L	FS PM
0009		86022-054	[REDACTED]	08-01-2019	K12-078U	FS PM
0010		08200-070	[REDACTED]	08-01-2019	E09-571U	FS PM LAUNDRY 1
0011		85927-054	[REDACTED]	08-01-2019	K10-045U	FS PM
0012		01735-007	[REDACTED]	08-01-2019	K07-001L	FS AM
0013		79652-054	[REDACTED]	08-01-2019	K08-074U	FS PM
0014		79965-054	[REDACTED]	08-01-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
 NEW YORK, NY
 OFFICIAL OUT COUNT

DATE: 08-01-19

COUNT TIME: 4:00 pm

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

LOCATION: Atty Cont

APPROVED: _____
 (Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	91126-053	[Redacted]	IN	13.			
2.	86019-054	[Redacted]	IN	14.			
3.	76318-054	Epstein	ZA	15.			
4.	78514-054	[Redacted]	ZA	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 2 K-N _____ K-S _____ R-A _____ Z-A 2 Z-B _____

Total Out-Counted: 4

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count.
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 Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
15:50:29

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	91126-053	[REDACTED]	08-01-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-01-2019	Z04-206LAD	UNASSG
0003		86019-054	[REDACTED]	08-01-2019	I03-922U	UNASSG
0004		78514-054	[REDACTED]	08-01-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: 08-27-19
Count: 83 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date: Aug, 2019
Count: 10 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 08/01/19
Count: 25 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/2019
Count: 88 Time: 4:00PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/1/19
Count: 70 Time: 4:00PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/1/19
Count: 75 Time: 4:00PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8-1-2019
Count: 89 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IA Date: 8.1.2019
Count: 80 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 08/01/19
Count: 4 Time: 4:00pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 8/1/19

Count: 76 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: Aug 01, 2019

Count: 02 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KG Date: 8/1/2019

Count: 129 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FNYS Date: Aug 01, 2019

Count: 03 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date: 8/1/19

Count: 5 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FNXE Date: Aug 01, 2019

Count: 02 Time: 4:00 pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: MDSP Date: 08/01/19

Count: 1 Time: 4:00 pm

Print Name: Bernardson

Signature: _____

Print Name: F. Thomas

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ATK Date: 8/1/19

Count: 4 Time: 4:00 pm

Print Name: Z. Cooper

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FJS Date: 8-1-19

Count: 14 Time: 4:00 pm

Print Name: Smith

Signature: _____

Print Name: S. Chambers

Signature: S. Chamber