

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 T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R N W	V I S			O C U O T U		
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	10	C-A
E-N	83	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>/</del>	82	E-N
E-S	83	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>/</del>	82	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	78	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	88	G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	3	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	89	K-N
K-S	139	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	139	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	0	R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>/</del>	5	Z-B
TOTAL	765	.	.	.	.	.	2	.	.	.	.	.	2	.		763	

COUNT VERIFY

OFFICIAL PREPARING COUNT:   
OFFICIAL TAKING COUNT:  
COUNT CLEARED TIME: 12:34 am

Grand Verbal 12:33 am

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

**OFFICIAL OUT COUNT**

DATE: 8-12-19

COUNT TIME: 12<sup>01</sup>am

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

LOCATION: Hosp

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85621054 Jarres	ES	13.		
2.	85918054 Gamma	EN	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 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.

NYMDL 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-12-2019  
23:05:26

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	85918-054	GAMA-PINEDA	08-12-2019	E03-519L	SUICIDE OR UNASSG
0002		85621-054	TORRES	08-12-2019	E09-566U	GM CARP SUICIDE OR

G0000      TRANSACTION SUCCESSFULLY COMPLETED

NYMBQ 520.17 \*  
PAGE 001 OF 001

APPLY FUTURE ASSIGNMENTS

\*

08-13-2019  
00:55:00

EFFECTIVE DATE: 08-13-2019  
SELECTION CATEGORY:

P5042

TRANSACTION REJECTED - FUTURE ASSIGNMENTS EXIST ON 08-09-2019

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/13/19  
 Count: 75 Time: 12:01 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KS Date: 8/13/19  
 Count: 139 Time: 12:01

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

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ZB Date: 8.13.19  
 Count: 5 Time: 12:01 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8/13/19  
 Count: 88 Time: 12:01 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date: 08/13/2019  
 Count: 89 Time: 12:01 am

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

Metropolitan Correctional Center  
Official Count Slip

Unit: JH Date: 8/13/19  
 Count: 86 Time: 12:01 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8.13.19  
 Count: 78 Time: 12:01 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 8/13/19  
 Count: 89 Time: 12:01

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

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date: 8/13/19  
 Count: 3 Time: 12:01 AM

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

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date 8/13/19  
Count: 10 Time: 12:01 Am  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: EW Date 8/13/19  
Count: 82 Time: 12<sup>01</sup> Am  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date 8/13/19  
Count: 26 Time: 12:01 Am  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date 8/13/19  
Count: 7 Time: 12:01 Am  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_