

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	M S	R & D	S A N W I D I V	T R V I S I T S			V I S I T S	OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	.	X	79 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.	.	X	85 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	X	3 H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	X	86 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	137	.	.	.	.	.	2	.	.	.	.	.	2	.	X	135 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	.	X	77 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	.	2	.		757

COUNT
VERIFY

OFFICIAL PREPARING COUNT: XXXXXXXXXX

OFFICIAL TAKING COUNT:

COUNT CLEARED TIME: 10:44pm

Good Verbal: 10:37pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-08-19

COUNT TIME: 1000 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91349-053	Noba	KS	13.	
2.	85377-054	Weber	KS	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 2 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 *
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INMATE ROSTER

* 08-08-2019
20:22:02

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	91349-053	NOBOA	08-08-2019	K07-009L	FS AM SUICIDE OR
0002		85377-054	WEBER	08-08-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 08-08-19
Count: 84 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/8/19
Count: 10 Time: 1000pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/8/19
Count: 26 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-8-19
Count: 85 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date: 08-08-19
Count: 78 Time: 10:00PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-08-19
Count: 79 Time: 1000pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/8/19
Count: 89 Time: 10pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 8/8/2019
Count: 86 Time: 1000pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/8/19
Count: 3 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-8-19
Count: 77 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 08/08/19
Count: 135 Time: 10pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/8/19
Count: 2 Time: 10:00 PM

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

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-8-19
Count: 5 Time: 10:00PM

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