

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	S A N I T I D I V	T R A N S F E R S	V I S I T I O N S			OC UO TU N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	X	86	E-N
E-S	81	.	.	.	.	.	.	.	.	.	.	.	.	X	81	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.	X	79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	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	763	.	.	.	.	.	1	.	.	.	.	.	1		762	

COUNT
VERIFY

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



341 am

GOV VERBAL:

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/8/19

COUNT TIME: 3:00 AM

FROM: *E. J. [Signature]*
(Staff Member Preparing Out Count)

LOCATION: HOSP.

APPROVED: *[Signature]*
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	EN	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 1 E-S _____ 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.

NYMB5 530*05 *
PAGE 001 OF 001

INMATE ROSTER

08-08-2019
01:50:01

CATEGORY: OCT
ASSIGNMENT: HOSP
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT
GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP			08-08-2019	E03-519L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

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

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

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP / Date: 8-8-19
Count: 1 / Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA / Date: 8-8-19
Count: 26 / Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES / Date: 8/8/19
Count: 81 / Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: EN / Date: 08-08-2019
Count: 86 / Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA / Date: 8/8/19
Count: 10 / Time: 3:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date: 8/8/19
Count: 87 / Time: 3:00am

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

Metropolitan Correctional Center
Official Count Slip

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

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN / Date: 08/08/19
Count: 79 / Time: 0300

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

Metropolitan Correctional Center
Official Count Slip

Unit: 20 / Date: 8/8/19
Count: 5 / Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA / Date: 8/8/19
Count: 78 / Time: 3⁰⁰ AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KS / Date: 8/8/2019
Count: 138 / Time: 3:00 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: KN / Date: 8/8/19
Count: 88 / Time: 3:00 AM

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