

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 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 I D I V	T R A N S F E R S	V I S I T I O N S				O C C U P I E D B E D R O O M S		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	2	3	.	.	X	75	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	1	.	.	.	.	.	1	.	.	X	87	K-N
K-S	142	1	.	.	.	13	.	.	.	.	.	.	14	.	.	X	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	.	1	.	.	X	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	761	2	.	.	.	14	1	.	.	.	.	2	19	.	.		742	

COUNT
VERIFY

~~X~~ ~~X~~ ~~X~~

OFFICIAL PREPARING COUNT
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 10:49 A.M



Good Verbal: 10:43 A.M

CATEGORY: OCT
ASSIGNMENT: FS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	23789-057		08-03-2019	K07-008U	UNASSG
0002		15657-179		08-03-2019	B10-579L	WAREHOUSE
0003		61876-054		08-03-2019	K11-053U	FS AM
0004		79196-054		08-03-2019	K07-008L	FS AM
0005		01558-112		08-03-2019	K08-016L	FS AM
0006		85771-054		08-03-2019	K11-054L	FS AM
						SUICIDE OR
0007		86024-054		08-03-2019	K08-074L	FS AM
0008		86074-054		08-03-2019	K08-020L	FS AM
0009		76149-054		08-03-2019	K08-014L	FS AM
0010		06303-082		08-03-2019	K11-055U	FS AM
0011		79752-054		08-03-2019	K08-019U	FS AM
0012		85571-054		08-03-2019	K08-020U	FS AM
0013		01735-007		08-03-2019	K07-001L	FS AM
0014		11714-052		08-03-2019	K11-052L	FS AM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-3-19

COUNT TIME: 10:00AM

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

LOCATION: Hosp.

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	53634-424	KN	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 1 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.

NYMA3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
09:04:28

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	53634-424	[REDACTED]	08-03-2019	K03-122L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMA3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
09:29:25

CATEGORY: OCT
ASSIGNMENT: VISIT

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	VISIT	24263-052	[REDACTED]	08-03-2019	E07-553L	CMS CLERK
0002		85382-054	[REDACTED]	08-03-2019	E07-552U	CMS CLERK

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-3-19

COUNT TIME: 10⁰⁰ AM

FROM:  (Reporting Out Count)

LOCATION: Atty. Conf.

APPROVED:  (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86407-054		KS	13.		
2. 76318-054	Epstein	2A	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 1 Z-B _____

Total Out-Counted: 2

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.

NYMA3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-03-2019
09:30:02

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: ATTY

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	08-03-2019	Z04-206LAD	UNASSG
0002		86407-054	██████████	08-03-2019	K12-069L	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/3/2019

Count: 128 Time: 10:00am

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS Date: 8/3/19

Count: 14 Time: 10 Am

1. Print Name: _____

1. Signature: _____

2. Print Name: _____

2. Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: VIST Date: 08/03/2019

Count: 2 Time: 10:00 Am

1. Print Name: _____

1. Signature: _____

2. Print Name: _____

2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/3/19

Count: 76 Time: 10⁰⁰ Am

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-3-2019

Count: 82 Time: 10:00am

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 08/03/19

Count: 78 Time: 1000 Am

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date: 8-3-19

Count: 87 Time: 10:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Atty Conf. Date: 8-3-19

Count: 2 Time: 10⁰⁰ Am

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/3/19

Count: 87 Time: 10 A.M

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: E-5 Date: 8-3-2019
 Count: 75 Time: 10:00AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: CA Date: 8-3-19
 Count: 10 Time: 10⁰⁰AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: WOSP Date: 8-03-19
 Count: 1 Time: 10⁰⁰am
 Print Name: F. Olivas
 Signature: _____
 Print Name: _____
 Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: BA Date: 8-03-19
 Count: 26 Time: 10⁰⁰am
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: HA Date: 8-03-19
 Count: 1 Time: 10⁰⁰am
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: ZB Date: 8-3-19
 Count: 5 Time: 1000 AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____