

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	COUNT COUNT	AREA		
		A T Y	F N J	F N Y	F N Y	F N Y	H S P	M S	R & D	S A N	T R V I S I T				V O T E	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	2	.	.	.	.	.	2	X	81	E-N
E-S	79	.	.	.	.	.	.	.	.	.	.	.	.	X	79	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	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	136	.	.	.	.	.	1	.	.	.	.	.	1	X	135	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	757	.	.	.	.	.	3	.	.	.	.	.	3		754	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 3:20/AM

Good verbal @ 3:20/AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

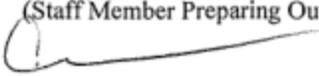
OFFICIAL OUT COUNT

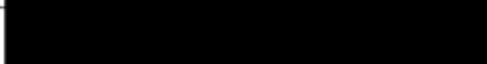
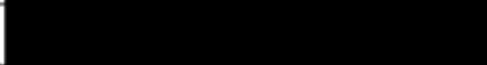
DATE: 8/12/19

COUNT TIME: 3:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		11S	13.		
2.		5N	14.		
3.		5N	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 (2) E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S (1) R-A _____ Z-A _____ Z-B _____

Total Out-Counted: (3)

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.

NYMBB 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-12-2019
02:16:45

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: HOSP

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	E05-535L	SUICIDE OR UNASSG
0002				08-12-2019	E03-519L	SUICIDE OR UNASSG
0003				08-12-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB / Date: 8/12/19
Count: 5 / Time: 3:00

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: WSP / Date: 8/12/19
Count: 3 / Time: 3am

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: HA / Date: 8/12/19
Count: 3 / Time: 3am

1. Print Name: [Redacted]
1. Signature: [Redacted]
2. Print Name: [Redacted]
2. Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date: 8/12/19
Count: 86 / Time: 3:00 am

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA / Date: 8/12/19
Count: 75 / Time: 3:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K-S / Date: 8.12.19
Count: 135 / Time: 3:00 AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: G-N / Date: 8/12/19
Count: 78 / Time: 3:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 65 / Date: 8-12-19
Count: 87 / Time: 3:00AM

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN / Date: 08/12/2019
Count: 89 / Time: 3:00am

Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

**Metropolitan Correctional Center
New York, New York** ✱
Official Count Slip

Unit: BA Date: 8/12/19
 Count: 26 Time: 3am

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

Metropolitan Correctional Center ✱
Official Count Slip

Unit: CA Date: 8/12/19
 Count: 10 Time: 3⁰⁰am

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

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08/12/19
 Count: 79 Time: 3am

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

Metropolitan Correctional Center ✱
Official Count Slip

Unit: EN Date: 8-12-19
 Count: 81 Time: 3⁰⁰am

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