

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 I	S A N W I D I V	T R V I S I T O R S	V I S I T O R S			OC UO TU	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	86	.	.	.	1	.	1	.	.	.	.	.	2	.	X	84 E-N
E-S	82	.	.	.	.	3	.	.	.	.	.	.	3	.	X	79 E-S
G-N	78	.	.	.	1	.	.	.	.	.	.	.	1	.	X	77 G-N
G-S	81	.	.	.	2	.	.	.	.	.	.	.	2	.	X	79 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	1	.	.	.	.	.	.	.	.	.	.	1	.	X	83 I-N
K-N	89	1	.	.	1	.	.	.	.	.	.	.	2	.	X	87 K-N
K-S	136	.	.	.	.	9	.	.	.	.	.	.	9	.	X	127 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	.	2	.	X	76 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	758	4	.	.	5	12	1	.	.	.	.	.	22	.		736

COUNT
VERIFY

~~X~~ ~~XX~~ ~~X~~

OFFICIAL PREPARING COUNT

OFFICIAL TAKING COUNT

COUNT CLEARED TIME: 4:58 pm

Good Verbal: 4:57 pm

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF PRISONS

OFFICIAL COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 08-06-2019

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYS

(Staff Member Supervising Inmate Count)

Approved: [Signature]

pp

(Operations Lieutenant)

REG.....

LN.....

QTR.....



E06-545L
G01-702L
G11-783U
G11-786U
K04-129U

B-A ___ C-A ___ E-N ___ E-S ___ G-S 2
H-A ___ I-N ___ K-N 1 K-S ___ Z-A ___ Z-B ___

Total Out-Counted: 5

This Form must be submitted to the Counts and Reporting Officer FORTY-FIVE MINUTES PRIOR To The affected count. Prepare this form in inmate housing units according to their respective housing units. This is to be used only as an Out Count.

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS			08-06-2019	G11-783U	UNASSG
0002				08-06-2019	G11-786U	UNASSG
0003				08-06-2019	K04-129U	UNASSG
0004				08-06-2019	G01-702L	UNASSG
0005				08-06-2019	E06-545L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-06-19

COUNT TIME: 4:00 pm

FROM: *Thomas*
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	<i>EN</i>	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 _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: /

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 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
15:40:34

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	E01-501U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

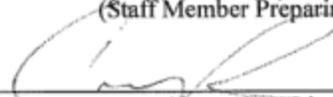
OFFICIAL OUT COUNT

DATE: 8-6-19

COUNT TIME: 400 PM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Att conf

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		IN	13.		
2.	76318054 Epstein	ZA	14.		
3.		KN	15.		
4.	78514054 Tartaglione	ZA	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 1 K-N 1 K-S _____ R-A _____ Z-A 2 Z-B _____

Total Out-Counted: _____

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 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
15:41:08

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY			08-06-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-06-2019	Z04-206LAD	UNASSG
0003				08-06-2019	K06-145U	UNASSG
0004		78514-054	TARTAGLIONE	08-06-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: K-N - Date: 08-06-2019 -
Count: 87 - Time: 4:00PM -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: 6N - Date: 8-6-19 -
Count: 77 - Time: 4pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 8/6/2019 -
Count: 127 - Time: 4:00pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA - Date: 8-6-2019 -
Count: 76 - Time: 7:00 PM -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNY S - Date: 08/06/2019 -
Count: 5 - Time: 4:00 PM -

1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: G-S - Date: 8-6-19 -
Count: 79 - Time: 4:00 pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EW - Date: 08-06-19 -
Count: 84 - Time: 4:00pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB - Date: 8-5-19 -
Count: 5 - Time: 4:00 pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date: 8/6/19 -
Count: 83 - Time: 4:00 -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date: 8/6/19 -
Count: 26 - Time: 4:00pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FS - Date: 8/6/19 -
Count: 12 - Time: 4pm -

1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Att conf - Date: 8/6/19 -
Count: 4 - Time: 4:00pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP - Date: 8/6/19 -
Count: 1 - Time: 4:00pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES - Date: 08-06-19 -
Count: 79 - Time: 4:00pm -

Print Name: Thomas
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 8/6/19 -
Count: 10 - Time: 4:00pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA - Date: 8/6/19 -
Count: 3 - Time: 4:00pm -

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____