

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

		O U T C O U N T S E C T I O N												
		A	F	F	F	F	H	M	R	S	T R	V	OC	
		T	N	N	N	S	O	S	&	A	N	I	UO	
		T	J	Y	Y		S		D	N	W	S	TU	
COUNT		Y		E	S		P		I	D	I	N	VERIFY	COUNT
AREA	CENSUS								V	T	T	T	COUNT	COUNT AREA

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	81 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	.	.	1	.	4	755

COUNT
VERIFY

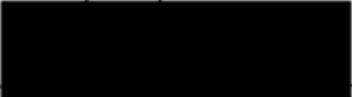
OFFICIAL PREPARING COUNT: XXXXXXXXXX
 OFFICIAL TAKING COUNT: XXXXXXXXXX
 COUNT CLEARED TIME: 5:25 AM
 good label: 5:22 AM

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/6/2019

COUNT TIME: 5:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86409054	BULLOCK EN	13.		
2.	86900054	WALKER 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.

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

*

08-06-2019
03:20:39

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86409-054	BULLOCK	08-06-2019	E05-535L	SUICIDE OR UNASSG
0002		86900-054	WALKER	08-06-2019	E06-546L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/6/19

COUNT TIME:

5:00 AM

FROM:



(Staff Member Preparing Out Count)

LOCATION:

Town Drive

APPROVED:

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	57084.056	Harrison 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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

8/6/19

COUNT TIME:

5⁰⁰ AM

FROM:

[Redacted]

(Staff Member Preparing Out Count)

LOCATION:

MS

APPROVED:

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	61881.054	Barnett 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: _____

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: HA Date: 8/6/19
Count: 2 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/6/19
Count: 2 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/6/19
Count: 26 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/6/19
Count: 8 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

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

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

Metropolitan Correctional Center
Official Count Slip

Unit: K25 Date: 8-6-19
Count: 158 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/6/19
Count: 8 Time: 5:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 08/06/19
Count: 8 Time: 0500

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

Metropolitan Correctional Center
Official Count Slip

Unit: C-A Date: 8/6/19
Count: 10 Time: 5:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: MS Date: 8/4/19
Count: 1 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: AS Date: 8-6-19
Count: 80 Time: 5:05 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KA Date: 8/6/19
Count: 82 Time: 5:02
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Taylor Date: 8/6/19
Count: 1 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TP Date: 8/6/19
Count: 83 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/6/19
Count: 84 Time: 5:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____