

BUREAU OF PRISONS COUNT SHEET  
NEW YORK MCC  
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 Y	F N J	F N Y	F N Y	F N S	H O S	M S	R & D	S A N	T R W			V I S	O C U O T U	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	1	.	.	.	.	.	1	X	82	E-N
E-S	79	.	.	.	.	1	.	.	.	.	.	.	1	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	136	.	.	.	.	15	1	.	.	.	.	.	16	X	120	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	75	1	.	.	.	.	.	.	.	.	.	.	1	X	74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	756	1	.	.	.	16	2	.	.	.	.	.	19		737	
COUNT VERIFY		X				X	X									

OFFICIAL PREPARING COUNT [REDACTED]  
OFFICIAL TAKING COUNT [REDACTED]  
COUNT CLEARED TIME: 11:10am

*[Signature]*  
GOOD VERBAL: 11:04AM

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-11-19

COUNT TIME: 10:00

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

LOCATION: AA7

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78514-054 Tortagline	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.

NYMBH 530\*05 \* INMATE ROSTER \* 08-11-2019  
PAGE 001 OF 001 09:38:26

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	78514-054	TARTAGLIONE	08-11-2019	Z05-124LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED



INMATE ROSTER

CATEGORY: OCT  
ASSIGNMENT: FS

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT      OPER CATG ASSIGNMENT      OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	15657-179	GONZALEZ	08-11-2019	E10-579L	WAREHOUSE
0002		86046-054	HUDSON	08-11-2019	K07-011U	FS AM
0003		76235-054	JIMENEZ-GONZALEZ	08-11-2019	K09-031U	FS AM
0004		61876-054	JOHNSON	08-11-2019	K11-053U	FS AM
0005		79196-054	KOURANI	08-11-2019	K07-008L	FS AM
0006		01558-112	MANSON	08-11-2019	K08-016L	FS AM
0007		85771-054	MILLER	08-11-2019	K11-054L	FS AM
						SUICIDE OR
0008		76149-054	PRICE	08-11-2019	K08-014L	FS AM
0009		06303-082	RIVERA	08-11-2019	K11-055U	FS AM
0010		79752-054	RIVERO	08-11-2019	K08-019U	FS AM
0011		85571-054	SALEH	08-11-2019	K08-020U	FS AM
0012		01735-007	SATTAN	08-11-2019	K07-001L	FS AM
0013		86023-054	SUCRE	08-11-2019	K08-013U	FS AM
						UNASSG
0014		11714-052	TABOADA	08-11-2019	K11-052L	FS AM
0015		79847-054	TOWNZEN	08-11-2019	K11-060L	PLUMBING
0016		85369-054	WOOLASTON	08-11-2019	K11-053L	FS WAREHOU
						SUICIDE OR

G0000      TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19

COUNT TIME: 10 AM

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

LOCATION: Hosp

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86700-054 CONLEY	EN	13.		
2.	77863-112 BANG	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 1 E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S 1 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.

NYMBH 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-11-2019  
09:06:52

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	77863-112	BANG	08-11-2019	K12-062U	FS PM SUICIDE OR
0002		86700-054	CONLEY	08-11-2019	E03-524U	SUICIDE OR UNASSG

G0000      TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: FSI Date: 8/11/19  
 Count: 16 Time: 10:00 am

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: Hoip Date: 8/11/19  
 Count: 2 Time: 10:00 am

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: K-1A Date: 8/11/19  
 Count: 2 Time: 10:00 am

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ZB Date: 8-11-19  
 Count: 5 Time: 10:00 AM

1. Print Name: \_\_\_\_\_  
 1. Signature: \_\_\_\_\_  
 2. Print Name: \_\_\_\_\_  
 2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: AAA Date: 8-11-19  
 Count: 1 Time: 10:00

1. Print Name: \_\_\_\_\_  
 1. Signature: \_\_\_\_\_  
 2. Print Name: \_\_\_\_\_  
 2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: K-9 Date: 8-11-19  
 Count: 120 Time: 10:00 AM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date: 8/11/19  
 Count: 86 Time: 10 A.M.

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 9/11/19  
 Count: 74 Time: 10:00 AM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: K-N Date: 8-11-2019  
 Count: 89 Time: 10:00 AM

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: E-N / Date 8/11/19

Count: 82 / Time: 1004

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GN / Date 8-11-19

Count: 78 / Time: 10:00 am

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GS / Date 8/11/19

Count: 87 / Time: 10:00

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: B-A / Date 8/11/19

Count: 26 / Time: 10:00 A

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: CA / Date 8-11-19

Count: 10 / Time: 10:00 am

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ES / Date 8/11/19

Count: 78 / Time: 10 AM

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_