

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 P	M S	R & D I	S A N I T I V	T R A N S F E R	V I S I T I O N			O C C U P I E D
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	1	X	83 E-N
E-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82 E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89 I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	X	90 K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1		762

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 3:36 AM

GOOD VERBAL 3:35 AM

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-01-2019
03:16:25

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	08-01-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19

COUNT TIME: 3:00 AM

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

LOCATION: H-5B

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85918-054	Gamma-Pineda E-N	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 1 E-S _____ G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 1

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.

Metropolitan Correctional Center
Official Count Slip

Unit: E-N Date 8-01-2019
Count: 83 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/1/19
Count: 10 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8-1-19
Count: 25 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 8/1/19
Count: 92 Time: 3:00AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date 8-1-19
Count: 70 Time: 3 AM

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

Metropolitan Correctional Center
Official Count Slip

Unit: F-S Date 8/1/19
Count: 82 Time: 3:00am

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

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 8-1-19
Count: 73 Time: 3:00AM

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

metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 8/1/19
Count: 5 Time: 3:00

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

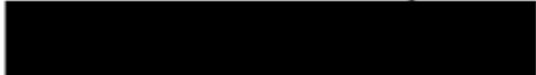
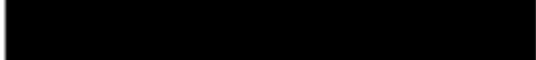
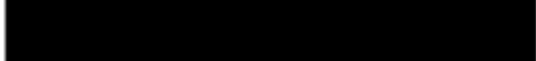

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/1/19
Count: 89 Time: 3:00AM

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

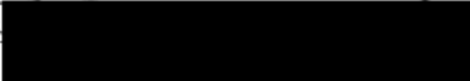
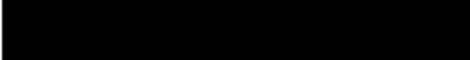
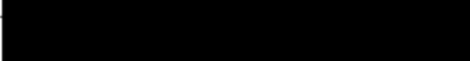

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/1/19
Count: 142 Time: 3:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 

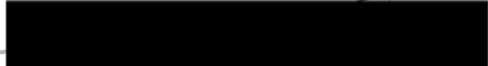
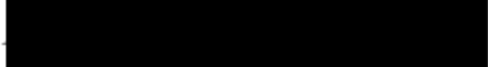
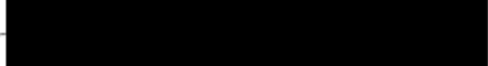

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/1/19
Count: 90 Time: 3:00 AM

Print Name: 
Signature: 
Print Name: 
Signature: 


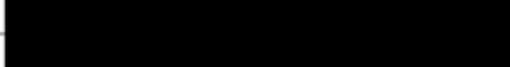
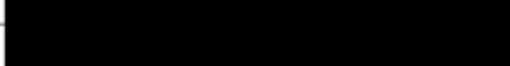
Metropolitan Correctional Center
Official Count Slip

Unit: HoSP Date: 8-1-19
Count: 1 Time: 3:00am

Print Name: 
Signature: 
Print Name: 
Signature: 

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-1-19
Count: 1 Time: 3:00am

Print Name: 
Signature: 
Print Name: 
Signature: 