

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 AREA	
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R &	S A N D	T R V I W S I D V				
B-A	26	.	.	.	.	.	.	.	.	6	.	.	6	X	20 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	87	.	.	.	1	.	.	.	.	.	.	.	1	X	86 E-N
E-S	80	.	.	.	.	3	.	.	.	.	.	.	3	X	77 E-S
G-N	79	.	.	1	1	.	.	.	.	.	.	.	2	X	77 G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	84	.	.	.	2	.	.	.	.	.	.	.	2	X	82 I-N
K-N	89	.	.	1	.	.	.	.	.	.	.	.	1	X	88 K-N
K-S	139	.	.	1	2	11	1	.	.	.	.	.	15	X	124 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	78	1	.	.	.	.	.	.	.	.	.	.	1	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	1	.	3	6	14	1	.	.	6	.	.	31		729

COUNT
VERIFY

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

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

Good Verbal: 4:27 pm

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

Date: 08-07-2019

Count Time: 4:00 pm

From: [REDACTED]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: [REDACTED]

(Operations Lieutenant)

REG..... LN..... FN..... QTR...

77684-053
91752-053
76135-054

[REDACTED]
G01-701L
K06-142U
K08-017U

B-A___ C-A___ E-N___ E-S___ G-N_1___ G-S___

H-A___ I-N___ K-N_1___ K-S_1___ R-A___ Z-A___ Z-B___

Total Out-Counted: 3

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

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-07-2019
16:07:42

CATEGORY: OCT
ASSIGNMENT: FNYE

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	77684-053	[REDACTED]	08-07-2019	G01-701L	UNASSG
0002		91752-053	[REDACTED]	08-07-2019	K06-142U	UNASSG
0003		76135-054	[REDACTED]	08-07-2019	K08-017U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-07-19

COUNT TIME: 4:00 PM

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

LOCATION: MOSP

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85369-054	ICS	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 1 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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-07-2019
15:58:46

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	85369-054	[REDACTED]	08-07-2019	K11-053L	FS WAREHOU SUICIDE OR

|

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

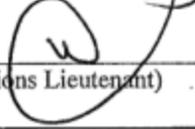
OFFICIAL OUT COUNT

DATE: Aug 7 2019

COUNT TIME: 4 PM

FROM: 

LOCATION: Commissary
SAW

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76049-054		BA	13.		
2. 76187054		BA	14.		
3. 56431479		BA	15.		
4. 85954054		BA	16.		
5. 86411054		BA	17.		
6. 76261054		BA	18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT
B-A 6 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: 6

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

* 08-07-2019
15:51:50

CATEGORY: OCT
ASSIGNMENT: SANI

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	SANI	76049-054	CARRILLO	08-07-2019	B01-202L	COMMISSARY UNASSG
0002		76187-054		08-07-2019	B01-218L	COMMISSARY
0003		56431-479		08-07-2019	B01-202U	COMMISSARY
0004		76261-054		08-07-2019	B01-218U	UNASSG
0005		85954-054		08-07-2019	B01-219U	COMMISSARY
0006		86411-054		08-07-2019	B01-201L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-7-19 COUNT TIME: 400pm
 FROM: [REDACTED] LOCATION: F/S
(Staff Member Preparing Out Count)
 APPROVED: [REDACTED]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	[REDACTED]	K-S	13. 76161-054	Granados	K-S
2. 08683-066	[REDACTED]	E-S	14. 86535-054	Kamara	K-S
3. 86764-054	[REDACTED]	K-S	15.		
4. 51702-069	[REDACTED]	K-S	16.		
5. 85976-054	[REDACTED]	K-S	17.		
6. 86026-054	[REDACTED]	K-S	18.		
7. 89673-053	[REDACTED]	E-S	19.		
8. 86022-054	[REDACTED]	K-S	20.		
9. 85927-054	[REDACTED]	K-S	21.		
10. 79652-054	[REDACTED]	K-S	22.		
11. 79965-054	[REDACTED]	K-S	23.		
12. 50659-018	[REDACTED]	E-S	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 3 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 11 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 14

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.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 08-07-2019

Count Time: 4:00 pm

From: [Redacted]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [Redacted]
PP

REG..... LN..... FN..... QTR.....

86796-054	[Redacted]	E06-545L
87071-054	[Redacted]	G06-747U
77980-054	[Redacted]	I01-904L
86516-054	[Redacted]	I03-923L
14661-479	[Redacted]	K10-047U
76326-054	[Redacted]	K09-029U

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

Total Out-Counted: 6

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 is to be used only as an Out Count.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY
OFFICIAL OUT COUNT**

DATE: 8-7-19

COUNT TIME: 4:00pm

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

LOCATION: Attorney Conf.

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	Epstein ZA	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 1 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 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	08-07-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date: 8/07/2019 -
Count: 82 - Time: 4:00pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA - Date: 8/7/19 -
Count: 77 - Time: 4:00pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Z-B - Date: 8/7/19 -
Count: 5 - Time: 4:00PM -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date: 8/7/19 -
Count: 20 - Time: 4:00pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: G-S - Date: 8-7-19 -
Count: 80 - Time: 4 pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA - Date: 8/7/19 -
Count: 3 - Time: 4:00pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Sani - Date: Aug 7 2019 -
Count: 6 - Time: 4 pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN - Date: 08-07-19 -
Count: 86 - Time: 4:00pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN - Date: 8/7/19 -
Count: 77 - Time: 4 pm -
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FMS - Date: 8/7/19 -
Count: 6 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: Atty - Date: 8/7/19 -
Count: 1 - Time: 4pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: F/S - Date: 8-7-19 -
Count: 14 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 8/7/19 -
Count: 10 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN - Date: 08-07-2019 -
Count: 88 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 8/7/2019 -
Count: 124 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 08-07-19 -
Count: 77 - Time: 4:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: HXP - Date: 8/7/19 -
Count: 1 - Time: 4:00pm

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FME - Date: 8/7/19 -
Count: 3 - Time: 4:00pm

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