

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 W I D V	T R V I S I T	V O C A L T U N T				
B-A	24	.	.	.	.	.	.	.	.	.	.	.	.	X	24	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	82	.	.	.	.	.	1	.	.	.	.	.	1	X	81	E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86	I-N
K-N	91	.	.	.	.	.	1	.	.	.	.	.	1	X	90	K-N
K-S	140	.	.	.	.	.	1	.	.	.	.	.	1	X	139	K-S
R-A	3	.	.	.	.	.	.	.	.	.	.	.	.	X	3	R-A
Z-A	64	.	.	.	.	.	.	.	.	.	.	.	.	X	64	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	759	.	.	.	.	.	3	.	.	.	.	.	3		756	
COUNT VERIFY		X														

OFFICIAL PREPARING COUNT [REDACTED]
 OFFICIAL TAKING COUNT [REDACTED]
 COUNT CLEARED TIME: 0335 AM

Good Verbal: 334 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/14/19

COUNT TIME: 3:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		11N	13.		
2.		11S	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 1 E-S 2 G-N _____ G-S _____ H-A _____
I-N _____ K-N 1 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.

NYMDK 530*05 *
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INMATE ROSTER

* 08-14-2019
02:47:11

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			08-14-2019	K05-133U	SUICIDE OR UNASSG
0002				08-14-2019	E03-519L	SUICIDE OR UNASSG
0003				08-14-2019	K11-053L	PS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: RA Date: 8-14-19

Count: 3 Time: 3:00 AM

Print Name: A. [Signature]

Signature: [Signature]

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-14-19

Count: 4 Time: 3:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8-14-19

Count: 24 Time: 3:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-14-19

Count: 3 Time: 3:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/14/19

Count: 10 Time: 3:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IA Date: 8/14/19

Count: 86 Time: 3:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CS Date: 8/14/19

Count: 85 Time: 3:00 AM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 23 Date: 8/14/19
Count: 5 Time: 3:00
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EAJ Date: 08/14/19
Count: 81 Time: 03:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8/14/19
Count: 82 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-14-19
Count: 64 Time: 3:00 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KWJ Date: 08/14/2019
Count: 90 Time: 3:00am
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/14/19
Count: 131 Time: 3:00
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GAD Date: 8/14/19
Count: 80 Time: 3 A.M.
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____