

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										OC UO TU N T	VERIFY COUNT	COUNT COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N W	T R V I S I T					
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	86	.	.	.	.	.	2	.	.	.	.	.	2	X	84	E-N
E-S	83	.	.	.	.	.	.	1	.	.	.	.	1	X	82	E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.	X	83	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	759	.	.	.	.	.	2	1	.	.	.	.	3		756	

COUNT
VERIFY

XX
OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 3³³
Good verbal 3³³ AM

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
02:41:17

CATEGORY: OCT
ASSIGNMENT: MS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	MS			08-06-2019	E07-551L	LAUNDRY 1

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/19

COUNT TIME: 3:00 AM

FROM: W. Harris
(Staff Member Preparing Out Count)

LOCATION: MS

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	ES	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.

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			08-06-2019	E05-535L	SUICIDE OR UNASSG
0002				08-06-2019	E06-546L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/2019

COUNT TIME: 3⁰⁰ AM

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

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	[REDACTED]	EN	13.		
2	[REDACTED]	EN	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 2 E-S _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ 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.

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/6/19
 Count: 82 Time: 3:00

Print Name: _____
 Signature: _____

Print Name: W. [unclear]
 Signature: [unclear]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08/06/19
 Count: 84 Time: 03:07

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/6/19
 Count: 10 Time: 3:05 AM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/6/19
 Count: 80 Time: 3:00 AM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BN Date: 8/6/19
 Count: 80 Time: 3:00 AM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/6/19
 Count: 83 Time: 3:00 AM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: AN Date: 8/6/19
 Count: 88 Time: 3:00 am

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date: 8/6/19
 Count: 5 Time: 3:00 PM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZX Date: 8/6/19
 Count: 7/8 Time: 3:00 AM

Print Name: _____
 Signature: _____

Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/16/19
 Count: 26 Time: 3:00 AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 4-5 Date: 8-16-19
 Count: 138 Time: 3:00 AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: MS Date: 8/16/19
 Count: 1 Time: 3:00 AM
 Print Name: M. Lewis
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 8/16/19
 Count: 2 Time: 3:00 AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/16/19
 Count: 2 Time: 3:00 AM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____