

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/14/19

COUNT TIME: 5:00 A.M

FROM: 
(Staff Member Preparing Out Count)

LOCATION: T1W1N DVR

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		<u>ES</u>	13.		
2.			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 _____ E-S / G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: /

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 *
PAGE 001 OF 001

INMATE ROSTER

* 08-14-2019
04:51:03

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: TNWDVR

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 TNWDVR [REDACTED]

OCT DATE QTR WRK
08-14-2019 E08-561L TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

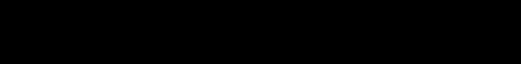
DATE: 8/14/19

COUNT TIME: 5:00 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 _____ 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 *
PAGE 001 OF 001

INMATE ROSTER

* 08-14-2019
04:52:06

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

G0000

TRANSACTION SUCCESSFULLY COMPLETED

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										V E R I F Y C O U N T	C O U N T A R E A		
		A 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 W			V I S	O C U O T U
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	.	.	.	.	.	.	.	.	1	.	1	X	81	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	0	.	.	.	.	.	.	.	.	.	.	.	0	0	R-A
Z-A	64	.	.	.	.	.	.	.	.	.	.	.	X	64	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	756	.	.	.	.	.	3	.	.	.	1	.	4	752	
COUNT VERIFY							X				X				

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 5:27 AM

good verbal: 5:26 AM

Metropolitan Correctional Center
Official Count Slip

Unit: TAJ Date: 8/14/19
Count: 86 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/14/19
Count: 10 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8.14.19
Count: 24 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8.14.19
Count: 104 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/14/19
Count: 3 Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/14/19
Count: 4 Time: 5:00
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: 5:00
1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 8/14/19
Count: 87 Time: 0500
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: TWDVR Date: 8/14/19
Count: X Time: 5:00AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

**Metropolitan Correctional Center
Official Count Slip**

Unit: ES Date: 8/14/19
 Count: 81 Time: 5:00AM

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

**Metropolitan Correctional Center
Official Count Slip**

Unit: ES Date: 8/14/19
 Count: 13A Time: 8:00

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

**Metropolitan Correctional Center
Official Count Slip**

Unit: KN Date: 08/14/2019
 Count: 90 Time: 5:00am

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

**Metropolitan Correctional Center
Official Count Slip**

Unit: GS Date: 8-14-19
 Count: 88 Time: 5:00AM

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

**Metropolitan Correctional Center
Official Count Slip**

Unit: GN Date: 8/14/19
 Count: 80 Time: 5AM

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

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