

530.03 *

BUREAU OF PRISONS COUNT SHEET

* 08-11-2019

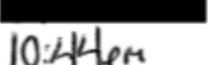
1

*
NEW YORK MCC
QTRG EQ **** OCTG EQ ****

* 21:23:49

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 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 D I V	T R V S T					
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	.	.	.	.	.	.	.	.	.	.	.	.	X	136	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	756	.	.	.	.	2	.	.	.	.	.	2	.		754	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 10:44pm

good VERBAL - 10:36pm

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-11-12

COUNT TIME: 16:00 pm

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

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	5S	13.		
2.	[REDACTED]	5N	14.		
3.	[REDACTED]		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 1 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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-11-2019
21:23:08

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			08-11-2019	E05-539L	SUICIDE OR UNASSG
0002				08-11-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: CB Date: 8/11/19

Count: 5 Time: 10pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: BN Date: 08/11/2019

Count: 89 Time: 10:00

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/11/2019

Count: 87 Time: 10:00pm

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

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-11

Count: 78 Time: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/11/19

Count: 10 Time: 10:00 PM

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: _____

Count: 78 Time: _____

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

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date 8/11/19
Count: 26 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 8/11/19
Count: 82 Time: 10:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: DIA Date 8.11.19
Count: 26 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8.11.19
Count: 72 Time: 10:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

