

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 W			V I S	O C U O T U
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	86 E-N
E-S	83	.	.	.	.	.	1	.	.	.	.	1	.	<del>X</del>	82 E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	80 G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	80 G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	2 H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	83 I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	88 K-N
K-S	138	.	.	.	.	.	1	.	.	.	.	1	.	<del>X</del>	137 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	78 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	2	.		757

COUNT  
VERIFY

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

10<sup>45</sup>  
PM

9/11 10<sup>35</sup>  
PM

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 08-05-19

COUNT TIME: 1000 PM

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

LOCATION: Hosp

APPROVED: [Signature]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	E-S	13.		
2.	[Redacted]	ICS	14.		
3.	[Redacted]		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 1 R-A \_\_\_\_\_ Z-A \_\_\_\_\_ 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.

NYMAQ 530\*05 \*  
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INMATE ROSTER

\* 08-05-2019  
21:30:10

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			08-05-2019	E12-592U	FS PM SUICIDE OR
0002				08-05-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/5/19  
Count: 2 Time: 12:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/5/19  
Count: 2 Time: 10:02 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date: 8/5/19  
Count: 26 Time: 10:02 PM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 08-05-19  
Count: 82 Time: 1000 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: EW Date: 08-05-19  
Count: 86 Time: 10 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date: 8/5/19  
Count: 10 Time: 10 am

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ZB Date: 8.5.19  
Count: 5 Time: 10:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8/05/2019  
Count: 80 Time: 10:00 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GT Date: 8/5/19  
Count: 80 Time: 10 pm

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

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/5/19  
Count: 83 Time: 10:00 pm  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/5/19  
Count: 76 Time: 10:00  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 8-5-19  
Count: 137 Time: 10:00 PM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: AUG 5, 2019  
Count: 88 Time: 1000PM  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_