

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 T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N I T A R Y	T R A N S I T I V E	V I S I T I N G			O C C U P I E D	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	.	X	86 E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 E-S
G-N	71	.	.	.	.	.	.	.	.	.	.	.	.	.	X	71 G-N
G-S	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	88	.	.	.	.	.	.	.	.	.	.	.	.	.	X	88 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	145	.	.	.	.	.	.	.	.	.	.	.	.	.	X	145 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	76	.	.	.	.	.	.	.	.	.	.	.	.	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	766	.	.	.	.	.	1	.	.	.	.	.	1	.		765

COUNT
VERIFY

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

336pm

GOOD VERBAL: 336pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/2/19

COUNT TIME:

3:00 AM

FROM:



(Staff Member Preparing Out Count)

LOCATION:

HOSP

APPROVED:

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	EN	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 1 E-S _____ 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.

NYMES 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-02-2019
01:59:29

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			08-02-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/2/19
Count: 1 Time: 7:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8/2/19
Count: 1 Time: 3:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/2/19
Count: 26 Time: 3:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/2/2019
Count: 78 Time: 0300AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 8/2/2019
Count: 86 Time: 0300AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/2/19
Count: 10 Time: 4⁰⁰PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/2/19
Count: 88 Time: 3⁰⁰AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

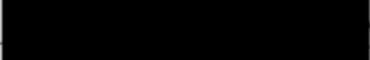
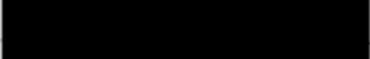
Metropolitan Correctional Center
Official Count Slip

Unit: GO Date 08-02-19
Count: 89 Time: 3:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

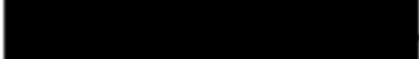
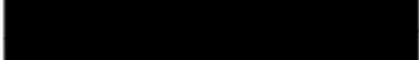
Metropolitan Correctional Center
Official Count Slip

Unit: 6N Date 8/2/19
Count: 71 Time: 300am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

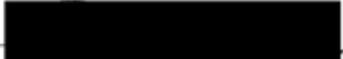
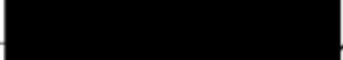
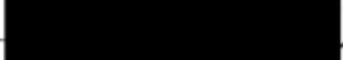
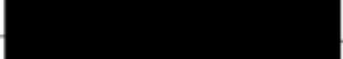
Metropolitan Correctional Center
Official Count Slip

Unit: 23 Date: 8/2/19
Count: 5 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

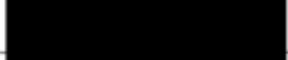
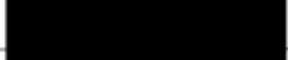
Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 8/2/19
Count: 26 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/2/2019
Count: 145 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 8.2.19
Count: 90 Time: 3 AM
Print Name: 
Signature: 
Print Name: 
Signature: 