

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 I T Y	T R V I D I V I D U A L I T Y	V I S I T I O N S			OC UO TU N 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	83	.	.	.	.	.	1	.	.	.	.	.	1	X	82	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	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	139	.	.	.	.	.	.	.	.	.	.	.	.	X	139	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	765	.	.	.	.	.	2	.	.	.	.	.	2		763	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: XXXXXXXXXX
 OFFICIAL TAKING COUNT: XXXXXXXXXX
 COUNT CLEARED TIME: 10590

GU 1054

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 08-12-19

COUNT TIME: 1000 pm

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

LOCATION: Hosp

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	EN	13.		
2.	[Redacted]	ES	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

* 08-12-2019
21:23:47

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			08-12-2019	E05-539L	SUICIDE OR UNASSG
0002				08-12-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/12/19
 Count: 10 Time: 10pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 08/12/2019
 Count: 89 Time: 10:00pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 08/12/19
 Count: 139 Time: 10pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/12/2019
 Count: 88 Time: 1000PM
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: G-OX Date: 8/12/19
 Count: 78 Time: 1000pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FN Date: 8/12/19
 Count: 86 Time: 1000pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/12/19
 Count: 3 Time: 10:00pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/12/19
 Count: 75 Time: 10:00pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8.12.19
 Count: 5 Time: 10:00pm
 1. Print Name: _____
 1. Signature: _____
 2. Print Name: _____
 2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/12/19
Count: 26 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/12/19
Count: 2 Time: 10:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date 08-12-19
Count: 82 Time: 10pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-12-19
Count: 82 Time: 1000pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____