

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 V I S I T S			V I S I T S	OC UO TU
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87 E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	1	.	<del>X</del>	77 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78 G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	82 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	1 H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	761	.	.	.	.	.	1	.	.	.	.	1	.		760

COUNT  
VERIFY

OFFICIAL PREPARING COUNT:   
 OFFICIAL TAKING COUNT:   
 COUNT CLEARED TIME: 10<sup>48</sup> PM

*g/v* 10<sup>39</sup> PM

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-02-19

COUNT TIME: 10M

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

LOCATION: H25P

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78359033 Tisdale	E5	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.

NYMBE 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-02-2019  
20:29:19

CATEGORY: OCT  
ASSIGNMENT: HOSP

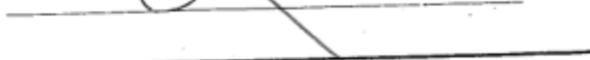
GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	78359-053	TISDALE	08-02-2019	E11-581U	EDUCATION SUICIDE OR

G0000      TRANSACTION SUCCESSFULLY COMPLETED

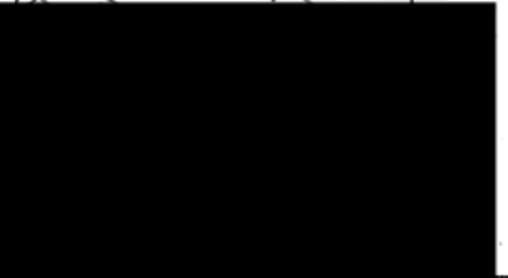
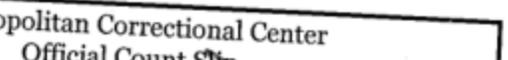
Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/2/19  
Count: 1 Time: 12:00 PM  
Print Name:   
Signature:   
Print Name:   
Signature: 

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/2/19  
Count: 1 Time: 10:00 PM  
Print Name:   
Signature:   
Print Name:   
Signature: 

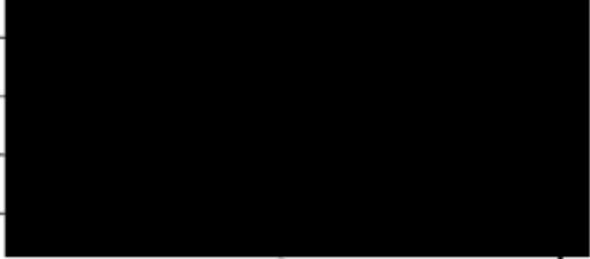
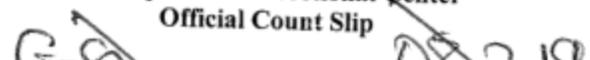
Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/2/19  
Count: 2 Time: 10:00 PM  
Print Name:   
Signature:   
Print Name:   
Signature: 

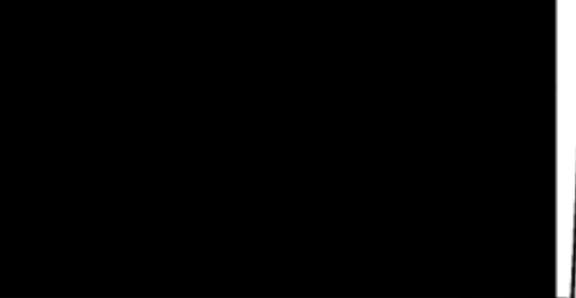
Metropolitan Correctional Center  
Official Count Slip

Unit: E3 Date: 08/02/2019  
Count: 77 Time: 10pm  
Print Name:   
Signature:   
Print Name:   
Signature: 

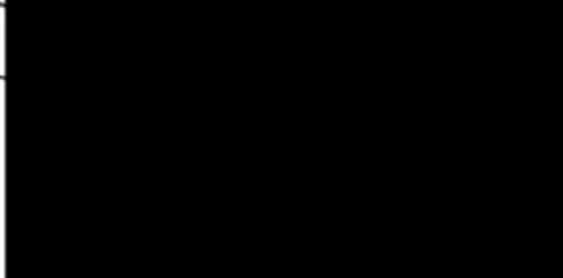
Metropolitan Correctional Center  
Official Count Slip

Unit: EW Date: 08-22-19  
Count: 87 Time: 10pm  
Print Name:   
Signature:   
Print Name:   
Signature: 

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/2/19  
Count: 10 Time: 10:00 PM  
Print Name:   
Signature:   
Print Name:   
Signature: 

Metropolitan Correctional Center  
Official Count Slip

Unit: G-9 Date: 08-2-19  
Count: 80 Time: 10:00 PM  
Print Name:   
Signature:   
Print Name:   
Signature: 

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8/2/19  
Count: 78 Time: 10 PM  
Print Name:   
Signature:   
Print Name:   
Signature: 

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 8/2/19  
Count: 88 Time: 10:00pm  
Print Name: K. Fife  
Signature: K. Fife  
Print Name: G. Adams  
Signature: [Signature]

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 8/2/2019  
Count: H2 Time: 10:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 8-2-19  
Count: 5 Time: 10:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8.2.19  
Count: 82 Time: 10:00pm  
Print Name: Noel  
Signature: [Signature]  
Print Name: [Redacted]  
Signature: [Redacted]

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/2/19  
Count: 77 Time: 10:00pm  
Print Name: [Redacted]  
Signature: [Redacted]  
Print Name: [Redacted]  
Signature: [Redacted]