

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											VERIFIY COUNT	COUNT AREA		
		A T 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 N	V I S			O C U O T U N	
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	10 C-A
E-N	77	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	76 E-N
E-S	81	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	80 E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	79 G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	87 G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	3 H-A
I-N	85	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	85 I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	91 K-N
K-S	143	.	.	.	.	.	1	.	.	.	.	.	1	.	<del>X</del>	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	0 R-A
Z-A	70	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	70 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	<del>X</del>	5 Z-B
TOTAL	757	.	.	.	.	.	3	.	.	.	.	.	3	.	<del>X</del>	754

OFFICIAL PREPARING COUNT: [REDACTED]  
 OFFICIAL TAKING COUNT: [REDACTED]  
 COUNT CLEARED TIME:

Gu \_\_\_\_\_

**METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY**

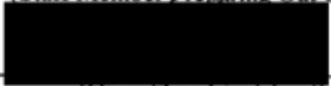
**OFFICIAL OUT COUNT**

DATE: 08-14-19

COUNT TIME: 1000 PM

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: Hosp

APPROVED:   
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	89763-053	Mersly ES	13.		
2.	78107-054	English EN	14.		
3.	91349-053	Noboa KS	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 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.

NYMAQ 530\*05 \*  
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INMATE ROSTER

\* 08-14-2019  
21:12:47

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	78107-054	ENGLISH	08-14-2019	E05-539L	SUICIDE OR UNASSG
0002		89673-053	MERSEY	08-14-2019	E12-592U	FS PM SUICIDE OR
0003		91349-053	NOBOA	08-14-2019	K07-009L	FS AM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center  
Official Count Slip

Unit: EN Date 8/14/2019  
 Count: 76 Time: 1000pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: IN Date 8/14/19  
 Count: 85 Time: 10:00PM  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
New York, New York  
Official Count Slip

Unit: ZB Date: 8-14-19  
 Count: 5 Time: 10:00pm  
 1. Print Name: \_\_\_\_\_  
 1. Signature: \_\_\_\_\_  
 2. Print Name: \_\_\_\_\_  
 2. Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: BA Date 8/14/19  
 Count: 26 Time: 10:00PM  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HA Date 8/14/19  
 Count: 3 Time: 10:00pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ES Date: 08-14-19  
 Count: 80 Time: 1000pm  
 Print Name: Thomas  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: CA Date 8/14/19  
 Count: 10 Time: 1000pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: KN Date 08/14/19  
 Count: 90 Time: 10:00pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: ZA Date: 8/14/19  
 Count: 70 Time: 10:00pm  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: HOSP Date: 8/14/19

Count: 3 Time: 10:00 PM

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: K-9 Date: 08-14-19

Count: 142 Time: 10:00 PM

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GN Date: 8/14/19

Count: 79 Time: 10 PM

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Metropolitan Correctional Center  
Official Count Slip

Unit: GS Date: 8/14/19

Count: 87 Time: 10 PM

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_