NYMRS 530*05 * INMATE ROSTER * 07-24-2019
PAGE 001 OF 001 03:14:06

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: R&D FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	R&D	86268-054	AYLLON	07-24-2019	G06-741L	UNASSG
0002		43667-007	REESE	07-24-2019	G09-768L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19 **COUNT TIME:** 3:00AM

FROM: [redacted] **LOCATION:** 7 D
(Staff Member Preparing Out Count)

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	[redacted]	Milton	G-N
2.		Reese	G-S
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

	REG #	NAME	UNIT
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N	1	G-S	1	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.

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-24-19
Count: 1 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-24-19
Count: 1 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-24-19
Count: 26 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: E-5 Date 9/24/19
Count: 86 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/24/19
Count: 81 Time: 3:00
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: C-A Date 7/24/19
Count: 10 Time: 3 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/24/19
Count: 92 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/24/2019
Count: 91 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/24/19
Count: 76 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: R-D Date: 7/24/19

Count: 2 Time: 300AM

1. Print Name: [redacted]
1. Signature:
2. Print Name:
2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7/24/19

Count: 5 Time: 3:00 AM

Print Name: [redacted]
Signature:
Print Name:
Signature

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/24/19

Count: 69 Time: 3:00 AM

Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K S Date 7-24-19

Count: 138 Time: 300 AM

Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/24/19

Count: 93 Time: 3 A.M.

Print Name: [redacted]
Signature:
Print Name:
Signature

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-24-2019
PAGE 001 * NEW YORK MCC * 16:02:55
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	OFNYS	OFSP	HOSP	MSD	R&D	SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88	E-N
E-S	85	.	.	1	.	6	.	.	.	.	.	.	7		78	E-S
G-N	76	.	.	.	1	.	.	.	.	.	.	.	1		75	G-N
G-S	91	.	.	1	.	.	.	.	.	.	.	.	1		90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	.	1		0	H-A
I-N	92	.	.	.	2	.	.	.	.	.	.	.	2		90	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.		92	K-N
K-S	138	.	.	.	.	10	.	.	.	.	.	.	10		128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	68	1	.	.	.	.	.	.	.	.	.	.	1		67	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	772	2	.	2	3	16	.	.	.	.	.	.	23		749	
COUNT VERIFY		X		X	X	X										

OFFICIAL PREPARING COUNT: Montoya
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 4:53 pm
Good Verbal: 4:41 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 7/24/2019 TIME: 4:00PM

FROM: [redacted]
Staff Supervising Out-Count

LOCATION: E/S

	Number	Name	Unit		Number	Name	Unit
1	86026-054	MERCHANT	KS	21			
2	60685-050	DOCKERY	ES	22			
3	50659-018	KIRK	ES	23			
4	85927-054	ROMERO-GRA	KS	24			
5	51702-069	ESTRADA	KS	25			
6	68683-066	CLARK	ES				
7	01735-007	SATTAN	KS	27			
8	85976-054	MARTINEZ	KS	28			
9	86535-054	KAMARA	KS	29			
10	89673-053	MERSEY	ES	30			
11	79652-054	THOMAS	KS	31			
12	84831-054	GUPTAL	ES	32			
13	79965-054	THOMAS	KS	33			
14	85369-054	WOOLASTON	KS	34			
15	15657-179	GONZALEZ	ES	35			
16	86022-054	REINGOLD	KS	36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS BY UNIT:

B-A
C-A
E-N
E-S 6
G-N
G-S
I-N
K-S 10
K-N
Z-A
Z-B
R-A
H-A

TOTAL ON OUT-COUNT: 16

[redacted]

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMBQ 530*05 * INMATE ROSTER * 07-24-2019
PAGE 001 OF 001 15:20:40

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	68683-066	CLARK	07-24-2019	K12-593U	FS PM
0002		60685-050	DOCKERY	07-24-2019	E07-549U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	07-24-2019	K09-025U	FS PM
0004		15657-179	GONZALEZ	07-24-2019	E10-579L	WAREHOUSE
0005		84831-054	GUPTA	07-24-2019	E07-549U	SAFETY
0006		86535-054	KAMARA	07-24-2019	K11-053U	FS PM
0007		50659-018	KIRK	07-24-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	07-24-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	07-24-2019	K12-061L	FS PM
0010		89673-053	MERSKY	07-24-2019	K12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	07-24-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	07-24-2019	K10-045U	FS PM
0013		01735-007	SATTAN	07-24-2019	K07-001L	FS AM
0014		79652-054	THOMAS	07-24-2019	K08-074U	FS PM
0015		79965-054	THOMAS	07-24-2019	K10-044L	FS PM
0016		85369-054	WOOLASTON	07-24-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-24-2019 **Count Time:** 4:00 pm

From: [redacted]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [redacted]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
79417-054	WILLIAMS	JIHAD	G06-746L
85759-054	SANCHEZ	RAY	I05-937U
90914-054	GARCIA	BRIAN	I05-935U

B-A ___ C-A ___ E-N___ E-S ___ G-N___ G-S 1___
H-A ___ I-N 2___ K-N___ K-S ___ 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 is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 07-24-2019
PAGE 001 OF 001 16:14:06

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	90914-054	GARCIA	07-24-2019	I05-935U	UNASSG
0002		85759-054	SANCHEZ	07-24-2019	I05-937U	UNASSG
0003		79417-054	WILLIAMS	07-24-2019	G06-746L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center

New York, New York 10007

Date: 07-24-2019

Count Time: 4:00 pm

From: [redacted]

Location: FNYE

(Staff Member Supervising Inmates)

Approved: [redacted]

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR...
89520-053	CONTRERAS	JHONNY	G10-779U
89579-053	LAMARCO	DANIEL	E10-576L

B-A____ C-A___ E-N ___ E-S___1__ G-N_____ G-S _1__

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 account. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 07-24-2019
PAGE 001 OF 001 16:14:33

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYE FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	89520-053	CONTRERAS	07-24-2019	G10-779U	UNASSG
0002		89579-053	LAMARCO	07-24-2019	R10-576L	FS WAREHOU

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19 COUNT TIME: 4:00 PM

FROM: [redacted] LOCATION: Atty-Conf.

(S

APPROVED: [redacted]

(Operations Lieutenant)

REG #	NAME	UNIT
1. 76318-054	EPSTEIN	HA
2. 78514-054	TARTAGLIONE	Z-A
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N		G-S		H-A	1
I-N		K-N		K-S		R-A		Z-A	1	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.

NYMAQ 530*05 * INMATE ROSTER * 07-24-2019
PAGE 001 OF 001 15:37:50

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-24-2019	H01-001L	UNASSG
0002		78514-054	TARTAGLIONE	07-24-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 14S Date 7-24-19
Count: 128 Time: 4:00PM
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 7/24/19
Count: 92 Time: 4:00pm
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/24/2019
Count: 90 Time: 400pm
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/24/2019
Count: 90 Time: 4:00pm
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature: [redacted]

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/24/19
Count: 67 Time: 4:00pm
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-24-19
Count: 5 Time: 400pm
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 6N Date 7/24/19
Count: 75 Time: 400 pm
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 5S Date: 07-24-19
Count: 78 Time: 400pm
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature: [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 5N Date 07-24-19
Count: 88 Time: 400PM
Print Name: [redacted]
Signature: [redacted]
Print Name: [redacted]
Signature [redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYE - Date: 07/24/2019

Count: 2 - Time: 4:00 PM

1. Print Name: [redacted]
1. Signature:
2. Print Name:
2. Signature:

2.

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date 7/24/19 -

Count: 26 - Time: 400 PM -

Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date July 24, 2019 -

Count: 10 - Time: 4:00 PM -

Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: F/S - Date: 7/24/19 -

Count: 16 - Time: 4:00 PM -

Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ATH-CONF - Date: 7/24/19 -

Count: 2 - Time: 4:00 PM -

Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNI/S - Date: 07/24/2019

Count: 3 - Time: 4:00 Pm -

1. Print Name: [redacted]
1. Signature:
2. Print Name:
2. Signature:

NYMES 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-24-2019
PAGE 001 * NEW YORK MCC * 04:58:53
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYES	FFNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	.	.	1	.	.	.	.	.	1	X	87	E-N
E-S	86	.	.	.	.	.	.	.	.	.	1	.	1	X	85	E-S
G-N	76	.	.	.	.	.	.	.	.	.	.	.	.	X	76	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	68	.	.	.	.	.	.	.	.	.	.	.	.	X	68	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	1	.	2		772	

COUNT VERIFY X X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT [redacted]
COUNT CLEARED TIME: 544am

[redacted] 544am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19 **COUNT TIME:** 5:00 Am

FROM: [redacted] **LOCATION:** towndr
(Staff Member Preparing Out Count)

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	57084-056	Harrison	E-S	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	1	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.

NYMES 530*05 * INMATE ROSTER * 07-24-2019
04:56:25
PAGE 001 OF 001

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	07-24-2019	E08-557L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19 **COUNT TIME:** 5:00

FROM: [redacted] Out Count) **LOCATION:** Hosp

APPROVED: [redacted] (Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86409-054	Bullock	SN	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: one

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.

NYMES 530*05 * INMATE ROSTER * 07-24-2019
PAGE 001 OF 001 04:53:01

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	86409-054	BULLOCK	07-24-2019	E05-535L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-24-19
Count: 1 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-24-19
Count: 1 Time: 5:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Official Cou

Unit: BA Date 7-24-19
Count: 26 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: F-S Date 7/24/19
Count: FS Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/24/19
Count: 87 Time: 5:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: C-A Date 7/24/19
Count: 10 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/24/19
Count: 92 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/24/2019
Count: 91 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/24/19
Count: 76 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date: [redacted]

Count: [redacted] Time: [redacted]

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature: [redacted]

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/24/18

Count: 68 Time: 1:00 AM

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 7-24-18

Count: 138 Time: 5:00 AM

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/24/18

Count: 93 Time: 5. AM.

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7/24/18

Count: [redacted] Time: [redacted]

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-24-2019
PAGE 001 * NEW YORK MCC * 21:21:58
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYES	OFNYS	OFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	88						1						1	X	87	E-N
E-S	86													X	86	E-S
G-N	74													X	74	G-N
G-S	91													X	91	G-S
H-A	1													X	1	H-A
I-N	92													X	92	I-N
K-N	92													X	92	K-N
K-S	138													X	138	K-S
R-A	0														0	R-A
Z-A	71													X	71	Z-A
Z-B	5													X	5	Z-B
TOTAL	774						1						1		773	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT: [redacted]
COUNT CLEARED TIME: 1056
Good Verbal: ~~E. Farr~~ 10:55

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-24-19 **COUNT TIME:** 1000 pm

FROM: [redacted] unt) **LOCATION:** Hosp

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	78107-054	English	EN	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.

NYMAQ 530*05 * INMATE ROSTER * 07-24-2019
PAGE 001 OF 001 21:11:53

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	78107-054	ENGLISH	07-24-2019	E05-539L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07-24-19
Count: 87 Time: 10PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/24/19
Count: 10 Time: 1000pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/24/19
Count: 26 Time: 10:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 7-24-19
Count: 91 Time: 1000pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/24/19
Count: 74 Time: 10pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-24-19
Count: 86 Time: 1000pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7-24-19
Count: 92 Time: 10:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/24/2019
Count: 92 Time: 1000pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/24/19
Count: 1 Time: 10:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/24/19

Count: 71 Time: 10:00pm

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4S Date 7-24-19

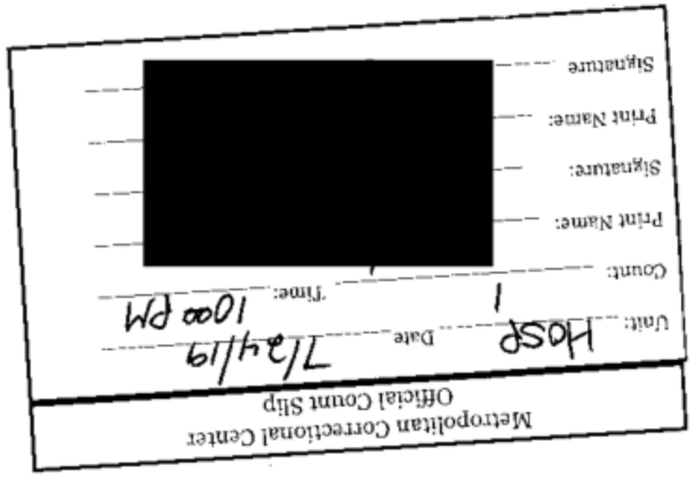
Count: 138 Time: 10:00PM

Print Name: [redacted]

Signature:

Print Name:

Signature



Metropolitan Correctional Center
Official Count Slip

Unit: 2R Date 7-24-19

Count: 5 Time: 10:00pm

Print Name: [redacted]

Signature:

Print Name:

Signature

NYMBM 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-23-2019
PAGE 001 * NEW YORK MCC * 22:52:51
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUN	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	88														88	E-N
E-S	86						1						1		85	E-S
G-N	77														77	G-N
G-S	92														92	G-S
H-A	1														1	H-A
I-N	92														92	I-N
K-N	93														93	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	68														68	Z-A
Z-B	5														5	Z-B
TOTAL	776						1						1		775	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 12:49 pm

Good Verbal @ 12:49 pm

NYMBM 530*05 * INMATE ROSTER * 07-23-2019
PAGE 001 OF 001 22:52:27

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	16520-055	DECAPUA	07-23-2019	E07-555L	ORD CCS SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-24-19 **COUNT TIME:** 12⁰¹ AM

FROM: [redacted] ount) **LOCATION:** Hosp

APPROVED: [redacted] (Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	16520-055	Decaqua	ES	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	1	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: CA Date 7-24-19
Count: 10 Time: 12:01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/24/19
Count: 26 Time: 12:01
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7/24/19
Count: 1 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/24/19
Count: 77 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date 7/24/19
Count: 85 Time: 12:01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/24/19
Count: 88 Time: 12:02
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/24/19
Count: 1 Time: 12:01
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/24/2019
Count: 93 Time: 12:01Am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/24/2019
Count: 97 Time: 12:01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: K5 Date 7-24-19

Count: 38 Time: 12 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4A Date: 7/24/19

Count: 13 Time: 12:01 AM

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 3B Date 7-24-19

Count: 5 Time: 12:30 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7/24/19

Count: 68 Time: 12:04 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

* BUREAU OF PRISONS COUNT SHEET * 07-25-2019
* NEW YORK MCC * 02:58:01
QTRG EQ **** OCTG EQ ****

		OUTCOUNT SECTION											
		ATTY	FNJ	FNY E	FNY S	FS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUN T	VERIFY COUNT	COUNT	AREA
CENSUS																
	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	X	85	E-S
G-N	74	.	.	.	.	.	.	.	.	.	.	.	.	X	74	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	71	.	.	.	.	.	.	.	.	.	.	.	.	X	71	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	774	.	.	.	.	.	1	.	.	.	.	.	1		773	
COUNT VERIFY							X									

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT: [redacted]
COUNT CLEARED TIME: 3 33 AM

Good verbal 3 33 AM

NYMD9 530*05 * INMATE ROSTER * 07-25-2019
PAGE 001 OF 001 02:57:35

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	16520-055	DECAPUA	07-25-2019	E07-555L	ORD CCS SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-2019 **COUNT TIME:** 3^00 4th

FROM: Davis **LOCATION:** HOSP
(Staff Member Preparing Out Count)

APPROVED: [redacted] (Lieutenant)

	REG #	NAME	UNIT
1.	16520055	Decapua	ES
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	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: 7B Date 7-25-19
Count: 86 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4N Date 7/25/19
Count: 92 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4N Date 7/25/19
Count: 128 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 6S Date: 7/25/2019
Count: 91 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 1N Date 7/25/19
Count: 92 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

MCC NEW YORK
Official Count Slip

Unit: 7A Date 7/25/19
Count: 71 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 6B Date: 7-25-19
Count: 85 Time: 3pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 6N Date 7/25/19
Count: 74 Time: 3:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 6N Date 7-25-19
Count: 88 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BP Date 7-25-19

Count: 26 Time: 3:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: SHU Date 7/25/19

Count: 10 3:00

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-25-19

Count: 1 Time: 3:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-25-19

Count: 1 Time: 3:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-25-2019
PAGE 001 * NEW YORK MCC * 15:44:44
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANT	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	88	.	.	.	3	.	.	.	.	.	.	.	3	X	85	E-N
E-S	85	.	.	.	.	5	.	.	.	.	.	.	5	X	80	E-S
G-N	73	1	.	.	2	.	.	.	.	.	.	.	3	X	70	G-N
G-S	91	.	.	.	1	.	.	.	.	.	.	.	1	X	90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	.	1	⊘	0	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	90	.	.	1	1	.	.	.	.	.	.	.	2	X	88	K-N
K-S	138	.	.	.	2	8	.	.	.	.	.	.	10	X	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	⊘	0	R-A
Z-A	72	1	.	.	1	.	.	.	.	.	.	.	2	X	70	Z-A
Z-B	5	.	.	.	1	.	.	.	.	.	.	.	1	X	4	Z-B
TOTAL	771	3	.	1	11	13	.	.	.	.	.	.	28		743	
COUNT VERIFY		X		X	X	X										

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT [redacted]
COUNT CLEARED TIME: 4:51

good w.bol 4:44

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/25/19 **COUNT TIME:** 400pm

FROM: [redacted] **LOCATION:** F/S
(Staff Member Preparing Out Count)

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	68683-066	Clark	E-S
2.	60685-050	Dockery	E-S
3.	51702-069	Estrada	K-S
4.	86535-054	Komara	K-S
5.	50659-018	Kirk	E-S
6.	85976-054	Maletinez	K-S
7.	86026-054	Merchant	K-S
8.	89673-053	Mersey	E-S
9.	86022-054	Reingould	K-S
10.	08200-070	Rene'	E-S
11.	85927-054	Romero	K-S
12.	79652-054	Thomas	K-S
13.	79965-054	Thomas	K-S
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A	_____	C-A	_____	E-N	_____	E-S	5	G-N	_____	G-S	_____	H-A	_____
I-N	_____	K-N	_____	K-S	8	R-A	_____	Z-A	_____	Z-B	_____		

Total Out-Counted: 13

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.

NYMBU 530*05 * INMATE ROSTER * 07-25-2019
PAGE 001 OF 001 14:41:42

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	68683-066	CLARK	07-25-2019	E12-593U	FS PM
0002		60685-050	DOCKERY	07-25-2019	E07-549U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	07-25-2019	K09-025U	FS PM
0004		86535-054	KAMARA	07-25-2019	K11-053U	FS PM
0005		50659-018	KIRK	07-25-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	07-25-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	07-25-2019	K12-061L	FS PM
0008		89673-053	MERSEY	07-25-2019	R12-592U	FS PM SUICIDE OR
0009		86022-054	REINGOUD	07-25-2019	K12-078U	FS PM
0010		08200-070	RENR	07-25-2019	E09-571U	FS PM LAUNDRY 1
0011		85927-054	ROMERO-GRANADOS	07-25-2019	K10-045U	FS PM
0012		79652-054	THOMAS	07-25-2019	K08-074U	FS PM
0013		79965-054	THOMAS	07-25-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center

New York, New York 10007

Date: 07-25-2019 Count Time: 4:00 pm

From: Small Location: FNYE

(Staff Member Supervising Inmates)

Approved: [redacted]

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR...
90325-053	LOPEZ	LOUIS	K03-118L

B-A____ C-A___ E-N ___ E-S_____ G-N_____ G-S _1__

H-A____ I-N____ K-N_1_ 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 account. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

NYMDK 530*05 * INMATE ROSTER * 07-25-2019
PAGE 001 OF 001 15:40:48

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYE FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	90325-053	LOPEZ	07-25-2019	K03-118L	UNIT 11N
						UNIT 11NFS

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-25-2019 **Count Time: 4:00 pm**

From: [redacted]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [redacted]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
76276-054	CASTRO	RICHARD	E02-514U
06600-052	WILLIAMS	CURTIS	E06-542L
79984-054	GONZALEZ	RICO	E06-548L
64662-053	ZUBIATE	MIGUEL	G02-714L
79412-054	MILLER	RAHIEM	G06-742U
86164-054	CAVE	ETHAN	G07-753L
75954-054	GOSWAMI	VIJAY	K03-120L
85928-054	DAVIS	GARY	K08-022U
86260-054	MORA	KEVIN	K11-055U
79407-054	BLADES	CHRISTAN	Z02-203LAD
79471-054	SCHULTE	JOSHUA	Z07-301LAD

B-A ___ C-A ___ E-N 3 E-S ___ G-N 2 G-S 1
H-A ___ I-N ___ K-N 1 K-S 2 R-A ___ Z-A 2 Z-B ___

Total Out-Counted: 11

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 is to be used only as an Out Count.

NYMDK 530*05 * INMATR ROSTER * 07-25-2019
PAGE 001 OF 001 15:39:37

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

.OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	79407-054	BLADES	07-25-2019	Z02-203LAD	UNASSG
0002		76276-054	CASTRO	07-25-2019	R02-514U	UNASSG
0003		86164-054	CAVE	07-25-2019	G07-753L	UNASSG
0004		85928-054	DAVIS	07-25-2019	K08-022U	EDUCATION UNASSG
0005		79984-054	GONZALEZ	07-25-2019	R06-548L	UNASSG
0006		75954-054	GOSWAMI	07-25-2019	K03-120L	SUICIDE OR UNASSG
0007		79412-054	MILLER	07-25-2019	G06-742U	UNIT 7NFS
0008		86260-054	MORA	07-25-2019	K11-055U	UNASSG
0009		79471-054	SCHULTE	07-25-2019	Z07-301LAD	UNASSG
0010		06600-052	WILLIAMS	07-25-2019	E06-542L	UNASSG
0011		64662-053	ZUBIATE	07-25-2019	G02-714L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-19 COUNT TIME: 400pm

FROM: [redacted] LOCATION: Ally
(Staff Member Preparing Out Count)

APPROVED: [signature]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	76318-054	Epstein	H-A
2.	90791-054	Elansky	G-N
3.	78514-054	Tartaglione	Z-A
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N	1	G-S		H-A	1
I-N		K-N		K-S		R-A		Z-A	1	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 * INMATE ROSTER * 07-25-2019
PAGE 001 OF 001 15:36:23

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	90791-054	KLANSKY	07-25-2019	G01-703L	UNASSG
0002		76318-054	EPSTEIN	07-25-2019	H01-001L	UNASSG
0003		78514-054	TARTAGLIONE	07-25-2019	%06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EA Date 07-25-19
Count: 85 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/25/19
Count: 16 Time: 4:00 pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/25/19
Count: 26 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/25/2019
Count: 90 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/25/19
Count: 70 Time: 4pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/25/2019
Count: 80 Time: 4:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 7/25/2019
Count: 128 Time: 4:00 pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/25/19
Count: 88 Time: 4pm
Print Name [redacted]
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/25/19
Count: 92 Time: 4pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: FNYE Date 7/25/19
Count: Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-25-19
Count: 4 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/25/19
Count: 70 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7/25/19
Count: 13 Time: 4:00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: FNYS Date 7/25/19
Count: 14 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: A4 Date: 7-25-19
Count: 5 Time: 4:00 PM
Print Name: [redacted]
Signature:
Print Name
Signature:

NYMD9 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-25-2019
PAGE 001 * NEW YORK MCC * 05:05:16
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNYE	FNYS	FS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUN	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	88														88	E-N
E-S	86						1				1		2		84	E-S
G-N	74														74	G-N
G-S	91														91	G-S
H-A	1														1	H-A
I-N	92														92	I-N
K-N	92														92	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	71														71	Z-A
Z-B	5														5	Z-B
TOTAL	774						1				1		2		772	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT: [redacted]
COUNT CLEARED TIME: 5:43 AM

Good verbal 5:36 AM

NYMD9 530*05 * INMATE ROSTER * 07-25-2019
PAGE 001 OF 001 05:04:46

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	16520-055	DECAPUA	07-25-2019	E07-555L	ORD CCS
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-2019 **COUNT TIME:** 5:00 AM

FROM: [redacted] **LOCATION:** HOSP
(Staff Member Preparing Out Count)

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	16520055	Decapua	BS	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	1	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.

530*05 * INMATE ROSTER * 07-25-2019
PAGE 001 OF 001 05:04:05

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	07-25-2019	R08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-79 **COUNT TIME:** 5 AM

FROM: [redacted] **LOCATION:** G-S
(Staff Member Preparing Out Count)

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	57084/056	Harrison	G-S	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	1	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: ~~EN~~ Date 7.25.19
Count: 88 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ~~CN~~ Date 7/25/19
Count: 10 Time: ~~5am~~
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-25-19
Count: 26 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7-25-19
Count: 74 Time: 500
Print Name: [redacted]
Signature:
Print Name:
Signature

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/25/19
Count: 71 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7-25-19
Count: 85 Time:
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ~~2B~~ Date 7-25-19
Count: 5 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/25/2019
Count: 91 Time: 5004
Print Name [redacted]
Signature:
Print Name
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/25/19
Count: 74 Time: 5 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date 7.25.19
Count: 92 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date 7/25/19
Count: 92 Time: [redacted]
Print Name: [redacted]
Signature
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-25-19
Count: 1 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: TWOHR Date 7/25/19
Count: 1 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date [redacted]
Count: 138 Time: [redacted]
Print Name [redacted]
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-25-19
Count: 1 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

NYMFM 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-25-2019
PAGE 001 * NEW YORK MCC * 22:21:05
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUONT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87														87	E-N
E-S	86						1						1		85	E-S
G-N	70														70	G-N
G-S	91														91	G-S
H-A	1														1	H-A
I-N	92														92	I-N
K-N	90														90	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	74														74	Z-A
Z-B	5														5	Z-B
TOTAL	770						1						1		769	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 10:28

God Verse 10:25

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-25-19 **COUNT TIME:** 100 pm

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

LOCATION: Hosp

APPROVED: [signature]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	89673-053	Mersey	FS	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 * INMATE ROSTER * 07-25-2019
PAGE 001 OF 001 19:59:19

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	89673-053	MERSEY	07-25-2019	E12-592U	FS PM
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 4N Date 7/25/2019
Count: 92 Time: 1000 pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/25/19
Count: 17 Time: 1000 Pm
Print Name: [redacted]
Signature:
Print Name:
Signature

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/25/19
Count: 74 Time: 10:00 Pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4A Date 7/25/19
Count: 1 Time: 10:00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/25/19
Count: 90 Time: 10:00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 3A Date 7/25/19
Count: 26 Time: 10:00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-25-19
Count: 85 Time: 1000 pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-25-19
Count: 5 Time: 10:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 5N Date 07-25-19
Count: 87 Time: 10PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 7/25/19

Count: 138 Time: 10:00 PM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 7/25/19

Count: 1 Time: 10:00 PM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/25/2019

Count: 91 Time: 10:00pm

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/25/19

Count: 70 Time: 10pm

Print Name: [redacted]

Signature:

Print Name:

Signature:

NYMCF 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-24-2019
PAGE 001 * NEW YORK MCC * 23:18:00
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	88														88	E-N
E-S	86						1						1		85	E-S
G-N	74														74	G-N
G-S	91														91	G-S
H-A	1														1	H-A
I-N	92														92	I-N
K-N	92														92	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	71														71	Z-A
Z-B	5														5	Z-B
TOTAL	774						1						1		773	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 1235 am

Good Verbal: 1233 am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-25-19 **COUNT TIME:** 12^01 AM

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	16520-055	Decapua	ES	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	1	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.

```
 I ¿MCF  530*05 *                INMATE ROSTER                  *      07-24-2019
PAGE 001 OF 001                                                        23:16:24
                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       16520-055  DECAPUA              07-24-2019 E07-555L   ORD CCS
                                                                      SUICIDR OR

G0000        TRANSACTION SUCCESSFULLY COMPLETED
```

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/25/19
Count: 10 Time: 1201 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/25/19
Count: 26 Time: 1201AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7/25/19
Count: 1 1201AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GD Date 7/25/19
Count: 74 Time: 12 01 AM
Print N [redacted]
Signatu
Print Na
Signatur

Metropolitan Correctional Center
Official Count Slip

Unit: CS Date: 7-25-19
Count: 85 Time: 12 01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07-25-19
Count: 88 Time: 1201AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/25/19
Count: 97 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/25/19
Count: 1 Time: 1201AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/25/2019
Count: 91 Time: 1201AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 12S Date 7/25/19

Count: 13 Time: 12:01AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4N Date 7.25.19

Count: 92 Time: 12:01AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Official Count Slip

Unit: 2B Date 7-25-19

Count: 5 Time: 12:01AM

Print Name: [redacted]

Signature:

Print Name:

Signature

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/25/19

Count: 71 Time: 12:01 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

NYMES 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-26-2019
PAGE 001 * NEW YORK MCC * 01:00:08
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNY RE	OFFNY S	OFFS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	87						1						1	X	86	E-N
E-S	86													X	86	E-S
G-N	70													X	70	G-N
G-S	91													X	91	G-S
H-A	1													X	1	H-A
I-N	92													X	92	I-N
K-N	90													X	90	K-N
K-S	138													X	138	K-S
R-A	0														0	R-A
Z-A	74													X	74	Z-A
Z-B	5													X	5	Z-B
TOTAL	770						1						1		769	

COUNT VERIFY X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 3:20Am

Hood Verbal 3:18Am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 2/26/19 **COUNT TIME:** 3:00 AM

FROM: [redacted] **LOCATION:** HOSP.
(Staff Member Preparing Out Count)

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	85918054	GAMA-PINEDA	5N
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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.

NYMES 530*05 * INMATE ROSTER * 07-26-2019
PAGE 001 OF 001 00:58:41

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	85918-054	GAMA-PINEDA	07-26-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/26/19
Count: 92 Time: 3:00 A.M.
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/26/19
Count: 90 Time: 3 A.M.
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date 7/26/19
Count: 138 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/26/19
Count: 86 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS **Date:** 7/26/2019
Count: 91 **Time:** 3:00 A.M.
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN **Date:** 7/26/19
Count: 70 **Time:** 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

MCC NEW YORK
Official Count Slip

Unit: 8A Date 7/26/19
Count: 74 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7/26/19
Count: 5 Time: 3:00 A.M.
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES **Date:** 7/26/19
Count: 86 **Time:** 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/26/19

Count: 26 Time: 3:00 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/26/19

Count:

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HUSP Date 7/26/19

Count: 1 Time: 3:00 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 7/26/19

Count: 10 Time: 3:00 AM

Print Name: [redacted]

Signature:

Print Name:

Signature:

NYMH3 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-26-2019
PAGE 001 * NEW YORK MCC * 16:09:55
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SAN1	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26	.	.	.	1	.	.	.	.	.	.	.	1		25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	E-N
E-S	85	.	.	.	.	5	.	.	.	.	.	.	5		80	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.		70	G-N
G-S	91	1	.	.	.	.	.	.	.	.	.	.	1		90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	.	1		0	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.		93	I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	.	1		88	K-N
K-S	138	.	.	.	1	9	.	.	.	.	.	.	10		128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.		72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	767	2	.	.	3	14	.	.	.	.	.	.	19		748	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT: [redacted]
COUNT CLEARED TIME: 5:01 pm

Good verbal : 4:50 pm

NYMBU 530*05 * INMATE ROSTER * 07-26-2019
PAGE 001 OF 001 14:31:39

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	68683-066	CLARK	07-26-2019	E12-593U	FS PM
0002		60685-050	DOCKERY	07-26-2019	E07-549U	FS PM
0003		86764-054	DUNCAN	07-26-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	07-26-2019	K09-025U	FS PM
0005		86535-054	KAMARA	07-26-2019	K11-053U	FS PM
0006		50659-018	KIRK	07-26-2019	E07-556U	FS PM
0007		85976-054	MARTINEZ	07-26-2019	K09-027U	FS PM
0008		86026-054	MERCHANT	07-26-2019	K12-061L	FS PM
0009		89673-053	MERSEY	07-26-2019	E12-592U	FS PM SUICIDE OR
0010		86022-054	REINGOUD	07-26-2019	K12-078U	FS PM
0011		08200-070	RENK	07-26-2019	E09-571U	FS PM LAUNDRY 1
0012		85927-054	ROMERO-GRANADOS	07-26-2019	K10-045U	FS PM
0013		79652-054	THOMAS	07-26-2019	K08-074U	FS PM
0014		79965-054	THOMAS	07-26-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/26/19 **COUNT TIME:** 400pm

FROM: [redacted] **LOCATION:** F/S
(Staff Member Preparing Out Count)

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	68683-066	Clark	E-S	13.	79965-054	Thomas	K-S
2.	86764-054	Duncan	K-S	14.	60685-050	Jackey	E-S
3.	51702-069	Estrada	K-S	15.			
4.	86535-054	Hamara	K-S	16.			
5.	50659-018	Kirk	E-S	17.			
6.	85976-054	Martinez	K-S	18.			
7.	86026-054	Merchant	K-S	19.			
8.	89673-053	Mersey	E-S	20.			
9.	86022-054	Reingold	K-S	21.			
10.	08200-070	Rene	E-S	22.			
11.	85927-054	Rivera	K-S	23.			
12.	79652-054	Thomas	K-S	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: 13

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.

NYMH3 530*05 * INMATE ROSTER * 07-26-2019
PAGE 001 OF 001 15:45:12

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	86821-054	ARAMBUL	07-26-2019	B01-215U	UNASSC
0002		86975-054	EPPS	07-26-2019	K01-108U	UNASSC
0003		86819-054	SERRANO	07-26-2019	K10-046U	UNASSC

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-26-2019 **Count Time: 4:00 pm**

From: [redacted]
(Staff Member Supervising Inmates)

Location: FNYS

Approved: [redacted]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
86821-054	ARAMBUL	DALIA	B01-215U
86975-054	EPPS	KEVIN	K01-108U
86819-054	SERRANO	JOE	K10-046U

B-A __1__ C-A ___ E-N____ 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 is to be used only as an Out Count.

NYMH3 S30*05 * INMATE ROSTER * 07-26-2019
PAGE 001 OF 001 15:14:09

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-26-2019	H01-001L	UNASSG
0002		19735-104	MONES-CORO	07-26-2019	G07-756U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-26-19 COUNT TIME: 4:00pm

FROM: [redacted] LOCATION: Atty

(Staff Member Preparing Out Count)

APPROVED: _____

(Operations Lieutenant)

	REG #	NAME	UNIT
1.	19735-104	Mones-C	G15
2.	76318-054	Epstein	HA
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N		G-S	1	H-A	1
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.

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07-26-19
Count: 87 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/26/19
Count: 10 Time: 4:00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/26/19
Count: 25 Time: 4:00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019
Count: 90 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/26/19
Count: 70 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-26-19
Count: 80 Time: 4:00 pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7/26/19
Count: 5 Time: 4PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 7/26/19
Count: 72 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 26 Jul 2019
Count: 93 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: F-N/S Date 7/26/19
Count: 3 Time: 4:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K S Date 7/26/19
Count: 178 4:00
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 7/26/19
Count: 88 Time: 4:00PM
Print Na [redacted]
Signatur
Print Na
Signatur

Metropolitan Correctional Center
Official Count Slip

Unit: ATTNY CONF Date: 7/26/19
Count: 2 Time: 4 00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7-26-19
Count: 14 Time:
Print Name: [redacted]
Signature:
Print Name:
Signature:

NYMES 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-26-2019
PAGE 001 * NEW YORK MCC * 05:07:21
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUN	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87						1						1		86	E-N
E-S	86										1		1		85	E-S
G-N	70														70	G-N
G-S	91														91	G-S
H-A	1														1	H-A
I-N	92														92	I-N
K-N	90														90	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	74														74	Z-A
Z-B	5														5	Z-B
TOTAL	770						1				1		2		768	

COUNT VERIFY

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 5430m

Reed Kerbal

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/26/19 **COUNT TIME:** 5:00 AM

FROM: [redacted] Count) **LOCATION:** TUNDRA EN

APPROVED: (Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	57084 056	HARRISON	5S	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	1	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.

NYMES 530*05 * INMATE ROSTER * 07-26-2019
PAGE 001 OF 001 05:04:12

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	07-26-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/26/19 **COUNT TIME:** 5:00 AM

FROM: [redacted] **LOCATION:** HOSP.

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918054	GAMA-PINEDA	5N	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.

NYMFS 530*05 * INMATE ROSTER * 07-26-2019
PAGE 001 OF 001 05:04:47

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	85918-054	GAMA-PINEDA	07-26-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: H03P Date: 7/26/19
Count: 1 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 7/26/19
Count: 1 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 7/26/19
Count: 26 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES **Date:** 7/26/19
Count: 85 **Time:** 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7 26 19
Count: 86 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA **Date:** 7/26/19
Count: 10 **Time:** 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 7/26/19
Count: 92 Time: 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS **Date:** 7/26/2019
Count: 91 **Time:** 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN **Date:** 7/26/19
Count: 70 **Time:** 5:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/26/19
Count: 90 Time: 5AM.
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7/26/19
Count: 5 Time: 5:00 A.M
Print Name: [redacted]
Signature:
Print Name:
Signature

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/26/19
Count: 74 [redacted]
Print Name:
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: TWDVE Date 7/26/19
Count: 1 Time: 5:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date 7-26-19
Count: 138 Time: 500 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

NYMH3 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-26-2019
PAGE 001 * NEW YORK MCC * 21:00:39
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	E-N
E-S	85	.	.	.	.	.	1	.	.	.	.	.	1		84	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.		70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.		91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.		1	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.		93	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.		89	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.		138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.		72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	.	1		766	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT: [redacted]
COUNT CLEARED TIME: 10:51 PM

9/r 10:47 PM

```
  NYMH3  530*05 *                INMATE ROSTER                 *      07-26-2019
PAGE 001 OF 001                                                        20:12:36
                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       78359-053  TISDALE             07-26-2019  R11-581U   EDUCATION
                                                                      SUICIDE OR

G0000       TRANSACTION SUCCESSFULLY COMPLETED
```

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-26-19 **COUNT TIME:** 1000 pm

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	78359-053	Tisdale	ES	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.

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/26/19
Count: 1 Time: 10:00pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4 OSP Date 7/26/19
Count: Time: 10:00 pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/26/19
Count: 26 Time: 10:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07-26-19
Count: 84 Time: 1000 pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07-26-19
Count: 87 Time: 10PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/26/19
Count:
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/26/2019
Count: Time: 1000 pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019
Count: Time:
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/26/19
Count: 70 Time: 10 pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-26-19

Count: 5 Time: 10:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7/26/19

Count: 72 Time: 10:00

Print Nam [redacted]

Signature

Print Nam

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4S Date 7-26-19

Count: 138 Time: 10:00PM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 07/26/19

Count: Time:

Print Name [redacted]

Signature:

Print Name

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-26-19

Count: 5 Time: 10:00

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7/26/19

Count: 72 Time: 10:00

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 7-26-19

Count: 138 Time: 10:00pm

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 07/26/19

Count: 59 Time: 10:00

Print Nam [redacted]

Signature:

Print Nam

Signature

NYMFM 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-25-2019
PAGE 001 * NEW YORK MCC * 22:21:05
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	✓	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	✓	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	✓	87	E-N
E-S	86	.	.	.	.	.	1	.	.	.	.	.	1	✓	85	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	✓	70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	✓	91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	✓	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	✓	92	I-N
K-N	90	.	.	.	.	.	.	.	.	.	.	.	.	✓	90	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	✓	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	✓	0	R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.	✓	74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	✓	5	Z-B
TOTAL	770	.	.	.	.	.	1	.	.	.	.	.	1		769	

COUNT VERIFY ✓

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 12 03 pm

Good Verbal: 12 03 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-26-19 **COUNT TIME:** 12°1 AM

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	16520-055	Decapua	ES	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	1	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.

NYMDK 530*05 * INMATE ROSTER * 07-25-2019
PAGE 001 OF 001 20:01:42

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	16520-055	DRCAPUA	07-25-2019	E07-555L	ORD CCS SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/26/19
Count: 10 Time: 12:01 Am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/26/19
Count: 26 Time: 12:01
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: H05P Date 7/26/19
Count: 1 Time: 12:01
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 7/26/19
Count: 78 Time: 12AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/26/19
Count: 87 Time: 12:01am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/26/19
Count: 85 Time: 12:01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/26/19
Count: 92 Time: 12:01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/26/19
Count: 1 Time: 12:01
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/26/2019
Count: 91 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7-26-19
Count: 5 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4-S Date 7/26/19
Count: 38 Time: 12 01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

MCC NEW YORK
Official Count Slip

Unit: 2A Date 7/26/19
Count: 74 Time: 12:00/12AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/26/19
Count: 90
Print Name: [redacted]
Signature:
Print Name:
Signature

NYMBH 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-27-2019
PAGE 001 * NEW YORK MCC * 02:46:28
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87														87	E-N
E-S	85														85	E-S
G-N	70														70	G-N
G-S	91														91	G-S
H-A	1														1	H-A
I-N	93														93	I-N
K-N	89						1						1		88	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	72														72	Z-A
Z-B	5														5	Z-B
TOTAL	767						1						1		766	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 3:33

GOOD VERBAL: 3:27

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19 COUNT TIME: 3 A.M.

FROM: [redacted] ount)

LOCATION: 11 North

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	76256-054	Davila, Armando	KN	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	1	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.

NYMBH 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 04:08:21

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	76256-054	DAVILA	07-27-2019	K05-133U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-27-19
Count: 26 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-27-19
Count: 1 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-27-19
Count: 1 Time: 3:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/27/19
Count: 71 Time: 3:00
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/27/14
Count: 85 Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/27/19
Count: 87 Time: 3:00
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date 7/27/19
Count: 72 Time:
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7-27-19
Count: 93 Time: 3:00Am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019
Count: 91 Time: 3:00Am
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date 7-27-19

Count: 138 Time: 3:00 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7.27.19

Count: 5 Time: 3:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CS Date 7/27/19

Count: 10 Time: 3:00

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/27/19

Count: 88 Time: 3A.M.

Print Name: [redacted]

Signature:

Print Name:

Signature

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-27-2019
PAGE 001 * NEW YORK MCC * 15:31:53
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	PNYS	PSHOSP	MSRD	SANI	TRNWDV	VISIT	OCUONT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.		87	E-N
E-S	85	.	.	.	.	5	1	.	.	.	6		79	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.		70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.		91	G-S
H-A	2	1	.	.	.	.	.	.	.	.	1		1	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.		93	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.		88	K-N
K-S	138	.	.	.	.	9	.	.	.	.	9		129	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.		72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	767	1	.	.	.	14	1	.	.	.	16		751	
COUNT VERIFY		X				X	X							

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 4:56pm
Good Verbal: 4:33 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19 **COUNT TIME:** 400pm

FROM: [redacted] **LOCATION:** Foodservice

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	60685-050	Dockery	E-S
2.	50659-018	Kirk	E-S
3.	86026-054	Merchant	K-S
4.	86022-054	Reingoud	K-S
5.	08200-070	Rene	E-S
6.	77863-112	Bang	K-S
7.	01735-007	Sattan	K-S
8.	86764-054	Duncan	K-S
9.	68683-066	Clark	E-S
10.	51702-069	Estrada	K-S
11.	85976-054	Martinez	K-S
12.	89673-053	Mersey	E-S
13.	79652-054	Thomas	K-S
14.	79965-054	Thomas	K-S
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	5	G-N		G-S		H-A	
I-N		K-N		K-S	9	R-A		Z-A		Z-B	

Total Out-Counted: 14

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.

NYMBU 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 14:10:04

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	07-27-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	07-27-2019	K12-593U	FS PM
0003		60685-050	DOCKERY	07-27-2019	E07-549U	FS PM
0004		86764-054	DUNCAN	07-27-2019	K12-065U	FS PM SUICIDE OR
0005		51702-069	ESTRADA-RODRIGUEZ	07-27-2019	K09-025U	FS PM
0006		50659-018	KIRK	07-27-2019	R07-556U	FS PM
0007		85976-054	MARTINEZ	07-27-2019	K09-027U	FS PM
0008		86026-054	MERCHANT	07-27-2019	K12-061L	FS PM
0009		89673-053	MERSEY	07-27-2019	E12-592U	FS PM SUICIDE OR
0010		86022-054	RREINGOUD	07-27-2019	K12-078U	FS PM
0011		08200-070	RENE	07-27-2019	E09-571U	FS PM LAUNDRY 1
0012		01735-007	SATTAN	07-27-2019	K07-001L	FS AM
0013		79652-054	THOMAS	07-27-2019	K08-074U	FS PM
0014		79965-054	THOMAS	07-27-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EFTA00050067

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 1/27/19 **COUNT TIME:** 4:00

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	90370-053	Chan	5S	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	1	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.

NYMAQ 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 15:28:52

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	90370-053	CHAN	07-27-2019	E10-573L	EDUCATION
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-27-19 COUNT TIME: 400pm

FROM: [redacted] LOCATION: ATT

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	76318-054	EPSTEIN	HA	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.

NYMAQ 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 15:21:57

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-27-2019	H01-001L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ES - Date: 7/27/19 -
Count: 79 - Time: 4:00pm -
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date 7/27/19 -
Count: 129 - Time: 4:00PM -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN - Date 7/27/2019 -
Count: 88 - Time: 4:00pm -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 6-N - Date 7-27-19 -
Count: 70 - Time: 4:00 -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2A - Date 7/27/19 -
Count: 72 - Time: 4:00 -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date 7/27/2019 -
Count: 93 - Time: 4:00pm -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date 7-27-19 -
Count: 1 - Time: 4:00 pm -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA - Date 7-27-19 -
Count: 1 - Time: 4:00 pm -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN - Date 7/27/19 -
Count: 87 - Time: 4:00pm -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: F/S - Date: 7-27-19

Count: 14 - Time: 400pm -

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 2B - Date 7-27-19 -

Count: 5 - Time: 400pm -

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date 7.27.19 -

Count: 26 - Time: 400 pm -

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 7-27-19 -

Count: 10 - Time: 4 00 pm -

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: Alley - Date: 7-27-19 -

Count: 1 - Time: 400PM -

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GS - Date: 7/27/2019 -

Count: 91 - Time: 4:00PM -

Print Name: [redacted]

Signature:

Print Name:

Signature:

NYMBH 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-27-2019
PAGE 001 * NEW YORK MCC * 04:05:07
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNY E	FNY S	FS	HOSP	MS	R&D	SAN I	TRNWDV	VIS IT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87														87	E-N
E-S	85														85	E-S
G-N	70														70	G-N
G-S	91														91	G-S
H-A	1														1	H-A
I-N	93														93	I-N
K-N	89						1						1		88	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	72														72	Z-A
Z-B	5														5	Z-B
TOTAL	767						1						1		766	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 5:27A

Good work!
5:25A

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19 COUNT TIME: 5:00 AM

FROM: [redacted] LOCATION: 11 NORTH

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	76256-054	DAVILA	KN	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	1	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.

NYMBH 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 04:08:21

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	76256-054	DAVILA	07-27-2019	K05-133U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-27-19

Count: 76 Time: 5:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-27-19

Count: 1 Time: 5:00A

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-27-19

Count: 1 Time: 5:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN 1 **Date:** 7/27/19

Count: 87 1 **Time:** 5:00 1

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES **Date:** 7/27/19

Count: 85 **Time:** 5:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/27/19

Count: 10 Time: 5AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS 1 **Date:** 7/27/2019

Count: 91 **Time:** 5:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: TNR Date 7-27-19

Count: 93 Time: 5:00 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CNC Date 7/27/19

Count: 12 Time: 5 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7.27.2019

Count: 5 Time: 5:00 Am

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7/27/19

Count: 12 Time: 5:00 AM

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date 7-27-19

Count: 138 Time: 5:00 Am

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/27/19

Count: 88 Time: 5. A.M.

Print Name: [redacted]

Signature: [redacted]

Print Name: [redacted]

Signature [redacted]

NYMCO 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-27-2019
PAGE 001 * NEW YORK MCC * 09:38:43
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SSANI	TRNWDV	VISIT	OCUONT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87														87	E-N
E-S	85					4						1	5		80	E-S
G-N	70														70	G-N
G-S	91														91	G-S
H-A	1	1											1		0	H-A
I-N	93														93	I-N
K-N	89														89	K-N
K-S	138					16							16		122	K-S
R-A	0														0	R-A
Z-A	72	1											1		71	Z-A
Z-B	5														5	Z-B
TOTAL	767	2				20						1	23		744	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 10:32A

GV 10:21A

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: **07/27/2019** Time **10:00 AM**

Location: **F/S** Staff supervising count: A. CANALES

Operations Lieutenant's Approval

REG. NO.	LAST NAME/ FIRST	UNIT	REG. NO.	NAME	UNIT
79196-054	KOURANI, ALI	KS			
01558-112	MANSON, ERIC	KS			
86074-054	OCHOA, OVIDEO	KS			
79752-054	RIVERO, RICARDO	KS			
76149-054	PRICE, GREGORY	KS			
85771-054	MILLER, DARREN	KS			
86024-054	MONASTERIO, LUIS	KS			
85571-054	SALEH, REDHWAN	KS			
11714-052	TABOADA, RICARDO	KS			
01735-007	SATTAN, HAROLD	KS			
61876-054	JOHNSON, JAMAL	KS			
06303-082	RIVERA, LUIS	KS			
41682-054	CARABELLO, FRED	KS			
29116-379	ACOSTA, LINCOLN	KS			
90649-054	PENA, EDWARD	KS			
24772-057	VALENZUELA, RAMON	KS			
15657-179	GONZALES, OSMAR	ES			
57297-083	BUCHANAN, JOHN	ES			
79793-054	FERRER, GREGORY	ES			
63274-037	WARE, CRAIG	ES			

Total Count For Department: **20**

B-A ____ **C-A** ____ **E-N** ____ **E-S** **4** **G-N** ____ **G-S** ____ **H-A** ____
I-N ____ **K-N** ____ **K-S** **16** **R-A** ____ **Z-A** ____ **Z-B** ____

This form must be submitted to the Counts and Assignments Officer **FORTY FIVE MINUTES PRIOR to the affected count. Prepare this form in ink and group the inmates by respective floors. This is not a count slip, but an out-count form.

NYMAV 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 07:57:35

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	29116-379	ACOSTA-VENTURA	07-27-2019	K09-026L	FS PM
0002		57297-083	BUCHANAN	07-27-2019	K12-593U	FS AM
0003		41682-054	CARABELLO	07-27-2019	K07-002U	FS AM
0004		79793-054	FERRER	07-27-2019	K07-554U	FS AM
0005		15657-179	GONZALEZ	07-27-2019	E10-579L	WAREHOUSE
0006		61876-054	JOHNSON	07-27-2019	K11-053U	FS AM
0007		79196-054	KOURANI	07-27-2019	K07-008L	FS AM
0008		01558-112	MANSON	07-27-2019	K08-016L	FS AM
0009		85771-054	MILLER	07-27-2019	K11-054L	FS AM SUICIDE OR
0010		86024-054	MONASTERIO	07-27-2019	K08-074L	FS AM
0011		86074-054	OCHOA	07-27-2019	K08-020L	FS AM
0012		90649-054	PENA	07-27-2019	K09-031L	FS PM
0013		76149-054	PRICE	07-27-2019	K08-014L	FS AM
0014		06303-082	RIVERA	07-27-2019	K11-055U	FS AM
0015		79752-054	RIVERO	07-27-2019	K08-019U	FS AM
0016		85571-054	SALEH	07-27-2019	K08-020U	FS AM
0017		01735-007	SATTAN	07-27-2019	K07-001L	FS AM
0018		11714-052	TABOADA	07-27-2019	K11-052L	FS AM
0019		24772-057	VALENZUELA-LIZARRAG	07-27-2019	K08-024L	FS PM
0020		63274-037	WARE	07-27-2019	K11-587U	FS AM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 7-27-2017 Time 10:00 AM

Location: Visit Staff supervising count : [redacted]

Operations Lieutenant's Approval

REG. NO.	NAME	UNIT	REG. NO.	NAME	UNIT
21066-014	Hailey, Carl	E-S			

Total Count For Department: 1

B-A ____ C-A ____ E-N ____ E-S 1 G-N ____ G-S ____ H-A ____
I-N ____ K-N ____ K-S ____ R-A ____ Z-A ____ Z-B ____

This form must be submitted to the Counts and Assignments Officer **FORTY FIVE MINUTES PRIOR to the affected count. Prepare this form in ink and group the inmates by respective floors. This is not a count slip, but an out-count form.

NYMC0 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 09:31:52

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: VISIT FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	VISIT	21066-014	HAILEY	07-27-2019	E08-564U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-27-19 COUNT TIME: 10:00AM

FROM: [redacted] LOCATION: Atty

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	78514-054	Tartaglione	ZA
2.	76317-054	EPSTEIN	HA
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N		G-S		H-A	1
I-N		K-N		K-S		R-A		Z-A	1	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.

NYMC0 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 09:35:37

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-27-2019	H01-001L	UNASSG
0002		78514-054	TARTAGLIONE	07-27-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-27-19
Count: 5 Time: 1000 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7/27/19
Count: 71 Time: 10 00 Am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 5 Visiting Date: 7-27-19
Count: 1 Time: 10:00Am
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7-27-19
Count: 10 Time: 10 00 Am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: A4 Date: 7-27-19
Count: 2 Time: 10:00AM
Print Nam [redacted]
Signature:
Print Nam
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/27/19
Count: 25 Time: 10AM
Print Name [redacted]
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/27/19
Count: 70 Time: 10 A.M.
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/27/2019
Count: 89 Time: 10:00 am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7/27/2019
Count: 20 Time: 10:00 am
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date 7-27-19

Count: 93 Time: 10:00 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: I-S Date 7-27-19

Count: 122 Time: 10:00 Am

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019

Count: 91

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07/27/2019

Count: 87 Time: 10:00am

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 07/27/2019

Count: 80 Time: 10:00am

Print Name: [redacted]

Signature:

Print Name:

Signature

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-27-2019
PAGE 001 * NEW YORK MCC * 21:35:32
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	87													X	87	E-N
E-S	85						1						1	X	84	E-S
G-N	70													X	70	G-N
G-S	91													X	91	G-S
H-A	2													X	2	H-A
I-N	93													X	93	I-N
K-N	88						1						1	X	87	K-N
K-S	138													X	138	K-S
R-A	0													X	0	R-A
Z-A	72													X	72	Z-A
Z-B	5													X	5	Z-B
TOTAL	767						2						2		765	

COUNT VERIFY X

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

Good verbal:

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/27/19 **COUNT TIME:** 10 00 pm

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	84673083	MERSEY	ES	13.			
2.	27758-050	Manhaez	KN	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	1	G-N		G-S		H-A	
I-N		K-N	1	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.

NYMAQ 530*05 * INMATE ROSTER * 07-27-2019
PAGE 001 OF 001 21:34:43

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	25768-050	MARTINEZ	07-27-2019	K01-101U	UNASSG
0002		89673-053	MERSEY	07-27-2019	E12-592U	FS PM
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7.27.19
Count: 2 Time: 1700
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7.27.19
Count: 2 Time: 1700 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7.27.19
Count: 26 Time: 1700 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/27/19
Count: 84 Time: 10 00 pm
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7-27-19
Count: 87 Time: 1000 PM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 9/27/19
Count: 10 Time: 1000 Pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/27/2019
Count: 93 Time: 1000 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/ /2019
Count: 91 Time: 10:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 6-N Date 7-27-19
Count: 70 Time: 10 00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 7B Date 7-27-19

Count: 5 Time: 10:00pm

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2-A Date 7-27-19

Count: 72 Time: 10:00 pm

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K3 Date 7-27-19

Count: 138 Time: 10:00pm

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/27/2019

Count: 87 Time: 10:00pm

Print Name [redacted]

Signature:

Print Name

Signature

NYMH3 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-26-2019
PAGE 001 * NEW YORK MCC * 21:00:39
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFNYE	OFNYS	OFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87														87	E-N
E-S	85						1						1		84	E-S
G-N	70														70	G-N
G-S	91														91	G-S
H-A	1														1	H-A
I-N	93														93	I-N
K-N	89														89	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	72														72	Z-A
Z-B	5														5	Z-B
TOTAL	767						1						1		766	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 12:41am

Grand verbal: 12:41am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-27-19 **COUNT TIME:** 12°AM

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	78359-053	Tisdale	ES	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	1	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.

NYMF0 530*05 * INMATE ROSTER * 07-26-2019
PAGE 001 OF 001 23:21:59

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	78359-053	TISDALE	07-26-2019	E11-581U	EDUCATION
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/27/19
Count: 10 Time: 1201 Am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-27-19
Count: 86 Time: 12:01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7-27-19
Count: 1 Time: 12:01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: Date
Count: Time:
Print Name: [redacted]
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/27/19
Count: 84 Time: 12:01 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 7/27/19
Count: 87 Time: 12.01
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/27/2019
Count: 93
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-27-19
Count: 1 Time: 12:01 Am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/27/2019
Count: 91 Time: 12:01AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7/27/19

Count: 12 Time: 12:01 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-27-19

Count: 5 Time: 12:01 a.m.

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 7/27/19

Count: 89 Time: 12:01 A.M.

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 7-27-19

Count: 138 Time: 12:01 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-28-2019
PAGE 001 * NEW YORK MCC * 15:53:40
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT COUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUN	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	E-N
E-S	85	.	.	.	.	3	1	.	.	.	.	.	4		81	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.		70	G-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.		91	G-S
H-A	2	1	.	.	.	.	.	.	.	.	.	.	1		1	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.		93	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88	K-N
K-S	137	1	.	.	.	8	.	.	.	.	.	.	9		128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.		73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	767	2	.	.	.	11	1	.	.	.	.	.	14		753	

COUNT VERIFY

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

Good Verbal: 4:36 pm

EFTA00050098

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 7/28/2019 TIME: 4:00PM

FROM: S. Chambers
Staff Supervising Out-Count

LOCATION: E/S

	Number	Name	Unit		Number	Name	Unit
1	86026-054	MERCHANT	KS	21			
2	77863-112	BANG	KS	22			
3	50659-018	KIRK	ES	23			
4	86764-054	DUNCAN	KS	24			
5	51702-069	ESTRADA	KS	25			
6	68683-066	CLARK	ES				
7	86022-054	REINGOLD	KS	27			
8	85976-054	MARTINEZ	KS	28			
9	86535-054	KAMARA	KS	29			
10	89673-053	MERSEY	ES	30			
11	79652-054	THOMAS	KS	31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A
C-A
E-N
E-S 3
G-N
G-S
I-N
K-S 8
K-N
Z-A
Z-B
H-A
R-A

TOTAL ON OUT COUNT: 11

[redacted]
Approving Operations Lieutenant

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMHQ 530*05 * INMATE ROSTER * 07-28-2019
PAGE 001 OF 001 14:41:40

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	07-28-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	07-28-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	07-28-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	07-28-2019	K09-025U	FS PM
0005		86535-054	KAMARA	07-28-2019	K11-053U	FS PM
0006		50659-018	KIRK	07-28-2019	E07-556U	FS PM
0007		85976-054	MARTINEZ	07-28-2019	K09-027U	FS PM
0008		86026-054	MERCHANT	07-28-2019	K12-061L	FS PM
0009		89673-053	MERSEY	07-28-2019	E12-592U	FS PM SUICIDE OR
0010		86022-054	REINGOLD	07-28-2019	K12-078U	FS PM
0011		79652-054	THOMAS	07-28-2019	K08-074U	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/28/2019 **COUNT TIME:** 4:00pm

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	90370-053	Chan	ES
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	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.

NYMAQ 530*05 * INMATE ROSTER * 07-28-2019
PAGE 001 OF 001 15:52:54

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	90370-053	CHAN	07-28-2019	E10-573L	EDUCATION
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/28/19 COUNT TIME: 4:00PM

FROM: [redacted] LOCATION: Atty Conf

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	85942-054	Cazarez	KS
2.	76318-054	Epstein	HA
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N		G-S		H-A	1
I-N		K-N		K-S	1	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.

NYMAQ 530*05 * INMATE ROSTER * 07-28-2019
PAGE 001 OF 001 15:51:21

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	85942-054	CAZAREZ	07-28-2019	K10-046L	UNASSG
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG

C0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: 2B - Date 7-28-19 -
Count: 5 - Time: 4:00 PM -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES - **Date:** 7/28/19
Count: 11 - **Time:** 9:00P -
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ANX - Date: 7/28/19 -
Count: 2 - Time: 4:00 -
1. Print Name: [redacted]
1. Signature:
2. Print Name:
2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: GS - **Date:** 7/28/2019 -
Count: 91 - **Time:** 4:00 PM -
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES - **Date:** 07/28/2019
Count: 71 - **Time:** 4:00PM -
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 2A - Date 7/28/19 -
Count: 73 - Time: 4:00PM -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 1CS - Date 7-28-19 -
Count: 128 - Time: 4:00 P -
Print Name [redacted]
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 1GN - Date 7-28-19 -
Count: 58 - Time: 4:00 P -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 6-N - Date 7-28-19 -
Count: 70 - Time: 4:00 P -
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date 7/28/19 -

Count: 93 - Time: 4.00pm -

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: B-A - Date 7/28/19 -

Count: 26 - Time: 4:00pm -

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN - Date 7/28/19 -

Count: 87 - Time: 4 CC -

Print Name [redacted]

Signature:

Print Name

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date 7-28-19 -

Count: 10 - Time: 4:00 pm -

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4051 - Date 7/28/19 -

Count: 1 - Time: 4:00 -

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: H-A - Date 7/28/19 -

Count: 1 - Time: 4:00p -

Print Name [redacted]

Signature:

Print Name

Signature

NYMBH 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-28-2019
PAGE 001 * NEW YORK MCC * 09:39:44
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: FNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	R-N
E-S	85	.	.	.	.	.	.	.	.	.	.	.	.	X	85	R-S
G-N	70	1	.	.	.	.	.	.	.	.	.	.	1	X	69	C-N
G-S	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91	G-S
H-A	2	1	.	.	.	.	.	.	.	.	.	.	1	X	1	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	88	1	.	.	.	.	.	.	.	.	.	.	1	X	87	K-N
K-S	137	.	.	.	.	14	2	.	.	.	.	.	16	X	121	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	73	.	.	.	.	.	.	.	.	.	.	.	.	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	3	.	.	.	14	2	.	.	.	.	.	19		748	

COUNT VERIFY: X X X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME: 10:42 A.M.

GOOD VERBAL: 10:29 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 7/28/2019 TIME: 10:00AM

FROM: S. Chambers LOCATION: E/S
Staff Supervising Out-Count

	Number	Name	Unit		Number	Name	Unit
1	90649-054	PENA	KS	21			
2	85571-054	SALEH	KS	22			
3	86024-054	MONASTERIO	KS	23			
4	86023-054	SURCE	KS	24			
5	11714-052	TABOADA	KS	25			
6	79196-054	KOURANI	KS	26			
7	85771-054	MILLER	KS	27			
8	01558-112	MANSON	KS	28			
9	61876-054	JOHNSON	KS	29			
10	76235-054	JIMENEZ-GON	KS	30			
11	06303-082	RIVERA	KS	31			
12	01735-007	SATTAN	KS	32			
13	24772-057	VALENZUELA	KS	33			
14	79752-054	RIVERO	KS	34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A		G-N		K-N	H-A
C-A		G-S		Z-A	
E-N		I-N		Z-B	
E-S		K-S	14	R-A	

TOTAL ON OUT COUNT: 14

[redacted]
Approving Operations Lieutenant

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMBQ 530*05 * INMATE ROSTER * 07-28-2019
PAGE 001 OF 001 09:13:57

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	76235-054	JIMENEZ-GONZALEZ	07-28-2019	K09-031U	FS AM
0002		61876-054	JOHNSON	07-28-2019	K11-053U	FS AM
0003		79196-054	KOURANI	07-28-2019	K07-008L	FS AM
0004		01558-112	MANSON	07-28-2019	K08-016L	FS AM
0005		85771-054	MILLER	07-28-2019	K11-054L	FS AM SUICIDE OR
0006		86024-054	MONASTERIO	07-28-2019	K08-074L	FS AM
0007		90649-054	PENA	07-28-2019	K09-031L	FS PM
0008		06303-082	RIVERA	07-28-2019	K11-055U	FS AM
0009		79752-054	RIVERO	07-28-2019	K08-019U	FS AM
0010		85571-054	SALEH	07-28-2019	K08-020U	FS AM
0011		01735-007	SATTAN	07-28-2019	K07-001L	FS AM
0012		86023-054	SUCRE	07-28-2019	K08-013U	FS AM UNASSG
0013		11714-052	TABOADA	07-28-2019	K11-052L	FS AM
0014		24772-057	VALENZUELA-LIZARRAG	07-28-2019	K08-024L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/28/19 **COUNT TIME:** 10 A.M.

FROM: Strakes (Staff Member Preparing Out Count) **LOCATION:** HOSP

APPROVED: [redacted] (Operations Lieutenant)

	REG #	NAME	UNIT
1.	86764-054	Duncan	KS
2.	86768-054	Mcduffie	KS
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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	2	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.

NYMBH 530*05 * INMATE ROSTER * 07-28-2019
PAGE 001 OF 001 09:28:35

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	86764-054	DUNCAN	07-28-2019	K12-065U	FS PM SUICIDE OR
0002		86768-054	MCDUFFIE	07-28-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07/28/19 COUNT TIME: 10:00Am

FROM: [redacted] LOCATION: Atty Conf

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	86943-054	MACK	
2.	85984-054	CABA BATISA	
3.	76318-054	Epstein	
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N	1	G-S		H-A	1
I-N		K-N	1	K-S		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.

NYMBH 530*05 * INMATE ROSTER * 07-28-2019
PAGE 001 OF 001 09:38:57

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	85984-054	CABA BATISTA	07-28-2019	K03-123U	UNIT 11N
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG
0003		86943-054	MACK	07-28-2019	G05-737U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 7-28-19
Count: 73 Time: 10AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 7/28/19
Count: 14 Time: 10 am
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 4HY CONT Date: 7/28/19
Count: 3 Time: 10:00Am
1. Print Name: [redacted]
1. Signature:
2. Print Name:
2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: B-A Date 7/28/19
Count: 26 Time: 10:00A
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 4Top Date 7/28/19
Count: 3
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/28/19
Count: 1 Time: 10:00 AM
Print Nam [redacted]
Signature:
Print Nam
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/28/19
Count: 87 Time: 10:00
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 7/28/19
Count: 85 Time: 10:00am
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7-28-19
Count: 10 Time: 10 00 am
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: I-N Date 7-28-19
Count: 93 Time: 10:00 A.M.
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date 7/28/19
Count: 121 Time: 10 A.M.
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date 7/28/19
Count: 64 Time: 10:00 AM
Print Name [redacted]
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 7-28-2019
Count: 87 Time: 10:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/28/2019
Count: 91 Time: 10:00 AM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7-28-19
Count: 5 Time: 1000 AM
Print Name: [redacted]
Signature:
Print Name:
Signature

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-28-2019
PAGE 001 * NEW YORK MCC * 21:37:06
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	FFNYS	FFS	HOSP	MS	R&D	SAN1	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	E-N
E-S	85	.	.	.	.	.	1	.	.	.	.	.	1		84	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.		70	G-N
G-S	90	.	.	.	.	.	.	.	.	.	.	.	.		90	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.		2	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.		93	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88	K-N
K-S	137	.	.	.	.	.	.	.	.	.	.	.	.		137	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	74	.	.	.	.	.	.	.	.	.	.	.	.		74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	767	.	.	.	.	.	1	.	.	.	.	.	1		766	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 10:42pm

Good Verbal: 10:34pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07/28/2019 **COUNT TIME:** 10:00PM

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	89673-053	MERSEY	ES	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	1	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.

NYMAQ 530*05 * INMATE ROSTER * 07-28-2019
PAGE 001 OF 001 20:42:58

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	89673-053	MERSEY	07-28-2019	B12-592U	FS PM SUICIDE OR

G00,0 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/28/19
Count: 87 Time: 10:00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/28/19
Count: 10 Time: 10:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/28/19
Count: 26 Time: 10:00 P.M
Print Name: [redacted]
Signature
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: G-N Date 7 28 19
Count: 76 Time: 10 pm
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/28/2019
Count: 90 Time: 10:00 PM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 07/28/2019
Count: 84 Time: 10:00PM
Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 07/28/2019
Count: 88 Time: 10pm
Print Name: A. Roberts
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7-28-19
Count: 93 Time: 10:00pm
Print Name: S. Espinet
Signature:
Print Name: R Hallett
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/28/19
Count: 2 Time: 10:00 P.M
Print Name:
Signature:
Print Name: R Hallett
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 2-A Date 7-28-19
Count: 74 Time: 10:00pm
Print Name: R. Adams
Signature:
Print Name: M. MAIGO
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: 14S Date: 7-28-19
Count: 137 Time: 10:00PM
Print Name: G. Benjamin
Signature:
Print Name: A. Robbins
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date 7/28/19
Count: 1 Time: 10:00 p.m
Print Name:
Signature:
Print Name: R Hallett
Signature

Metropolitan Corr
Offi

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 7/28/19
Count: 5 Time: 10pm
Print Name: J Johns
Signature:
Print Name: R Adams
Signature

NYMES 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-31-2019
PAGE 001 * NEW YORK MCC * 02:11:09
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	25														25	B-A
C-A	10														10	C-A
E-N	85														85	E-N
E-S	84														84	E-S
G-N	69														69	G-N
G-S	92														92	G-S
H-A	0														0	H-A
I-N	92														92	I-N
K-N	91														91	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	69														69	Z-A
Z-B	5														5	Z-B
TOTAL	760														760	

COUNT VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 4/11am

GOOD VERBAL: 351am

EFTA00050121

Metropolitan Correctional Center
Official Count Slip

Unit: FN / Date 7/31/19 /
Count: 85 / Time: 300 AM
Print [redacted]
Signa
Print
Signa

Metropolitan Correctional Center
Official Count Slip

Unit: C-A / Date 7/31/19 /
Count: 10 / Time: 3 00 AM
Print Na CW
Signatu [redacted]
Print Na
Signatu

Metropolitan Correctional Center
Official Count Slip

Unit: BA / Date 7-31-19 /
Count: 25 / Time: 3:00AM
Print Name: [redacted]
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: G-S / Date: 07-31-19 /
Count: 98 / Time: 3:00 AM
Pri [redacted]
Sig
Pri
Sig

Metropolitan Correctional Center
Official Count Slip

Unit: GN / Date 7/31/19 /
Count: 69 / Time: 3:00AM
Print Na [redacted]
Signatu
Print Na
Signatur

Metropolitan Correctional Center
Official Count Slip

Unit: E-S / Date 07/31/19
Count: 84 / Time: 0300
Pr [redacted]
Si
Pr
Si

Metropolitan Correctional Center
Official Count Slip

Unit: KS / Date: 7-31-19
Count: 138 / Time: 300Am
Print [redacted]
Signa
Print
Signa

Metropolitan Correctional Center
Official Count Slip

Unit: IN / Date 7/31/19 /
Count: 92 / Time: 300AM
Prin [redacted]
Sign
Prin
Sign

Metropolitan Correctional Center
Official Count Slip

Unit: KN / Date 7/31/19 /

Count: 91 / Time: 3:00 am /

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB / Date 7/31/19 /

Count: 5 / Time: 3:00 /

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date [redacted]

Count: [redacted] Time: 3:00 am

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-31-2019
PAGE 001 * NEW YORK MCC * 16:13:19
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT COUNT SECTION: OFFNYE	OFFNYS	OFFSP	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	24	.	.	.	.	.	.	.	.	6	.	.	6		18	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.		84	E-N
E-S	82	.	.	.	.	3	.	.	.	.	.	.	3		79	E-S
G-N	70	.	.	1	.	.	.	.	.	.	.	.	1		69	G-N
G-S	92	.	.	.	1	.	.	.	.	.	.	.	1		91	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.		1	H-A
I-N	88	1	.	.	.	.	.	.	.	.	.	.	1		87	I-N
K-N	89	.	.	1	.	.	.	.	.	.	.	.	1		88	K-N
K-S	137	.	.	.	.	9	.	.	.	.	.	.	9		128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	75	1	.	.	.	.	.	.	.	.	.	.	1		74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	757	2	.	2	1	12	.	.	.	6	.	.	23		734	
COUNT VERIFY		X		X	X	X				X						

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT: [redacted]
COUNT CLEARED TIME: [redacted]
Good Verbal: [redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/31/19 **COUNT TIME:** 4:00 pm

FROM [redacted] **LOCATION:** Sani

APPR [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	56431-479	Laure	BA	13.			
2.	76049-054	Carillo	BA	14.			
3.	76187-054	Dreiksena	BA	15.			
4.	85954-054	Nazina	BA	16.			
5.	86411-054	Roberts	BA	17.			
6.	76261-054	Maksimovic	BA	18.			
7.				19.			
8.				20.			
9.				21.			
10.				22.			
11.				23.			
12.				24.			

OUT-COUNT BY UNIT

B-A	6	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: 6

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 * INMATE ROSTER * 07-31-2019
PAGE 001 OF 001 16:04:37

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: SANI FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	SANI	76049-054	CARRILLO	07-31-2019	B01-202L	COMMISSARY
						UNASSG
0002		76187-054	DREIKSRNA	07-31-2019	B01-218L	COMMISSARY
0003		56431-479	LAURE-TESISTECO	07-31-2019	B01-202U	COMMISSARY
0004		76261-054	MAKSIMOVIC	07-31-2019	B01-218U	UNASSG
0005		85954-054	NAZINA	07-31-2019	B01-219U	COMMISSARY
0006		86411-054	ROBERTS	07-31-2019	B01-201L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-31-19 **COUNT TIME:** 400pm

FROM: [redacted] **LOCATION:** 7/S

APPROVE

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	77863-112	Bang	K-S	13.			
2.	68683-066	Clark	E-S	14.			
3.	60685-050	Jockery	E-S	15.			
4.	51702-069	Estrada	K-S	16.			
5.	76161-054	Granados	K-S	17.			
6.	86535-054	Kamara	K-S	18.			
7.	50659-018	Kirk	E-S	19.			
8.	85976-054	Martinez	K-S	20.			
9.	86026-054	Merchant	K-S	21.			
10.	85927-054	Romero	K-S	22.			
11.	79652-054	Thomas	K-S	23.			
12.	79965-054	Thomas	K-S	24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	3	G-N		G-S		H-A	
I-N		K-N		K-S	9	R-A		Z-A		Z-B			

Total Out-Counted: 12

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.

NYMBU 530*05 * INMATE ROSTER * 07-31-2019
PAGE 001 OF 001 14:30:17

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	07-31-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	07-31-2019	E12-593U	FS PM
0003		60685-050	DOCKERY	07-31-2019	K07-549U	FS PM
0004		51702-069	ESTRADA-RODRIGUEZ	07-31-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	07-31-2019	K07-007L	FS PM
0006		86535-054	KAMARA	07-31-2019	K11-053U	FS PM
0007		50659-018	KIRK	07-31-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	07-31-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	07-31-2019	K12-061L	FS PM
0010		85927-054	ROMERO-GRANADOS	07-31-2019	K10-045U	FS PM
0011		79652-054	THOMAS	07-31-2019	K08-074U	FS PM
0012		79965-054	THOMAS	07-31-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-31-2019 **Count Time: 4:00 pm**

From: [redacted] **Location: FNYE**

Appro [redacted]

REG.....	LN.....	FN.....	QTR.....
83053-053	BROWN	MICHAEL	G01-705U
91200-053	PEREZ	SANC HUGO	K04-132U

B-A ___C-A ___ E-N____E-S __G-N_1__ G-S ___
H-A __I-N___ K-N__1__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 is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 07-31-2019
PAGE 001 OF 001 15:50:12

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYE FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	83053-053	BROWN	07-31-2019	G01-705U	UNASSG
0002		91200-053	PEREZ SANCHEZ	07-31-2019	K04-132U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-31-2019 **Count Time: 4:00 pm**

From: [redacted] **Location: FNYS**

Appro [redacted]

REG.....	LN.....	FN.....	QTR.....
66471-054	BANKS	JAMIE	G11-783U

B-A ___C-A ___ E-N____E-S __G-N___ G-S _1__
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 is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 07-31-2019
PAGE 001 OF 001 15:50:46

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	66471-054	BANKS	07-31-2019	G11-783U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-31-19 COUNT TIME: 4:00 pm

FROM: [redacted] LOCATION: Atty

APPROVE[redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	91126-053	Araujo	FN	13.			
2.	76318-054	Epstein	ZA	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	1	K-N		K-S		R-A		Z-A	1	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.

NYMAQ 530*05 * INMATE ROSTER * 07-31-2019
PAGE 001 OF 001 15:34:37

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	07-31-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	07-31-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 7/31/19 -
Count: 10 - Time: 4:00 Pm -
Print
Sign
Print
Sign

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA - Date 7/31/19 -
19 -
Time: 4:00PM -

Metropolitan Correctional Center
Official Count Slip

Unit: 4A - Date 7/31/19 -
1 -
Time: 4:00 PM -

Metropolitan Correctional Center
Official Count Slip

Unit: KS - Date: 7/31/19 -
Count: 128 - Time: 4:00 P.M -
Print
Sign
Print
Sign

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date 7/31/19 -
Count: 87 - Time: 4:00 pm -
P

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2A - Date 7/31/19 -
Count: 74 - Time: 4:00pm -

Metropolitan Correctional Center
New York, New York
Official Count Slip

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: SANI - Date 7/31/19 -
Count: 6 - Time: 400 -
Print Name: R Hallett -

Metropolitan Correctional Center
Official Count Slip

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: [illegible] Date 7/31/19

Count: 62 Time: 4pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: [illegible] Date 7/31/19

Count: 61 Time: [illegible]

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7-31-19

Count: 12 Time: 400pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07-31-19

Count: 84 Time: 400PM

Print [redacted]

Signa [redacted]

Print [redacted]

Signa [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 07-31-19

Count: 69 Time: 4pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

[redacted]

Unit: ES Date 7/31/19

Count: 79 Time: 400

Print Nam [redacted]

Signature: [redacted]

Print Nam [redacted]

Signature [redacted]

Unit: ZB Date 7/31/19

Count: 5 Time: 4:00 pm

[redacted]

NYMRS 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-31-2019
PAGE 001 * NEW YORK MCC * 05:16:23
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	OFNYS	OFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	25														25	B-A
C-A	10														10	C-A
E-N	84														84	E-N
E-S	84										1		1		83	E-S
G-N	69														69	G-N
G-S	92														92	G-S
H-A	1														1	H-A
I-N	92														92	T-N
K-N	91														91	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	69														69	Z-A
Z-B	5														5	Z-B
TOTAL	760										1		1		759	

COUNT VERIFY

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

Lock-in: 6:06pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-31-19 **COUNT TIME:** 5 PM

FROM: [redacted] **LOCATION:** TNWDVR

APPROVE [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.				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	1	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.

NYMFM 530*05 * INMATE ROSTER * 07-31-2019
PAGE 001 OF 001 06:22:40

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	07-31-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: C-A Date 7·31/19

Count: 60

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7-31-19

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7-31-19

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/31/19

Count: 69 Time: 5:00 AM

E. Matos

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date 07/31/19

Count: 83 Time: 0500

Print [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/31/19

Count: 84 Time: 500AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7/31/19

Count: 5 Time: 5:30

[redacted]

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Unit: KW Date: 7/31/19

Count: 91 Time: 5:00 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date: 7/31/19

Count: 63

Metropolitan Correctional Center
Official Count Slip

Unit: INWDYR Date: 7/31/19

Time: 3:00AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS **Date:** 7-31-19

Count: 138 **Time:** 5:00 Am

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-31-2019
PAGE 001 * NEW YORK MCC * 21:35:22
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FNYS	OFFS	HOSP	MSS	R&D	SANT	TRNWDV	VISIT	OCUONT	VERIFY COUNT	COUNT	COUNT AREA
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84	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	.	.	.	.	.	1	.	.	.	.	.	1	X	141	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 X

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

good verbal 1041 PM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-31-19 COUNT TIME: 1000 pm

FROM: [redacted] LOCATION: Hosp

APPRO[redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85377-054	Weber	KS	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	1	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.

NYMAQ 530*05 * INMATE ROSTER * 07-31-2019
PAGE 001 OF 001 21:15:34

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	85377-054	WEBER	07-31-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 07-31-19
Count: 84 Time: 10Pm
Print Name
Signature:
Print Name
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/31/19
Count: 10 Time: 1000Pm

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/31/19
Count: 75

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 7/31/2019
Count: 92 Time: 10:00 pm
Print Nam
Signature:
Print Nam

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 07/31/19
Count: 70

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 07-31-19
Count: 82 Time: 1000 PM

Metropolitan Correctional Center
Official Count Slip

Unit: 1A5 Date: 7/31/19
Count: 141 Time: 10:00 P.M
Print
Signat
Print
Signa

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/31/2019
Count: 89 Time: 1600pm
Pri

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 7/31/19
10:00

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 7/31/19

Count: 7B Time: 10:00pm

Print N

Signat

Print N

Signat

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KB Date: 30/7/2019

Count: 0700 Time: 1500 pm

Print Name:

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 7/31/19

Count: X Time: 10:00pm

Print Na

Signatur

Print Na

Signatur

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 4B Date 7-31-19

Count: B Time: 10:00pm

Print N

Signatu

Print N

Signatu

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-30-2019
PAGE 001 * NEW YORK MCC * 21:12:42
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	OFNYS	OFS	HOSP	MS	R&D	SAN1	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.		25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
R-N	85	.	.	.	.	.	.	.	.	.	.	.	.		85	R-N
R-S	84	.	.	.	.	.	.	.	.	.	.	.	.		84	R-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	.		69	G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.		92	G-S
H-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.		92	I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.		91	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.		138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	.		69	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	760	.	.	.	.	.	.	.	.	.	.	.			760	

COUNT VERIFY

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

Good Verbal @ 12:40/cm

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 7/31/19
Count: 85 Time: 12:01 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: C-A Date 7/31/19
Count: 10 Time: 12 AM

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/31/19
Count: 25 Time: 12:01 AM

Metropolitan Correctional Center
Official Count Slip

Unit: G-S Date: 7-31-19
Count: 92 Time: 12:01 A.M

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date 7/31/19
Count: 84 Time: 0001

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/31/19
Count: 69 Time: 12:01 AM

Metropolitan Correctional Center
Official Count Slip

Unit: K-S Date: 7-31-19
Count: 138 Time: 12:01

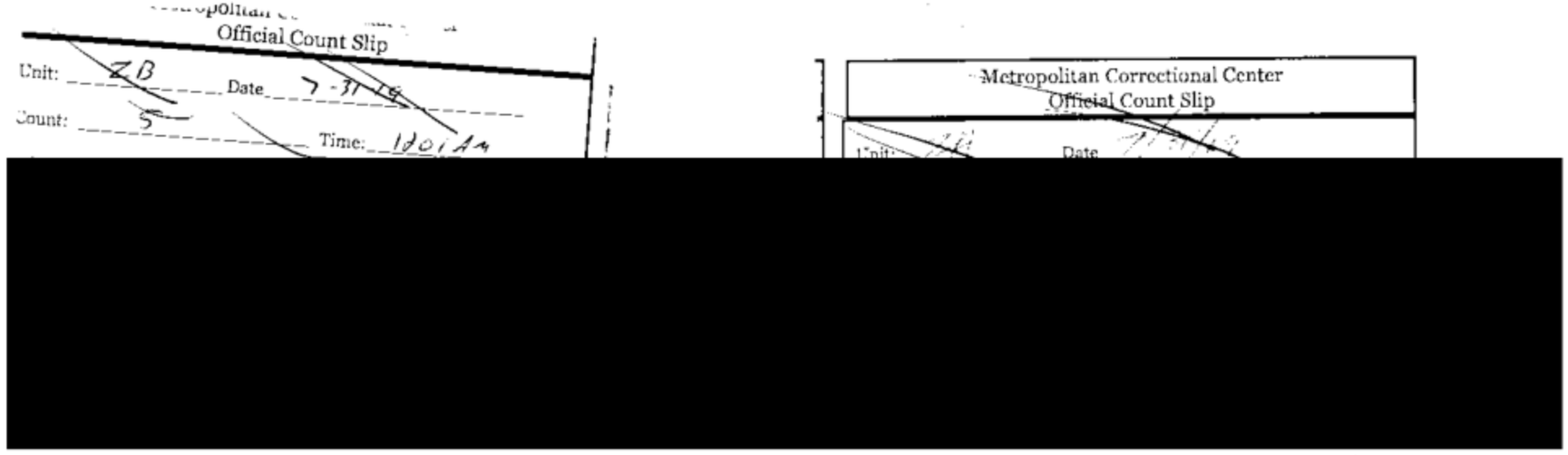
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 07-31-19
Count: 01 Time: 12:01 AM

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 7/31/19
Count: 99 Time: 12:01 AM


Official Count Slip
Unit: 2B
Date 7-31-19
Count: 5
Time: 1201 AM
Metropolitan Correctional Center
Official Count Slip
Date

NYMBII 530.03 * BURKAU OF PRISONS COUNT SHEET * 08-01-2019
PAGE 001 * NEW YORK MCC * 03:17:03
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	COUNT FROM SYS	COUNT HOSP	MISS	SECTION R&D	SECTION SANI	TRNWDV	VISIT	OCUOTN	VERIFY COUNT	COUNT	COUNT AREA
B-A	25													25	B-A
C-A	10													10	C-A
E-N	84					1						1		83	E-N
E-S	82													82	E-S
G-N	70													70	G-N
G-S	92													92	G-S
H-A	1													1	H-A
I-N	89													89	I-N
K-N	90													90	K-N
K-S	142													142	K-S
R-A	0													0	R-A
Z-A	73													73	Z-A
Z-B	5													5	Z-B
TOTAL	763					1						1		762	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT: [redacted]
COUNT CLEARED TIME: 3:36Am

GOOD VERBAL 3:35Am

NYMBH 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 03:16:25

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	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: 8/1/19 **COUNT TIME:** 3:00 PM

FROM [redacted] **LOCATION:** HSU

APPR

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85918-054	Gama-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 8-01-19
3:00AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

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

Metropolitan Correctional Center
Official Count Slip

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

Official Count Slip

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

[redacted]

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Date 8/1/19

Metropolitan Correctional Center
Official Count Slip

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

[redacted]

Official Count Slip

Unit: ZB Date 8/1/19
Count: 5

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/1/19

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/1/19

Count: 142 Time: 3:00 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/1/19

Count: 90 Time: 300 AM

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8-1-19

Count: 1 Time: 3:00pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8-1-19

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-01-2019
PAGE 001 * NEW YORK MCC * 16:41:45
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SSANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
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	78	.	.	.	.	3	.	.	.	.	.	.	3	X	75	E-S
G-N	71	.	.	1	.	.	.	.	.	.	.	.	1	X	70	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	88	2	.	1	.	.	.	.	.	.	.	.	3	X	85	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	.	.	.	1	11	1	.	.	.	.	.	13	X	129	K-S
R-A	2	.	.	.	.	.	.	.	.	.	.	.	.	X	2	R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	.	2	X	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	761	4	.	2	2	14	1	.	.	.	.	.	23		738	
COUNT VERIFY		X		X	X	X	X									

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

good verbal 439

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-1-19 **COUNT TIME:** 4:00pm

FROM: [redacted] **LOCATION:** Hosp
(Out Count)

APPROVED: [redacted]
(ant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85771-054	Miller	KS	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	1	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.

NYMDK 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 15:38:43

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	85771-054	MILLER	08-01-2019	K11-054L	FS AM
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EFTA00050157

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-31-2019 **Count Time: 4:00 pm**

From: S. [redacted] **Location: FNYE**
(Staff Member Supervising Inmates)

Approved: _____
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
76539-067	MARRERO	NORMAN	G01-704U
39715-013	WEBSTER	MARK	I01-904L

B-A ___ C-A ___ E-N____ E-S __ G-N__1__ G-S ___
H-A __ I-N__1__ K-N____ K-S ____ R-A __ Z-A ___ Z-B ___

Total Out-Counted: __02__

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 is to be used only as an Out Count.

NYMDK 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 15:38:19

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYE FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYK	76539-067	MARRERO	08-01-2019	G01-704U	UNASSG
0002		39715-013	WEBSTER	08-01-2019	101-904L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-31-2019 **Count Time: 4:00 pm**

From: [redacted] **Location: FNYS**

Approved: _____
pp **(Operations Lieutenant)**

REG.....	LN.....	FN.....	QTR.....
86553-054	TAVARES-BR	YIRAN	E03-517U
68283-054	WILLIAMS	KARLIEK	K12-071U

B-A ___ C-A ___ E-N__1___ E-S __ G-N___ G-S ___
H-A __ I-N___ K-N____ K-S __1__ R-A __ Z-A ___ Z-B ___

Total Out-Counted: __02__

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 is to be used only as an Out Count.

NYMDK 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 16:55:56

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	86553-054	TAVARES-BRITO	08-01-2019	E03-517U	UNASSG
0002		68283-054	WILLIAMS	08-01-2019	K12-071U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/1/19 **COUNT TIME:** 400PM

FROM: [redacted] **LOCATION:** F/S

APPROVED:

	REG #	NAME	UNIT
1.	77863-112	Bang	K-S
2.	68683-066	Clark	E-S
3.	86764-054	Duncan	K-S
4.	51702-069	Estrada	K-S
5.	76161-054	Granados	K-S
6.	86535-054	Kamara	K-S
7.	50659-018	Kirk	E-S
8.	86026-054	Merchant	K-S
9.	86022-054	Reingold	K-S
10.	08200-070	Rene	E-S
11.	85927-054	Romero	K-S
12.	79652-054	Thomas	K-S
13.	79965-054	Thomas	K-S
14.	01735-007	Sattar	K-S
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	3	G-N		G-S		H-A	
I-N		K-N		K-S	11	R-A		Z-A		Z-B			

Total Out-Counted: 14

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.

NYMBU 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 14:28:39

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-01-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-01-2019	K12-593U	FS PM
0003		86764-054	DUNCAN	08-01-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-01-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-01-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-01-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-01-2019	E07-556U	FS PM
0008		86026-054	MERCHANT	08-01-2019	K12-061L	FS PM
0009		86022-054	REINGOUD	08-01-2019	K12-078U	FS PM
0010		08200-070	RENE	08-01-2019	E09-571U	FS PM LAUNDRY 1
0011		85927-054	ROMERO-GRANADOS	08-01-2019	K10-045U	FS PM
0012		01735-007	SATTAN	08-01-2019	K07-001L	FS AM
0013		79652-054	THOMAS	08-01-2019	K08-074U	FS PM
0014		79965-054	THOMAS	08-01-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EFTA00050163

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

COUNT TIME: 4:00 pm

DATE: 08-01-19

LOCATION: Atty Conf

FROM: [redacted]

APPROVED: _____ (Operations Lieutenant)

	REG #	NAME	UNIT
1.	91126-053	ARAUJO	IN
2.	86019-054	Myrie	IN
3.	76318-054	Epstein	ZA
4.	78514-054	TARTAGlione	ZA
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N	
I-N	2	K-N		K-S		R-A		Z-A	2
G-S		H-A							
Z-B									

Total Out-Counted: 24

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 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 15:50:29

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-01-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-01-2019	Z04-206LAD	UNASSG
0003		86019-054	MYRIE	08-01-2019	I03-922U	UNASSG
0004		78514-054	TARTAGLIONE	08-01-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-01-19
Count: 83 Time: 4:00pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date Aug 1, 2019
Count: 10 Time: 4:00pm

Metropolitan Correctional Center
Official Count Slip

Unit: 6A Date 08/01/19
Count: [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/2019
Count: 88 Time: 4:00PM
Print Na
Signatur
Print Na
Signatur

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8/1/19
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/1/19
Count: 75 Time: 4:00PM

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8-1-2019
Count: 89 Time: 4:00pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 7N Date 8-1-2019
Count: 86 Time: 4:00pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 4A Date 08/01/19
Count: [redacted] Time: 4:00pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date 8/1/19

Count: 76 Time: 4:00 pm

[redacted]

Official Count Slip

Unit: [redacted] Date [redacted]

Count: [redacted] Time: [redacted]

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date [redacted]

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K9 Date 8/1/19

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 4058 Date 08/01/19

Count: 1 Time: 4:00 PM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: A4+4 Date: 8/1/19

Count: 4 Time: 4:00

Pri[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 8-1-19

[redacted]

NYMA7 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-01-2019
PAGE 001 * NEW YORK MCC * 05:09:42
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANT	TRNWDV	VISIT	OCUONT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	25														25	B-A
C-A	10														10	C-A
E-N	84						1						1		83	E-N
E-S	82										1		1		81	E-S
G-N	70														70	G-N
G-S	89														89	G-S
H-A	1														1	H-A
T-N	89														89	T-N
K-N	90														90	K-N
K-S	142														142	K-S
R-A	0														0	R-A
Z-A	76														76	Z-A
Z-B	5														5	Z-B
TOTAL	763						1				1		2		761	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT: [redacted]
COUNT CLEARED TIME: 5:48Am

GOOD VERBALS: 5:47AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/1/19

COUNT TIME: 5:00 AM

FROM: [redacted]

LOCATION: Tour Pr

APPROVED:

	REG #	NAME	UNIT
1.	57084-056	Harrison	E-S
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	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.

NYMA7 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 05:08:24

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-01-2019	508-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/1/19 COUNT TIME: 5:00 PM

FROM: [redacted] LOCATION: Dock

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	Gama-Pinda	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.

NYMA7 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 05:09:07

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	85918-054	GAMA-PINRDA	08-01-2019	R05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: E-N Date 08-01-2019
Count: 83 Time: 5:00AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/1/19
Count: 10 Time: 5:00 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8-1-19
Count: 25 Time: 5:00AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/2019
Count: 89 Time: 500 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8-1-19
Count: 70 Time: 5 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/1/19
Count: 81 Time: 5:00 AM
Print Nam[redacted]
Signature:

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 8/1/19
Count: 5 Time: 500
Print N[redacted]
Signatu
Print N
Signatu

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/1/19
Count: 90 Time: 500 AM
Print Nam[redacted]
Signature
Print Nam
Signature

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/1/19
Count: 80 Time: 500
Pri[redacted]
Sig
Pri
Sig

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/01/2019

Count: 76 Time: 500 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8-1-19

Count: 1 Time: 5:00AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date: 8/1/19

Count: 142 Time: 5:00AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: WDVR Date: 8/1/19

Count: 1 Time: 5:00AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8-1-19

Count: 1 Time: 5:00AM

[redacted]

NYMBE 530.03 * BURRAU OF PRISONS COUNT SHEET * 08-01-2019
PAGR 001 * NEW YORK MCC * 21:53:14
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTFNYR	COUNTFNYS	SECTIONFNYS	HOSP	MS	R&D	SANI	TRNDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	87													X	87	E-N
E-S	78						1						1	X	77	E-S
G-N	71													X	71	G-N
G-S	89													X	89	G-S
H-A	1													X	1	H-A
I-N	88													X	88	I-N
K-N	90													X	90	K-N
K-S	145													X	145	K-S
R-A	0													0	0	R-A
Z-A	76													X	76	Z-A
Z-B	5													X	5	Z-B
TOTAL	766						1						1		765	

COUNT VERIFY X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal: 10:51 P.M JJ

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/1/19 **COUNT TIME:** 10:00 pm

FROM: C/O HP **LOCATION:** HOSP

APPROVED: [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	78359-053	TISDALE	ES	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	1	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.

NYMDK 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 21:21:22

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	78359-053	TISDALE	08-01-2019	E11-581U	EDUCATION
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EFTA00050177

Metropolitan Correctional Center
Official Count Slip

Unit: 2B Date 8/1/19
Count: 5 Time: 10 pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 8/1/19
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date [redacted]
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/1/19
Count: 77 Time: 10:00pm
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-01-19
Count: 87 Time: 10PM

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/1/2019
Count: 145 Time: 10:00pm

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8/1/19
Count: 1 Time: 10 00 pm
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date 8/1/19
Count: 1 Time: 10 00

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/1/2019

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/1/19

Count: 10 Time: 1000Pm

Print Na

Signature

Print Na

Signature

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/1/19

Count: 26 Time: 10

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8/1/2019

Count: 89 Time: 1000H

Print Na

Signature

Print Na

Signatur

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8-1-19

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 07-31-2019
PAGE 001 * NEW YORK MCC * 22:52:18
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	25														25	B-A
C-A	10														10	C-A
E-N	84						1						1		83	E-N
E-S	82														82	E-S
G-N	70														70	G-N
G-S	92														92	G-S
H-A	1														1	H-A
I-N	89														89	I-N
K-N	90														90	K-N
K-S	142														142	K-S
R-A	0														0	R-A
Z-A	73														73	Z-A
Z-B	5														5	Z-B
TOTAL	763						1						1		762	

COUNT VERIFY

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal 8:10 DL/bm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-01-19 **COUNT TIME:** 12⁰¹ AM

FROM: [redacted] t Count) **LOCATION:** Hosp

APPROVE [redacted] t)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86831-054	Rodriguez	EN	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 * INMATE ROSTER * 07-31-2019
PAGE 001 OF 001 22:51:51

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	86831-054	RODRIGUEZ	07-31-2019	E04-525L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EFTA00050182

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/1/19
Count: 10 Time: 12:01 Am
Print Name:
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/1/19
Count: 25 Time: 12:01 Am

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/1/19
Count: 7 Time: 12:01 Am

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8-1-19
Count: 70 Time: 12 01 Am
Print Name:
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date 08/01/2019
Count: 82 Time: 12:01Am

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08/01/2019
Count: 83 Time: 12:01 Am

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/1/19
Count: 89 Time: 12 01 am
Print Name:
Signature:
Print Name:
Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8/1/19
Count: 1 Time: 12:01 Hm

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 8/1/19
Count: 98

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/1/19

Count: 41 Time: 12:01 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 8/1/19

Count: 90 Time: 12:01

Print Name: [redacted]

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 8-1-19

Count: 5 Time: 12:01AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 8/1/2019

Count: 73 Time: 12:01

[redacted]

NYMES 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-02-2019
PAGE 001 * NEW YORK MCC * 02:00:10
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	COUNT FOR NYS	SHOP	MS	SECTION R&D	SAN I	TRNWDV	VISIT	OCUOTUN T	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													26	B-A
C-A	10													10	C-A
E-N	87					1						1		86	E-N
E-S	78													78	E-S
G-N	71													71	G-N
G-S	89													89	G-S
H-A	1													1	H-A
I-N	88													88	I-N
K-N	90													90	K-N
K-S	145													145	K-S
R-A	0													0	R-A
Z-A	76													76	Z-A
Z-B	5													5	Z-B
TOTAL	766					1						1		765	

COUNT VERIFY

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

Good Verbal. 3360m

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/2/19 COUNT TIME: 3:00 AM

FROM: [redacted] LOCATION: HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA	EN	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.

NYMES 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 01:59:29

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	85918-054	GAMA-PINEDA	08-02-2019	R05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/2/19
Count: 1 Time: 3:00

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/2/19

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/2/19
Count: 26 Time: 3:00AM

Metropolitan Correctional Center
Official Count Slip

Unit: E5 Date: 8/2/2019
Count: 78 Time: 03:00Am

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 8/2/2019
Count: 86 Time: 03:00Am

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/2/19

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/2/19
Count: 88 Time: 3:00AM
Print
Sign
Print
Sign

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 69
Count:
Date:

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
Official Count Slip

Unit: 23 Date 8/2/19

Count: 5 Time: 3:00 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 2A Date 8/2/19

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K8 Date 8/2/2019

Count: 145 Time: 3:00 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date 8.2.19

[redacted]

NYMH3 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-02-2019
PAGE 001 * NEW YORK MCC * 17:27:32
QTRC EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF COUNT SECTION: OFNYE	PNYS	FS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	.	X	86	E-N
E-S	77	.	.	.	.	4	.	.	.	.	.	.	4	X	73	E-S
G-N	72	.	.	.	.	.	.	.	.	.	.	.	.	X	72	G-N
G-S	82	.	.	.	2	.	.	.	.	.	.	.	2	X	80	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	1	.	.	.	.	.	.	.	.	.	.	1	X	86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	143	.	.	.	2	10	1	.	.	.	.	.	13	X	130	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	79	1	.	.	.	.	.	.	.	.	.	.	1	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	756	2	.	.	4	14	1	.	.	.	.	.	21		735	
COUNT VERIFY		X			X	X	X									

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

good verbal 5:43 pm
clear count 5:45 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/2/19 **COUNT TIME:** 4 pm

FROM: [redacted] **LOCATION:** FS
(ng Out Count)

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	77863-112	Bang	KS
2.	85410-054	Brown	ES
3.	68683-066	CLARK	ES
4.	86764-054	Duncan	KS
5.	51702-069	Estrada	KS
6.	86535-054	KAMARA	KS
7.	50659-018	KIRK	ES
8.	85976-054	MARTINEZ	KS
9.	86026-054	Merchant	KS
10.	86022-054	Reingoud	KS
11.	08200-070	Reneé	ES
12.	85927-054	Romero	KS
13.	79965-054	Thomas	KS
14.	76161-054	Granados	KS
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	4	G-N		G-S		H-A	
I-N		K-N		K-S	10	R-A		Z-A		Z-B			

Total Out-Counted: 14

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.

NYMH4 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 14:27:10

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-02-2019	K12-062U	FS PM
						SUICIDE OR
0002		85410-054	BROWN	08-02-2019	K11-581L	FS PM
0003		68683-066	CLARK	08-02-2019	E12-593U	FS PM
0004		86764-054	DUNCAN	08-02-2019	K12-065U	FS PM
						SUICIDE OR
0005		51702-069	ESTRADA-RODRIGUEZ	08-02-2019	K09-025U	FS PM
0006		76161-054	GRANADOS-CORONA	08-02-2019	K07-007L	FS PM
0007		86535-054	KAMARA	08-02-2019	K11-053U	FS PM
0008		50659-018	KIRK	08-02-2019	K07-556U	FS PM
0009		85976-054	MARTINEZ	08-02-2019	K09-027U	FS PM
0010		86026-054	MERCHANT	08-02-2019	K12-061L	FS PM
0011		86022-054	REINGOUD	08-02-2019	K12-078U	FS PM
0012		08200-070	RENE	08-02-2019	K09-571U	FS PM
						LAUNDRY 1
0013		85927-054	ROMERO-GRANADOS	08-02-2019	K10-045U	FS PM
0014		79965-054	THOMAS	08-02-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMDW 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 16:32:37

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	67290-054	BINNS	08-02-2019	K12-070U	UNASSG
0002		87067-054	JIMENEZ	08-02-2019	G08-764U	UNASSG
0003		76172-054	NAJERA-MONTOYA	08-02-2019	G07-755L	UNASSG
0004		08322-018	SAMUELS-DURAN	08-02-2019	K08-019L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

[redacted] **Count Time: 4:00 pm**

Location: FNYS

Approved:_____
pp (Operations Lieutenant)

REG..... LN..... FN..... QTR.....

CRT	FNYS	76172-054	NAJERA-MON FREDY	G07-755L
CRT	FNYS	87067-054	JIMENEZ LEOCADIO	G08-764U
CRT	FNYS	08322-018	SAMUELS-DU CARLOS	K08-019L
CRT	FNYS	67290-054	BINNS RASHEED	K12-070U

B-A ___C-A ___ E-N____E-S __G-N_2_ G-S ___
H-A __I-N___ K-N____K-S ___2_R-A __Z-A ___ Z-B ___

Total Out-Counted: _04_

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 is to be used only as an Out Count.

NYMDW 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 16:29:12

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	85377-054	WEBER	08-02-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/02/2019 **COUNT TIME:** 4:00pm

FROM: [redacted] **LOCATION:** HOSP

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85377-054	Weber	KS	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	1	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.

NYMDW 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 16:30:09

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-02-2019	T04-930U	UNASSG
0002		76318-054	EPSTEIN	08-02-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/2/19 **COUNT TIME:** 4 :PM

FROM: [redacted] (Count) **LOCATION:** ATTY

APPROVED: [redacted] (Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	76318-054	EPSTEIN	2A	13.			
2.	91126-053	ARANJO	FN	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	1	K-N		K-S		R-A		Z-A	1	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.

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8/2/19
Count: 1 Time: 4:00pm
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/2/19
Count: 1 Time: 4:00 pm
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/2/19
Count: 25 Time: 4:00 pm
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: E-S Date 8/2/19
Count: 73 Time: 4:00
Print Name: [redacted]
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 08-02-19
Count: 86 Time: 400Pm
Print Na[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/2/19
Count: 10 Time: 400Pm
Print Name: [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8.2.2019
Count: 86 Time: 4:00pm
[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: G-S Date: 08-2-19
Count: 80 Time: 4:00 P.M
Pr[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8-2-19
Count: 12 Time: 4:00pm
Print N[redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS Date: 8-2-19

Count: 4 Time: 4:20

1. Print Na
1. Signatur
2. Print Na
2. Signatur

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/2/19

Count: 14 Time: 4pm

Print Name:
Signature:
Print Name:
Signature:

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 8/2/19

Count: 5

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 8/2/19

Count: 18

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 08/02/2019

Count: 130 Time: 4pm

Print Na
Signatur
Print Na

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/2/2019

Count: 89 Time: 4:50 pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ATTY Date: 8/2/19

Count: 2 Time: 4. PM

[redacted]

NYMES 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-02-2019
PAGE 001 * NEW YORK MCC * 05:02:24
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	87						1						1	X	86	E-N
E-S	78										1		1	X	77	E-S
G-N	71													X	71	G-N
G-S	89													X	89	G-S
H-A	1													X	1	H-A
I-N	88													X	88	I-N
K-N	90													X	90	K-N
K-S	145													X	145	K-S
R-A	0														0	R-A
Z-A	76													X	76	Z-A
Z-B	5													X	5	Z-B
TOTAL	766						1				1		2		764	

COUNT VERIFY X X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Head Verbal: 5:35AM

NYMRS 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 05:02:00

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-02-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/2/2019 **COUNT TIME:** 500Am

FROM: [redacted] **LOCATION:** Town driver

APPROVE [redacted]

	REG #	NAME	UNIT
1.	57084	Harrison	E5
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	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.

NYMES 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 04:58:05

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	85918-054	GAMA-PINEDA	08-02-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 9/2/19 COUNT TIME: 5:00 Am

FROM: [redacted] LOCATION: Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	Grant	EN	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.



[redacted]

Signature

NYMBE 530.03 * BURBAU OF PRISONS COUNT SHEET * 08-02-2019
PAGE 001 * NEW YORK MCC * 21:34:22
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FNYS	FS	HOSP	MS	R&D	SAN1	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	.	1		77	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.		78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.		82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.		1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.		142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.		77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	761	.	.	.	.	.	1	.	.	.	.	.	1		760	

COUNT VERIFY

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT [redacted]
COUNT CLEARED TIME [redacted]

9/1 1039 PM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-02-19 **COUNT TIME:** 10PM

FROM: [redacted] **LOCATION:** HASP

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	78359053	Tisdale	E-S	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	1	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.

NYMBE 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 20:29:19

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	78359-053	TISDALE	08-02-2019	R11-581U	EDUCATION
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMF3 530.03 * BURKAU OF PRISONS COUNT SHRET * 08-01-2019
PAGE 001 * NEW YORK MCC * 23:45:16
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYK	FNYS	OFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	AREA
B-A	26													✓	26	B-A
C-A	10													✓	10	C-A
E-N	87						1						1	✓	86	E-N
E-S	78													✓	78	E-S
G-N	71													✓	71	G-N
G-S	89													✓	89	G-S
H-A	1													✓	1	H-A
I-N	88													✓	88	I-N
K-N	90													✓	90	K-N
K-S	145													✓	145	K-S
R-A	0													—	0	R-A
Z-A	76													✓	76	Z-A
Z-B	5													✓	5	Z-B
TOTAL	766						1						1		765	

COUNT VERIFY ✓

OFFICIAL PREPARING C
OFFICIAL TAKING C
COUNT CLEARED

[redacted]

Good Verbals 1 11/am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/21/19 COUNT TIME: 1210 Hm

FROM: [redacted] LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86831-054	RODRIGUEZ SN		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.

NYMF3 530*05 * INMATE ROSTER * 08-01-2019
PAGE 001 OF 001 23:42:52

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	86831-054	RODRIGUEZ	08-01-2019	E04-525L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

Signature:



NYMGK 530.03 * BURRAU OF PRISONS COUNT SHEET * 08-03-2019
PAGE 001 * NEW YORK MCC * 01:42:24
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SSANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87						1						1		86	E-N
E-S	78														78	E-S
G-N	78														78	G-N
G-S	82														82	G-S
H-A	1														1	H-A
I-N	87														87	I-N
K-N	88														88	K-N
K-S	142														142	K-S
R-A	0														0	R-A
Z-A	77														77	Z-A
Z-B	5														5	Z-B
TOTAL	761						1						1		760	

COUNT VERIFY

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

GOOD VERBAL
3:01A

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/31/19 COUNT TIME: 3:00 PM

FROM: [redacted] LOCATION: Host

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA	EN	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.

NYMGK 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 01:41:09

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	85918-054	GAMA-PINEDA	08-03-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center

[redacted]

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-03-2019
PAGE 001 * NEW YORK MCC * 15:56:23
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	COUNT FROM NYS	SHOPS	MS	SECTION R&D	SA NI	TRNWD V	VISIT	OCUOTU N T	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.		87	E-N
R-S	78	.	.	.	4	.	.	.	.	.	.	4		74	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.		78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.		82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.		1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.		87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.		88	K-N
K-S	142	.	.	.	7	1	.	.	.	.	.	8		134	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	77	1	.	.	.	.	.	.	.	.				76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.				5	Z-B
TOTAL	761	1	.	.	11	1	.	.	.	.				48	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLRARED TIME:

Good Verbal

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/03/2019 **COUNT TIME:** 4:00 pm

FROM: [redacted] ount) **LOCATION:** HOSP

APPROVED: [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86768-054	Meduffy	KS	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	1	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.

NYMAQ 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 15:53:48

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	86768-054	MCDUFFIE	08-03-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE [redacted] TIME: 4PM

FROM [redacted] LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	68683-066	CLARK	ES	22			
3	86764-054	DUNCAN	KS	23			
4	51702-069	ESTRADA	KS	24			
5	50659-018	KIRK	ES	25			
6	85976-054	MARTINEZ	KS	26			
7	86026-054	MERCHANT	KS	27			
8	79965-054	THOMAS	KS	28			
9	89673-053	MERSEY	ES	29			
10	86022-054	REINGOUD	KS	30			
11	08200-070	RENE	ES	31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A ___ G-N ___ K-N ___ H-A ___
C-A ___ G-S ___ Z-A ___
E-N ___ I-N ___ Z-B ___
E-S 4 ___ K-S 7 R-A ___

TOTAL ON OUT-COUNT: 11

[redacted] hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMH4 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 14:25:16

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-03-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-03-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-03-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-03-2019	K09-025U	FS PM
0005		50659-018	KIRK	08-03-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	08-03-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	08-03-2019	K12-061L	FS PM
0008		89673-053	MERSEY	08-03-2019	E12-592U	FS PM SUICIDE OR
0009		86022-054	REINGOUD	08-03-2019	K12-078U	FS PM
0010		08200-070	RENE	08-03-2019	E09-571U	FS PM LAUNDRY 1
0011		79965-054	THOMAS	08-03-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EFTA00050227

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

COUNT TIME: 4 00 pm

DATE: 8·3·19

LOCATION: Atty. Conf.

FROM: [redacted]

APPROVED:

	REG #	NAME	UNIT
1.	76318-054	Epstein	2A
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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	1	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.

NYMAQ 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 15:55:18

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	08-03-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center

[redacted]

[redacted]

NYMGK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-03-2019
PAGE 001 * NEW YORK MCC * 01:42:24
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFSP	HOSP	MSR&D	SSANI	TRNWDV	VTSTT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26												X	26	B-A
C-A	10												X	10	C-A
E-N	87						1					1	X	86	E-N
E-S	78												X	78	E-S
G-N	78												X	78	G-N
G-S	82												X	82	G-S
H-A	1												X	1	H-A
I-N	87												X	87	I-N
K-N	88												X	88	K-N
K-S	142												X	142	K-S
R-A	0													0	R-A
Z-A	77												X	77	Z-A
Z-B	5												X	5	Z-B
TOTAL	761						1							0	

COUNT VERIFY X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Medical
5:36

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/3/19 COUNT TIME: 5:00AM

FROM: [redacted] LOCATION: HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA	GN	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.

NYMGK 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 01:41:09

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	85918-054	GAMA-PINEDA	08-03-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 8/3/19

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center

Unit:
Coun
Print
Signa
Print
Signa

[redacted]

[redacted]

Print Name: _____

Signature _____

NYMA3 530.03 * BURRAU OF PRISONS COUNT SHEET * 08-03-2019
PAGE 001 * NEW YORK MCC * 09:46:09
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	2	3	X	75	R-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	1	.	.	.	.	.	1	X	87	K-N
K-S	142	1	.	.	.	13	.	.	.	.	.	.	14	X	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	0	0	R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	.	1	X	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	761	2	.	.	.	14	1	.	.	.	.	.				
COUNT VERIFY		X				X	X									

OFFICIAL PREPARING C[redacted]
OFFICIAL TAKING C[redacted]
COUNT CLEARED [redacted]

Good Verbal; 10:43A-M

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/3//2019 TIME: 10:00AM

FROM: [redacted] LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	61876-054	JOHNSON	KS	21			
2	86024-054	MONASTERIO	KS	22			
3	15657-179	GONZALEZ	FS	23			
4	01558-112	MANSON	KS	24			
5	23789-057	BARRERA	KS	25			
6	85771-054	MILLER	KS	26			
7	86074-054	OCHOA	KS	27			
8	76149-054	PRICE	KS	28			
9	06303-082	RIVERA	KS	29			
10	85571-054	SALEH	KS	30			
11	11714-052	TABOADA	KS	31			
12	79752-054	RIVERO	KS	32			
13	01735-007	SATTAN	KS	33			
14	79196-054	KOURANI	KS	34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS BY UNIT:

B-A _____ G-N _____ K-N _____ H-A _____
C-A _____ G-S _____ Z-A _____
E-N _____ I-N _____ Z-B _____
E-S _____ K-S_13 _____ R-A _____

TOTAL O[redacted]

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMH4 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 09:26:32

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	23789-057	BARRERA	08-03-2019	K07-008U	UNASSG
0002		15657-179	GONZALEZ	08-03-2019	E10-579L	WAREHOUSE
0003		61876-054	JOHNSON	08-03-2019	K11-053U	FS AM
0004		79196-054	KOURANI	08-03-2019	K07-008L	FS AM
0005		01558-112	MANSON	08-03-2019	K08-016L	FS AM
0006		85771-054	MILLER	08-03-2019	K11-054L	FS AM SUICIDR OR
0007		86024-054	MONASTERIO	08-03-2019	K08-074L	FS AM
0008		86074-054	OCHOA	08-03-2019	K08-020L	FS AM
0009		76149-054	PRICE	08-03-2019	K08-014L	FS AM
0010		06303-082	RIVERA	08-03-2019	K11-055U	FS AM
0011		79752-054	RIVERO	08-03-2019	K08-019U	FS AM
0012		85571-054	SALEH	08-03-2019	K08-020U	FS AM
0013		01735-007	SATTAN	08-03-2019	K07-001L	FS AM
0014		11714-052	TABOADA	08-03-2019	K11-052L	FS AM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-3-09 **COUNT TIME:** 11 00AM

FROM: [redacted] **LOCATION:** HOSP.

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	53634-054	GOMEZ	7N	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	1	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.

NYMA3 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 09:04:28

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	53634-424	GOMEZ-LATOREE	08-03-2019	K03-122L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 08/03/2019 Time 10:00 AM

Location: VISIT Staff supervising count : L. ANDERSON

Operati[redacted]pproval

REG. NO.	NAME	UNIT	REG. NO.	NAME	UNIT
24263-052	SHOWERS	E-S			
85382-054	TORO	E-S			

Total Count For Department: 2

B-A ____ C-A ____ E-N ____ E-S 2 G-N____ G-S____ H-A____
I-N ____ K-N ____ K-S ____ R-A____ Z-A____ Z-B____

This form must be submitted to the Counts and Assignments Officer **FORTY FIVE MINUTES PRIOR to the affected count. Prepare this form in ink and group the inmates by respective floors. This is not a count slip, but an out-count form.

NYMA3 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 09:29:25

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: VISIT FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	VISIT	24263-052	SHOWERS	08-03-2019	E07-553L	CMS CLERK
0002		85382-054	TORO	08-03-2019	E07-552U	CMS CLERK

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-3-19 COUNT TIME: 10 00 Am

FROM: [redacted] LOCATION: Atty. Conf.

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86407-054	Norris	KS	13.			
2.	76318-054	Epstein	2A	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	1	R-A		Z-A	1	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.

NYMA3 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 09:30:02

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	08-03-2019	Z04-206LAD	UNASSG
0002		86407-054	NORRIS	08-03-2019	K12-069L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]



NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-03-2019
PAGE 001 * NEW YORK MCC * 21:41:32
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	OFNYS	OFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	.	1		77	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.		78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.		82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.		1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.		89	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.		142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.		77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1		761	

COUNT VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:

Good Verbal

[redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/3/19 COUNT TIME: 10:00PM

FROM: [redacted] LOCATION: HOSP

APPROVE

	REG #	NAME	UNIT
1.	89673-053	Mersey	SS
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	G-N		G-S		H-A	
I-N		K-N		K-S		R-A		Z-A		Z-B			

Total Out-Counted: [redacted]

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.

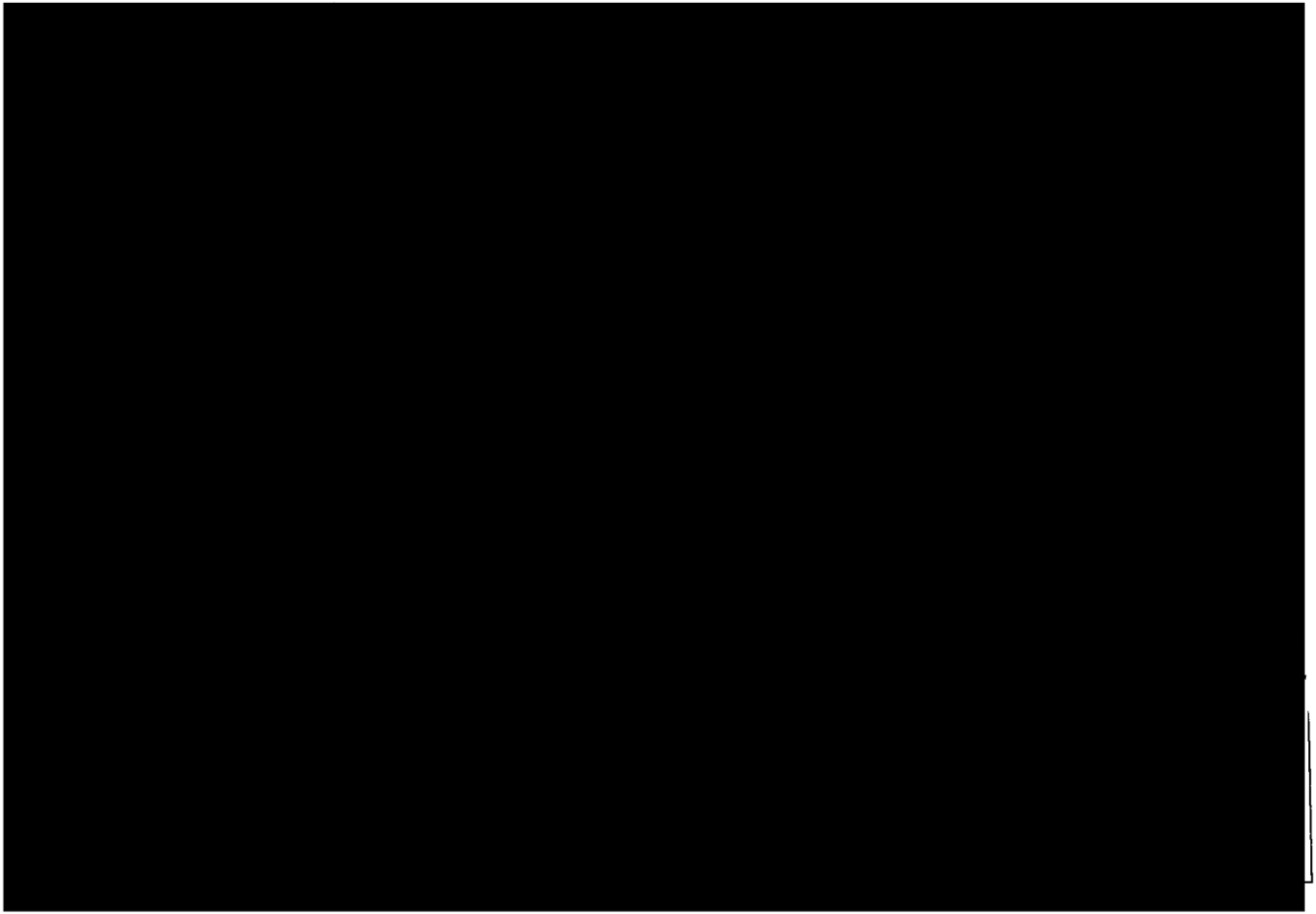
NYMAQ 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 21:40:31

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: HOSP FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REC NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	89673-053	MERSEY	08-03-2019	E12-592U	FS PM
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED



[redacted]

NYMFC 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-02-2019
PAGE 001 * NEW YORK MCC * 23:07:35
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFNY ES	OFNY WS	OFS	HOSP	MS	R&D	SAN	TRNWD V	VIS IT	OCUOTUN T	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	87						1						1	X	86	E-N
E-S	78													X	78	E-S
G-N	78													X	78	G-N
G-S	82													X	82	G-S
H-A	1													X	1	H-A
I-N	87													X	87	I-N
K-N	88													X	88	K-N
K-S	142													X	142	K-S
R-A	0													—	0	R-A
Z-A	77													X	77	Z-A
Z-B	5													X	5	Z-B
TOTAL	761						1									

COUNT VERIFY X

OFFICIAL PREPARING CO
OFFICIAL TAKING CO
COUNT CLEARED T

Good V

[redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-03-19 **COUNT TIME:** 12:01AM

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 78107-054	English	EN	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.

NYMFC 530*05 * INMATE ROSTER * 08-02-2019
PAGE 001 OF 001 23:08:09

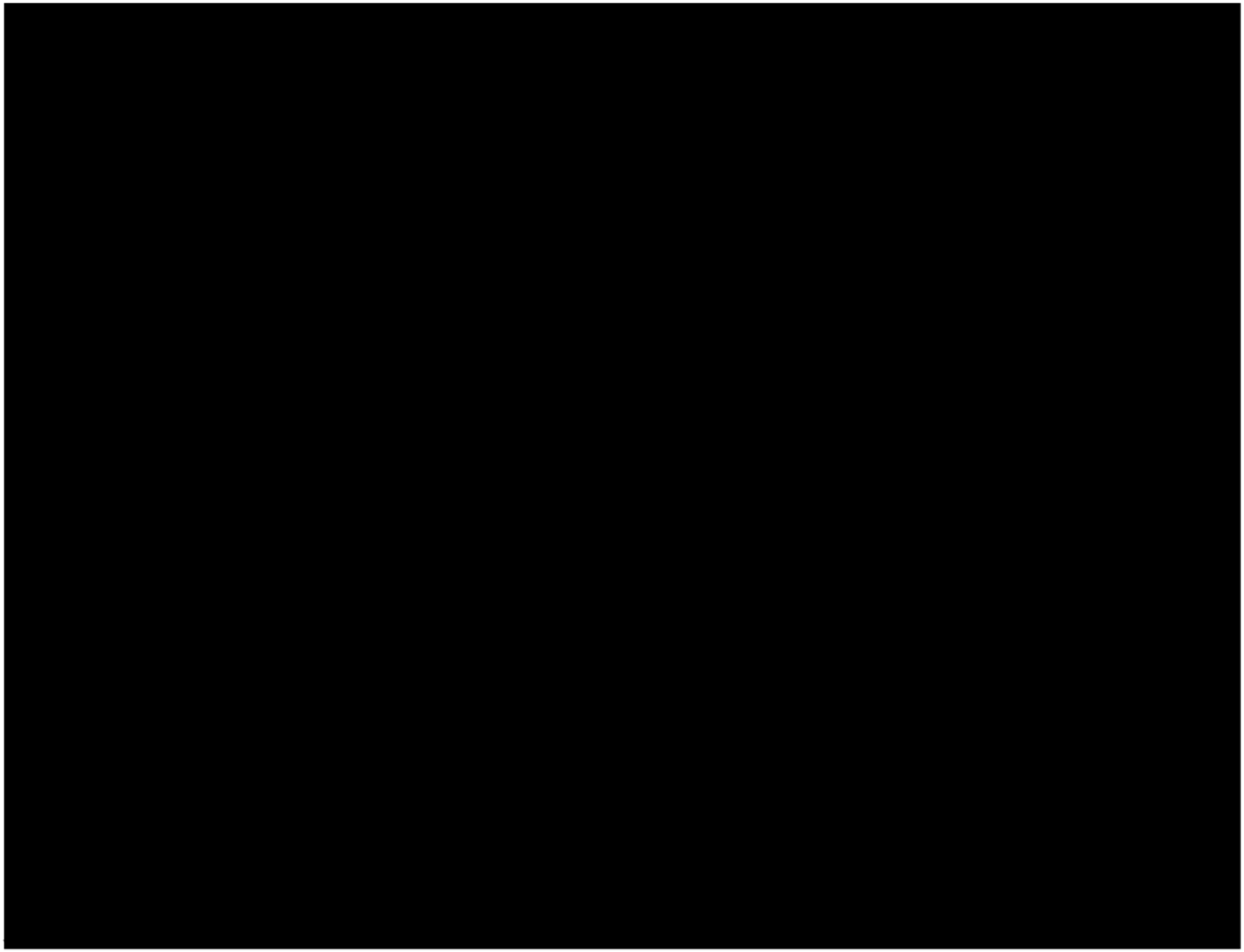
CATEGORY: OCT GROUP CODE:
ASSIGNMENT: HOSP FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	78107-054	ENGLISH	08-02-2019	E05-539L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED





NYMBB 530.03 * BURKAU OF PRISONS COUNT SHEET * 08-04-2019
PAGE 001 * NEW YORK MCC * 03:12:51
QTRC EQ **** OCTC EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	COUNT FOR NYS	SHOP	MS	SECTION R&D	SALAD	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													26	B-A
C-A	10													10	C-A
E-N	87					1						1		86	E-N
E-S	78													78	E-S
G-N	78													78	G-N
G-S	82													82	G-S
H-A	1													1	H-A
I-N	87													87	I-N
K-N	89													89	K-N
K-S	142													142	K-S
R-A	0													0	R-A
Z-A	77													77	Z-A
Z-B	5													5	Z-B
TOTAL	762					1								761	

COUNT VERIFY

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

Good verbal 3

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-04-2019 **COUNT TIME:** 3 00 PM

FROM: [redacted] **LOCATION:** HOSP

APPROVE [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85918-054	Gama-Pineda Joe		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.

NYMBB 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 03:18:49

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	85918-054	GAMA-PINEDA	08-04-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMDI, 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-04-2019
PAGE 001 * NEW YORK MCC * 15:57:59
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUONT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	1	.	.	.	2	.	.	.	.	.	.	3	X	84	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	1	.	.	.	11	1	.	.	.	.	.	13	X	129	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	77	1	.	.	.	.	.	.	.	.	.	.	1	X	76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	3	.	.	.	13	1	.	.	.	.	.	17		745	

COUNT VERIFY

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

6U 444pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-4-19 **COUNT TIME:** 4PM

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85377-054 Webber	CS	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: 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.

NYMDL 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 15:34:49

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	85377-054	WEBER	08-04-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

[redacted]FFICIAL OUT-COUNT FORM

DAT[redacted]

FRO[redacted]

TIME: 4:00PM

LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	79965-054	THOMAS	KS	21			
2	77863-112	BANG	KS	22			
3	76161-054	GRANADOS	KS	23			
4	86764-054	DUNCAN	KS	24			
5	51702-069	ESTRADA	KS	25			
6	86026-054	MERCHANT	KS	26			
7	86022-054	REINGOLD	KS	27			
8	85976-054	MARTINEZ	KS	28			
9	86535-054	KAMARA	KS	29			
10	85927-054	ROMERO	KS	30			
11	79652-054	THOMAS	KS	31			
12	79339-054	MEDINA	IN	32			
13	78841-054	ROMERO	IN	33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A _____
C-A ___

G-N ___
G-S ___
I-N _ 2 ___
K-S 11

K-N _ _
Z-A ___
Z-B _____
R-A ___

H-A _____

TOTAL ON [redacted] 13

[redacted] Lieutenant

Out-counts [redacted] minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list [redacted] by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMBQ 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 13:55:01

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-04-2019	K12-062U	FS PM SUICIDE OR
0002		86764-054	DUNCAN	08-04-2019	K12-065U	FS PM SUICIDE OR
0003		51702-069	ESTRADA-RODRIGUEZ	08-04-2019	K09-025U	FS PM
0004		76161-054	GRANADOS-CORONA	08-04-2019	K07-007L	FS PM
0005		86535-054	KAMARA	08-04-2019	K11-053U	FS PM
0006		85976-054	MARTINEZ	08-04-2019	K09-027U	FS PM
0007		79339-054	MEDINA	08-04-2019	I03-924L	UNIT 9NFS
0008		86026-054	MERCHANT	08-04-2019	K12-061L	FS PM
0009		86022-054	REINGOUD	08-04-2019	K12-078U	FS PM
0010		78841-054	ROMERO	08-04-2019	I03-923U	UNIT 9NFS
0011		85927-054	ROMERO-GRANADOS	08-04-2019	K10-045U	FS PM
0012		79652-054	THOMAS	08-04-2019	K08-074U	FS PM
0013		79965-054	THOMAS	08-04-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/4/19 COUNT TIME: 4:00pm

FROM: [redacted] LOCATION: Atty Conf

APPROVED:

	REG #	NAME	UNIT
1.	76318-054	Epstein	2A
2.	76156-054	DIAZ-MORI	KS
3.	91126-053	ARAUJO	IN
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N		G-S		H-A	
I-N	1	K-N		K-S	1	R-A		Z-A	1	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.

NYMDI, 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 15:57:34

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPRR CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-04-2019	I04-930U	UNASSG
0002		76156-054	DIAZ-MORALEZ	08-04-2019	K09-030U	UNASSG
0003		76318-054	EPSTEIN	08-04-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center

Metropolitan Correctional Center

[redacted]

[redacted]

NYMBB 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-04-2019
PAGE 001 * NEW YORK MCC * 04:10:48
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	PNJ	OFFNYE	OFFNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87						1						1		86	E-N
E-S	78														78	E-S
G-N	78														78	G-N
G-S	82														82	G-S
H-A	1														1	H-A
I-N	87														87	I-N
K-N	89														89	K-N
K-S	142														142	K-S
R-A	0														0	R-A
Z-A	77														77	Z-A
Z-B	5														5	Z-B
TOTAL	762						1								761	

COUNT VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:

Good verbal @

[redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-04-2019 **COUNT TIME:** 5:00 A.M

FROM: [redacted] unt) **LOCATION:** HOSP

APPROV [redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
85918-054	Gama-Pinedo Jose	EN	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.

NYMBB 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 04:11:45

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	85918-054	GAMA-PINEDA	08-04-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED





NYMBH 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-04-2019
PAGE 001 * NEW YORK MCC * 09:59:45
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	PNYS	PS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUN	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	78	.	.	.	.	1	.	.	.	.	.	.	1	X	77	E-S
G-N	78	1	.	.	.	.	.	.	.	.	.	.	1	X	77	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	89	.	.	.	.	.	1	.	.	.	.	.	1	X	88	K-N
K-S	142	.	.	.	.	18	.	.	.	.	.	.	18	X	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	77	2	.	.	.	.	.	.	.	.	.	.	2	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	3	.	.	.	19	1	.	.	.	.	.	23		739	

COUNT VERIFY X X X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

GOOD VERDICT 8 A.A.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/04/2019 **COUNT TIME:** 10:00 Am

FROM: [redacted] HOSP

APPROVED [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	53634-424	GOMEZ-LA	K-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		E-S		G-N		G-S		H-A	
I-N		K-N	1	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.

NYMBH 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 09:37:08

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	53634-424	GOMEZ-LATOREE	08-04-2019	K03-122L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DA[redacted] TIME: 10:00AM

FR[redacted] LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	29116-379	ACOSTA	KS	21			
2	85571-054	SALEH	KS	22			
3	86024-054	MONASTERIO	KS	23			
4	86023-054	SURCE	KS	24			
5	11714-052	TABOADA	KS	25			
6	79196-054	KOURANI	KS	26			
7	85771-054	MILLER	KS	27			
8	01558-112	MANSON	KS	28			
9	61876-054	JOHNSON	KS	29			
10	76235-054	JIMENEZ-GON	KS	30			
11	06303-082	RIVERA	KS	31			
12	01735-007	SATTAN	KS	32			
13	24772-057	VALENZUELA	KS	33			
14	79752-054	RIVERO	KS	34			
15	57084-054	PRICE	KS	35			
16	91349-053	NOBOA	KS	36			
17	86046-054	HUDSON	KS	37			
18	76325-054	CHAIREZ	KS	38			
19	15657-179	GONZALEZ	ES	39			
20				40			

OUT-COUNTS
BY UNIT: B-A _____ G-N _____ K-N _____ H-A _____
C-A _____ G-S _____ Z-A _____
E-N _____ I-N _____ Z-B _____
R-A __

TOTA[redacted] 18__

Out-c[redacted] r to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMRQ 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 09:42:42

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	29116-379	ACOSTA-VENTURA	08-04-2019	K09-026L	FS PM
0002		76325-054	CHAIREZ	08-04-2019	K07-006U	UNASSG
0003		15657-179	GONZALEZ	08-04-2019	E10-579L	WAREHOUSE
0004		86046-054	HUDSON	08-04-2019	K07-011U	FS AM
0005		76235-054	JIMENEZ-GONZALEZ	08-04-2019	K09-031U	FS AM
0006		61876-054	JOHNSON	08-04-2019	K11-053U	FS AM
0007		79196-054	KOURANI	08-04-2019	K07-008L	FS AM
0008		01558-112	MANSON	08-04-2019	K08-016L	FS AM
0009		85771-054	MILLER	08-04-2019	K11-054L	FS AM SUICIDE OR
0010		86024-054	MONASTERIO	08-04-2019	K08-074L	FS AM
0011		91349-053	NOBOA	08-04-2019	K07-009L	FS AM SUICIDE OR
0012		76149-054	PRICE	08-04-2019	K08-014L	FS AM
0013		06303-082	RIVERA	08-04-2019	K11-055U	FS AM
0014		79752-054	RIVERO	08-04-2019	K08-019U	FS AM
0015		85571-054	SALEH	08-04-2019	K08-020U	FS AM
0016		01735-007	SATTAN	08-04-2019	K07-001L	FS AM
0017		86023-054	SUCRE	08-04-2019	K08-013U	FS AM UNASSG
0018		11714-052	TABOADA	08-04-2019	K11-052L	FS AM
0019		24772-057	VALENZUELA-LIZARRAG	08-04-2019	K08-024L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/04/19 COUNT TIME: 10:00 AM

FRO[redacted] CATION: ATY/CONF

APPE[redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86943-054	MACK	GN	13.			
2.	78514-054	TARTAGLIONE	ZA	14.			
3.	76318-054	EPSTEIN	ZA	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	1	G-S		H-A	
I-N		K-N		K-S		R-A		Z-A	2	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.

NYMBH 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 09:57:51

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	08-04-2019	Z04-206LAD	UNASSG
0002		86943-054	MACK	08-04-2019	G05-737U	UNASSG
0003		78514-054	TARTAGLIONE	08-04-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center

Metropolitan Correctional Center

[redacted]

[redacted]

NYMDI. 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-04-2019
PAGE 001 * NEW YORK MCC * 20:01:46
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	OFNYS	FSP	HOSP	MS	R&D	SAN	TRNWDV	VISIT	OCUOTUNT	VRFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	78	.	.	.	.	.	1	.	.	.	.	.	1	X	77	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	1	0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1		761	

COUNT VRFY X

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

G.U 10:33pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/04/2019 COUNT TIME: 10:00PM

FROM: [redacted] Count) LOCATION: HOSP

APPROVE [redacted] t)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	89673-053	MERSEY	ES	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	1	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.

NYMDL 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 20:01:22

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	89673-053	MERSEY	08-04-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED



[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-03-2019
PAGE 001 * NEW YORK MCC * 22:53:52
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYR	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87						1						1		86	E-N
E-S	78														78	E-S
G-N	78														78	G-N
G-S	82														82	G-S
H-A	1														1	H-A
I-N	87														87	I-N
K-N	89														89	K-N
K-S	142														142	K-S
R-A	0														0	R-A
Z-A	77														77	Z-A
Z-B	5														5	Z-B
TOTAL	762						1						1		761	

COUNT VERIFY

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

Good verbal @ 12:38/AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/04/2019 **COUNT TIME:** 12:01am

FROM: [redacted] **LOCATION:** HOSP

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	78107-054	English	EN	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.

NYMAQ 530*05 * INMATE ROSTER * 08-03-2019
PAGE 001 OF 001 22:52:55

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	78107-054	ENGLISH	08-03-2019	E05-539L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMB5 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-05-2019
PAGE 001 * NEW YORK MCC * 01:56:33
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYES	OFFNYS	OFS	HOSP	MS	R&D	SAN	TRNWDV	VISIT	OCUOTU NT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	87						1						1	X	86	E-N
E-S	78													X	78	E-S
G-N	78													X	78	G-N
G-S	82													X	82	G-S
H-A	1													X	1	H-A
I-N	87													X	87	I-N
K-N	89													X	89	K-N
K-S	142													X	142	K-S
R-A	0														0	R-A
Z-A	77													X	77	Z-A
Z-B	5													X	5	Z-B
TOTAL	762						1						1		761	

COUNT VERIFY X

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

GOOD VERBAL: 331pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/5/19 **COUNT TIME:** 3:00 AM

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA	EN	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.

NYMB5 530*05 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 01:55:02

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	85918-054	GAMA-PINKDA	08-05-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]



NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-05-2019
PAGE 001 * NEW YORK MCC * 16:09:09
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT COUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCCUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	86	.	.	.	.	.	1	.	.	.	.	.	1		85	E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	.	3		75	E-S
G-N	77	.	.	.	2	.	.	.	.	.	.	.	2		75	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.		82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.		1	H-A
I-N	82	2	.	.	.	.	.	.	.	.	.	.	2		80	I-N
K-N	87	.	.	.	.	.	.	.	.	.	.	.	.		87	K-N
K-S	137	.	.	.	1	11	.	.	.	.	.	.	12		125	K-S
R-A	7	.	.	.	.	.	.	.	.	.	.	.	.		7	R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	.	2		76	Z A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	756	4	.	.	3	14	1	.	.	.	.	.	[redacted]		734	

COUNT VERIFY

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal:

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 08-05-2019 **Count Time: 4:00 pm**

From: J. **Location: FNYS**
(St **nmates)**

Approved:
pp

REG.....	LN.....	FN.....	QTR.....
17781-104	SAYOC	CESAR	G02-711U
85737-054	RODRIGUEZ	RICARDO	G03-720U
17742-104	JONES	MICHAEL	K12-065L

B-A ___C-A ___ E-N____E-S __G-N_1__ 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 is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 16:10:18

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	17742-104	JONES	08-05-2019	K12-065L	UNASSG
0002		85737-054	RODRIGUEZ	08-05-2019	G03-720U	UNASSG
0003		17781-104	SAYOC	08-05-2019	G02-711U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-05-19 **COUNT TIME:** 4^00 pm

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85794-054	HR108	EN	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.

NYMAQ 530*05 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 15:18:36

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	85794-054	ARIAS	08-05-2019	E01-501U	SUICIDE OR UNASSC

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/5//2019 TIME: 4PM

FROM [redacted] LOCATION: F/S

			Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	68683-066	CLARK	ES	22			
3	51702-069	ESTRADA	KS	23			
4	76161-054	GRANADOS	KS	24			
5	86535-054	KAMARA	KS	25			
6	50659-018	KIRK	ES	26			
7	85976-054	MARTINEZ	KS	27			
8	86026-054	MERCHANT	KS	28			
9	89673-053	MERSEY	ES	29			
10	86022-054	REINGOUD	KS	30			
11	85927-054	ROMERO	KS	31			
12	79652-054	THOMAS	KS	32			
13	85417-054	DELORBE	KS	33			
14	85369-054	WOOLSTEN	KS	34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS BY UNIT:

B-A
C-A
E-N
E-S 3
G-N
G-S
I-N
K-S 11
K-N
Z-A
Z-B
R-A
H-A

TOTAL ON OUT COUNT: 14

[redacted]

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMH4 530*05 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 14:32:26

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-05-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-05-2019	E12-593U	FS PM
0003		85417-054	DEL ORBE LUNA	08-05-2019	K08-018L	FS WARKHOU
0004		51702-069	ESTRADA-RODRIGUEZ	08-05-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-05-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-05-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-05-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-05-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-05-2019	K12-061L	FS PM
0010		89673-053	MERSKY	08-05-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-05-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-05-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-05-2019	K08-074U	FS PM
0014		85369-054	WOOLASTON	08-05-2019	K11-053L	FS WARKHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/5/19 **COUNT TIME:** 4 pm

FROM: [redacted] **LOCATION:** Atty Conf

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	76318-054	EPSTEIN	ZA	13.			
2.	91126-053	ARAUJO	IN	14.			
3.	86020-054	TORRES	ZA	15.			
4.	77980-054	POPE	IN	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	2	K-N		K-S		R-A		Z-A	2	Z-B	

Total Out-Counted: 4

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 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 15:20:04

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-05-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-05-2019	Z04-206LAD	UNASSG
0003		77980-054	ROPER	08-05-2019	I01-904L	UNASSG
0004		86020-054	TORRES	08-05-2019	Z03-110LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED



[redacted]

NYMB5 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-05-2019
PAGE 001 * NEW YORK MCC * 02:15:22
QTRG EQ **** OCTG EQ ****

OUT COUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	OFFNYS	FPS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87						1						1		86	E-N
E-S	78										1		1		77	E-S
G-N	78														78	G-N
G-S	82														82	G-S
H-A	1														1	H-A
I-N	87														87	I-N
K-N	89														89	K-N
K-S	142														142	K-S
R-A	0														0	R-A
Z-A	77														77	Z-A
Z-B	5														5	Z-B
TOTAL	762						1				1		2		760	

COUNT VERIFY

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

GOOD VERBAL: 534pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/5/19 **COUNT TIME:** 5:00AM

FROM: [redacted] **LOCATION:** HOSP

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA-PINEDA	EN	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.

NYMB5 530*05 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 01:55:02

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	85918-054	GAMA-PINEDA	08-05-2019	E05-533U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-5-G

COUNT TIME: 5 00 PM

FROM: [redacted]

LOCATION: TNWDVR

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	57684-056	HARRISON	ES	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	1	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.

NYMB5 530*05 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 02:08:40

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-05-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-05-2019
PAGE 001 * NEW YORK MCC * 21:30:57
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FFNYS	OFFS	HOSP	MS	R&D	SSAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	86	.	.	.	.	.	.	.	.	.	.	.	.		86	E-N
E-S	83	.	.	.	.	.	1	.	.	.	.	.	1		82	E-S
G-N	80	.	.	.	.	.	.	.	.	.	.	.	.		80	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.		80	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.		2	H-A
I-N	83	.	.	.	.	.	.	.	.	.	.	.	.		83	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.		88	K-N
K-S	138	.	.	.	.	.	1	.	.	.	.	.	1		137	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.		78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	.	2		757	

COUNT VERIFY

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

10 35 PM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-05-19 **COUNT TIME:** 1000 pm

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT
1.	89673-053	Mersey	ES
2.	85377-054	Weber	16S
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		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: 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.

NYMAQ 530*05 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 21:30:10

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	89673-053	MERSEY	08-05-2019	E12-592U	FS PM SUICIDE OR
0002		85377-054	WEBER	08-05-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMDL 530.03 * BURKAU OF PRISONS COUNT SHKKT * 08-04-2019
PAGK 001 * NKW YORK MCC * 20:06:13
QTRG KQ **** OCTG KQ ****

OUTCOUNT SECTION

COUNT AREA	CRNSUS	ATTY	FNJ	FNYE	FNYS	FPS	HOSP	MS	R&D	SANI	TRNWDV	VIST	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	X	86	E-N
E-S	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	82	.	.	.	.	.	.	.	.	.	.	.	.	X	82	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	142	.	.	.	.	.	.	.	.	.	.	.	.	X	142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.	X	77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	762	.	.	.	.	.	1	.	.	.	.	.	1		761	

COUNT VERIFY X

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

GS 1245pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-5-19 **COUNT TIME:** 12:01 am

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 18028-104	Leon-Maal	EN	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.

NYMDL 530*05 * INMATE ROSTER * 08-04-2019
PAGE 001 OF 001 20:05:51

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	18028-104	LEON-MAAL	08-04-2019	E03-520L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-06-2019
PAGE 001 * NEW YORK MCC * 02:55:46
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SSANT	TRNWDV	VISTT	OCUOUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	86						2						2	X	84	E-N
E-S	83							1					1	X	82	E-S
G-N	80													X	80	G-N
G-S	80													X	80	G-S
H-A	2													X	2	H-A
I-N	83													X	83	I-N
K-N	88													X	88	K-N
K-S	138													X	138	K-S
R-A	0														0	R-A
Z-A	78													X	78	Z-A
Z-B	5													X	5	Z-B
TOTAL	759						2	1					3		756	

COUNT VERIFY XX

OFFICIAL PREPARING CO[redacted]
OFFICIAL TAKING CO
COUNT CLEARED T

Good ve[redacted]

NYMDK 530*05 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 02:41:17

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: MS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	MS	61881-054	BARNETT	08-06-2019	R07-551L	LAUNDRY 1

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/19 **COUNT TIME:** 3:00 PM

FROM: [redacted] **LOCATION:** N/S

APPROVED: [redacted] (Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	61881-054	Barnett	ES	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	1	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.

NYMDK 530*05 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 02:54:55

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	86409-054	BULLOCK	08-06-2019	R05-535L	SUICIDE OR UNASSG
0002		86900-054	WALKER	08-06-2019	E06-546L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/2019 **COUNT TIME:** 3 00 AM

FROM: [redacted] **LOCATION:** HOSP

APPROVED [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86409054	Bullock	EN	13.			
2.	86900054	Walker	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	2	E-S		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.

[redacted]

[redacted]

NYMAQ 530.03 * BURKAU OF PRISONS COUNT SHEET * 08-06-2019
PAGE 001 * NEW YORK MCC * 16:43:21
QTRG EQ **** OCTG EQ ****

		OUTCOUNT SECTION														
COUNT AREA	CENSUS	ATTY	FNJ	FNYE	FNYS	FS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	86	.	.	.	1	.	1	.	.	.	.	.	2		84	E-N
E-S	82	.	.	.	.	3	.	.	.	.	.	.	3		79	E-S
G-N	78	.	.	.	1	.	.	.	.	.	.	.	1		77	G-N
G-S	81	.	.	.	2	.	.	.	.	.	.	.	2		79	G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.		3	H-A
I-N	84	1	.	.	.	.	.	.	.	.	.	.	1		83	I-N
K-N	89	1	.	.	1	.	.	.	.	.	.	.	2		87	K-N
K-S	136	.	.	.	.	9	.	.	.	.	.	.	9		127	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	78	2	.	.	.	.	.	.	.	.	.	.	2		76	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	758	4	.	.	5	12	1	.	.	.	.	.	22		736	

COUNT VERIFY

OF [redacted]

UNITED STATE[illegible]ENT OF JUSTICE
FED[illegible]RAL[illegible]F PRISONS

OFFICIA[illegible]-C[illegible]JNT FORM
Metropol[illegible]rr[illegible]onal Center
[illegible]rk[illegible]w
New Y[illegible]w[illegible]k 10007

Date: 08-06-2019 **Count Time: 4:00 pm**

From: [redacted] **Location: FNYS**

Appro[illegible]
pp (Operations Lieutenant)

REG.....	LN.....	QTR.....
86796-054	STAFFORD	E06-545L
85769-054	MURPHY	G01-702L
66471-054	BANKS	G11-783U
86947-054	JONES	G11-786U
68417-054	LEWIS	K04-129U

B-A ___C-A ___ E-N___E-S[illegible]N[illegible] G-S 2
H-A ___I-N___ K-N 1 K-S[illegible]Z-A ___ Z-B ___

Total Out-Counted: 5

This Form must be submitted to the Counts a[illegible]Officer FORTY-FIVE MINUTES PRIOR To The affected count. Prepare this form in i[illegible]mates according to their respective housing units. This is to be used only as an Out Coun[illegible]

NYMAQ 530*05 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 15:41:35

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	66471-054	BANKS	08-06-2019	G11-783U	UNASSG
0002		86947-054	JONES	08-06-2019	G11-786U	UNASSG
0003		68417-054	LEWIS	08-06-2019	K04-129U	UNASSG
0004		85769-054	MURPHY	08-06-2019	G01-702L	UNASSG
0005		86796-054	STAFFORD	08-06-2019	E06-545L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: [redacted] **COUNT TIME:** 4:00 pm

FROM: **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85794-054	Arias	GN	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.

NYMAQ 530*05 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 15:40:34

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	85794-054	ARIAS	08-06-2019	R01-501U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/6//2019 TIME: 4PM

FROM: [redacted] LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	68683-066	CLARK	ES	22			
3	51702-069	ESTRADA	KS	23			
4	79965-054	THOMAS	KS	24			
5	86535-054	KAMARA	KS	25			
6	50659-018	KIRK	ES	26			
7	85976-054	MARTINEZ	KS	27			
8	86026-054	MERCHANT	KS	28			
9	89673-053	MERSEY	ES	29			
10	86022-054	REINGOUD	KS	30			
11	85927-054	ROMERO	KS	31			
12	79652-054	THOMAS	KS	32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A __ __ G-N __ __ K-N __ __ H-A __
C-A __ G-S __ __ Z-A __ __
E-N __ I-N __ __ Z-B __ __
E-S 3__ K- S 9__ R-A __

TOTAL ON OUT COUNT: 12

Appr[redacted]t

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-6-19 **COUNT TIME:** 400PM

FROM: [redacted] ount) **LOCATION:** AH conf

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	91126053	ARAUJO	IN	13.			
2.	76318054	EPSTEIN	ZA	14.			
3.	14532104	MOORE	KN	15.			
4.	78514054	TARTAGLIONE	ZA	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	1	K-N	1	K-S		R-A		Z-A	2	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.

NYMAQ 530*05 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 15:41:08

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-06-2019	T04-930U	UNASSG
0002		76318-054	EPSTEIN	08-06-2019	Z04-206LAD	UNASSG
0003		14532-104	MOORE	08-06-2019	K06-145U	UNASSG
0004		78514-054	TARTAGLIONE	08-06-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-06-2019
PAGE 001 * NEW YORK MCC * 04:54:40
QTRG HQ **** OCTG HQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	OUTCOUNT SECTION OFFNYS	FSOP	HOSP	MS	RD	SAN	TRNWDV	VISIT	OCUONT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	86						2						2	X	84	E-N
E-S	83							1			1		2	X	81	E-S
G-N	80													X	80	G-N
G-S	80													X	80	G-S
H-A	2													X	2	H-A
I-N	83													X	83	I-N
K-N	88													X	88	K-N
K-S	138													X	138	K-S
R-A	0													⊘	0	R-A
Z-A	78													X	78	Z-A
Z-B	5													X	5	Z-B
TOTAL	759						2	1			1		4		755	

COUNT VERIFY XX X

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

good count:

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/2019 **COUNT TIME:** 5:00 PM

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86409054	Bullock	EN	13.			
2.	86900054	Walker	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	2	E-S		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.

NYMDK 530*05 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 03:20:39

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	86409-054	BULLOCK	08-06-2019	R05-535L	SUICIDE OR UNASSG
0002		86900-054	WALKER	08-06-2019	R06-546L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/19 **COUNT TIME:** 5:00 PM

FROM: [redacted] **LOCATION:** Tank Door

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	57084-056	Harrison	8S	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	1	G-N		G-S		H-A	
J-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.

NYMDK 530*05 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 03:19:48

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-06-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/6/19 **COUNT TIME:** 5:00 AM

FROM: [redacted] **LOCATION:** MS

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	61881-054	Barnett	ES	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	1	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.

[redacted]

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-06-2019
PAGR 001 * NEW YORK MCC * 21:24:31
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FINJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SAN1	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	86													X	86	E-N
E-S	82						1						1	X	81	E-S
G-N	78													X	78	G-N
G-S	81													X	81	G-S
H-A	3													X	3	H-A
I-N	84													X	84	I-N
K-N	89													X	89	K-N
K-S	140													X	140	K-S
R-A	0													X	0	R-A
Z-A	78													X	78	Z-A
Z-B	5													X	5	Z-B
TOTAL	762						1						1		761	

COUNT VERIFY X

OFFICIAL PREPARING CO [redacted]
OFFICIAL TAKING CO
COUNT CLEARED T

good verb[redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-06-19 **COUNT TIME:** 1600 pm

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	89677-053	Mursey	ES	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	1	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.

```
  NYMAQ  530*05 *                INMATE ROSTER                 *      08-06-2019
PAGE 001 OF 001                                                        21:11:59
                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       89673-053  MERSEY              08-06-2019  E12-592U    FS PM
                                                                       SUICIDE OR

G0000       TRANSACTION SUCCESSFULLY COMPLETED
```

[redacted]

[redacted]

NYMFC 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-05-2019
PAGE 001 * NEW YORK MCC * 22:54:34
QTRG RQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNYE	FNYS	FS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	86						1						1		85	E-N
E-S	83						1						1		82	E-S
G-N	80														80	G-N
G-S	80														80	G-S
H-A	2														2	H-A
I-N	83														83	I-N
K-N	88														88	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	78														78	Z-A
Z-B	5														5	Z-B
TOTAL	759						2						2		757	

COUNT VERIFY

OFFICIAL PREPARING COU
OFFICIAL TAKING COU
COUNT CLEARED T

[redacted]

Good Verbal 12:55pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-06-19 **COUNT TIME:** 12⁰¹ AM

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85621-054	Torres	ES	13.			
2.	85918-054	Gama	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	/	E-S	/	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.

NYMFC 530*05 * INMATE ROSTER * 08-05-2019
PAGE 001 OF 001 22:55:08

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	85918-054	GAMA-PINEDA	08-05-2019	R03-519L	SUICIDE OR UNASSG
0002		85621-054	TORRES	08-05-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/06/19 COUNT TIME: 0360

FROM: [redacted] g Out Count)

LOCATION: NOSP

APPROVED: [redacted] enant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA	5N	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
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/06/19 COUNT TIME: 0500

FROM: [redacted] aring Out Count)

LOCATION: NOSP

APPROVED: [redacted] icutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA-PINTO	SN	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.

[redacted]

[redacted]

NYMF0 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-07-2019
PAGE 001 * NEW YORK MCC * 03:01:39
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	86						1						1		85	E-N
E-S	82														82	E-S
G-N	78														78	G-N
G-S	81														81	G-S
H-A	3														3	H-A
I-N	84														84	I-N
K-N	89														89	K-N
K-S	140														140	K-S
R-A	1														1	R-A
Z-A	77														77	Z-A
Z-B	5														5	Z-B
TOTAL	762						1						1		761	

COUNT VERIFY

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

good verbal
3:28 AM.

EFTA00050366

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/7/19 **COUNT TIME:** 8 CO AM

FROM: [redacted] **LOCATION:** Hosp

APPROVED: [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86469-054	Bullock	EN	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.

NYMF0 530*05 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 03:05:56

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	86409-054	BULLOCK	08-07-2019	E05-535L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

EFTA00050369

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-07-2019
PAGE 001 * NEW YORK MCC * 16:08:29
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFSP	HOSP	MSS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	6	.	.	6		20	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	87	.	.	.	1	.	.	.	.	.	.	.	1		86	E-N
E-S	80	.	.	.	.	3	.	.	.	.	.	.	3		77	E-S
G-N	79	.	.	1	1	.	.	.	.	.	.	.	2		77	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.		80	G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.		3	H-A
I-N	84	.	.	.	2	.	.	.	.	.	.	.	2		82	I-N
K-N	89	.	.	1	.	.	.	.	.	.	.	.	1		88	K-N
K-S	139	.	.	1	2	11	1	.	.	.	.	.	15		124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	78	1	.	.	.	.	.	.	.	.	.	.	1		77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	760	1	.	3	6	14	1	.	.	6	.	.	31		729	

COUNT VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME:

Good Verbal

[redacted]

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center

New York, New York 10007

Date: 08-07-2019 Count Time: 4:00 pm

From: [redacted] Location: FNYE

(Staff Me

Approved

REG.....	LN.....	FN.....	QTR...
77684-053	KILGORE	JULIO	G01-701L
91752-053	RAI	GURSIMARDE	K06-142U
76135-054	WATKINS	THOMAS	K08-017U

B-A____ C-A___ E-N ___ E-S_____ G-N__1___ 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 account. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 16:07:42

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYE FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	77684-053	KILGORE	08-07-2019	G01-701L	UNASSG
0002		91752-053	RAI	08-07-2019	K06-142U	UNASSG
0003		76135-054	WATKINS	08-07-2019	K08-017U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-07-19 COUNT TIME: 4:00 pm

FROM: [redacted] LOCATION: Hosp

APPROVED: [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85369-054	Woolston	KS	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	1	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.

NYMAQ 530*05 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 15:58:46

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	85369-054	WOOLASTON	08-07-2019	K11-053L	FS WAREHOU
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: Aug 7 2019 COUNT TIME: 4 PM

FROM: [redacted] LOCATION: ~~Commissary~~ SAN.

APPROVED:

	REG #	NAME	UNIT
1.	76049054	Carrillo	BA
2.	76187054	Dreiksena	BA
3.	56431479	LAURE	BA
4.	85954054	NAZINA	BA
5.	86411054	Roberts	BA
6.	76261054	MAKSIMOVIC	BA
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A	6	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: 6

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 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 15:51:50

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: SANI FACILITY: NYM

OPER NUM	CATG ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK ASSIGNMENT
0001	SANI	76049-054	CARRILLO	08-07-2019	B01-202L	COMMISSARY
						UNASSG
0002		76187-054	DREIKSENA	08-07-2019	B01-218L	COMMISSARY
0003		56431-479	LAURE-TESISTECO	08-07-2019	B01-202U	COMMISSARY
0004		76261-054	MAKSIMOVIC	08-07-2019	B01-218U	UNASSG
0005		85954-054	NAZINA	08-07-2019	B01-219U	COMMISSARY
0006		86411-054	ROBERTS	08-07-2019	B01-201L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-7-19 **COUNT TIME:** 4:00pm

FROM: [redacted] **LOCATION:** 7/S

APPROVED: [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	77863-112	Bang	K-S	13.	76161-054	Granados	K-S
2.	68683-066	Clark	E-S	14.	86535-054	Kamara	K-S
3.	86764-054	Duncan	K-S	15.			
4.	51702-069	Estrada	K-S	16.			
5.	85976-054	Martinez	K-S	17.			
6.	86026-054	Merchant	K-S	18.			
7.	89673-053	Mersey	E-S	19.			
8.	86022-054	Reingold	K-S	20.			
9.	85927-054	Romero	K-S	21.			
10.	79652-054	Thomas	K-S	22.			
11.	79965-054	Thomas	K-S	23.			
12.	50659-018	Kirk	E-S	24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	3	G-N		G-S		H-A	
I-N		K-N		K-S	11	R-A		Z-A		Z-B	

Total Out-Counted: 14

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.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 08-07-2019 **Count Time: 4:00 pm**

From: [redacted] **Location:** FNYS

Approv
pp

REG.....	LN.....	FN.....	QTR.....
86796-054	STAFFORD	SIRRON	E06-545L
87071-054	MENDEZ-FEL	MARCO	G06-747U
77980-054	ROPER	COREY	I01-904L
86516-054	SOSA-DIAZ	HENYEL	I03-923L
14661-479	CORONADO-L	MARCO	K10-047U
76326-054	GONZALEZ	JOSE	K09-029U

B-A ___C-A ___ E-N____E-S _1_G-N___ G-S _1_
H-A __I-N_2_ K-N____K-S __2__R-A __Z-A ___ Z-B ___

Total Out-Counted: _6_

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 is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 15:47:35

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	14661-479	CORONADO-LOZANO	08-07-2019	K10-047U	UNASSG
0002		76326-054	GONZALEZ	08-07-2019	K09-029U	UNASSG
0003		87071-054	MRNDEZ-FELIZ	08-07-2019	G06-747U	UNASSG
0004		77980-054	ROPER	08-07-2019	101-904L	UNASSG
0005		86516-054	SOSA-DIAZ	08-07-2019	103-923L	UNASSG
0006		86796-054	STAFFORD	08-07-2019	E06-545L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-7-19

COUNT TIME: 4:00pm

LOCATION: Attorney Conf.

FROM: [redacted]

APPROVED:

	REG #	NAME	UNIT
1.	76318-054	Epstein	ZA
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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 1 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.

NYMAQ 530*05 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 15:29:04

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	08-07-2019	Z04-206LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMFO 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-07-2019
PAGE 001 * NEW YORK MCC * 05:05:20
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VIST	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	86						1						1		85	E-N
E-S	82										1		1		81	E-S
G-N	78														78	G-N
G-S	81														81	G-S
H-A	3														3	H-A
I-N	84														84	I-N
K-N	89														89	K-N
K-S	140														140	K-S
R-A	1														1	R-A
Z-A	78														78	Z-A
Z-B	5														5	Z-B
TOTAL	763						1				1		2		761	

COUNT VERIFY

OFFICIAL PREPARING COUN
OFFICIAL TAKING COUN
COUNT CLEARED TIM

[redacted]

good verbal 536am

NYMF0 530*05 * INMATR ROSTER * 08-07-2019
PAGR 001 OF 001 03:34:00

CATEGORY: OCT GROUP CODR:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPRR	CATG	ASSIGNMENT	OPRR	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-07-2019	R08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 05/07/19 **COUNT TIME:** 0530

FROM: [redacted] **LOCATION:** TOUR DESK

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	57084-056	HARRISON	ES
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	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.

NYMF0 530*05 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 03:05:56

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: HOSP FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	RRG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86409-054	BULLOCK	08-07-2019	R05-535L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/7/19 **COUNT TIME:** 5 00 pm

FROM: [redacted] **LOCATION:** 6/SP

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	86409-054	Bulkley	EN	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.

[redacted]

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-07-2019
PAGE 001 * NEW YORK MCC * 21:45:51
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	FFNYS	FFS	HOSP	MS	R&D	SSANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	87													X	87	E-N
E-S	81						1						1	X	80	E-S
G-N	79													X	79	G-N
G-S	80													X	80	G-S
H-A	4													X	4	H-A
I-N	87													X	87	I-N
K-N	88													X	88	K-N
K-S	138													X	138	K-S
R-A	0													X	0	R-A
Z-A	78													X	78	Z-A
Z-B	5													X	5	Z-B
TOTAL	763						1								762	

COUNT VERIFY X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal: 1031 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/7/19 COUNT TIME: 10:00pm

FROM: [redacted] LOCATION: Hosp

APPROVED

	REG #	NAME	UNIT
1.	89673-054	Mersey	5S
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

	REG #	NAME	UNIT
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	G-N		G-S		H-A	
I-N		K-N		K-S		R-A		Z-A		Z-B			

Total Out-Counted: (1) One

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 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 21:23:49

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	89673-053	MRRSEY	08-07-2019	E12-592U	FS PM
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-06-2019
PAGE 001 * NEW YORK MCC * 23:07:31
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	86														86	E-N
E-S	82						1						1		81	E-S
G-N	78														78	G-N
G-S	81														81	G-S
H-A	3														3	H-A
I-N	84														84	I-N
K-N	89														89	K-N
K-S	140														140	K-S
R-A	0														0	R-A
Z-A	78														78	Z-A
Z-B	5														5	Z-B
TOTAL	762						1						1		761	

COUNT VERIFY

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal @ 12:41pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-06-14 **COUNT TIME:** 12⁰¹ AM

FROM: [redacted] **LOCATION:** Hosp

APPROV

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85621-054	Torres	ES	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	1	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.

NYMDK 530*05 * INMATE ROSTER * 08-06-2019
PAGE 001 OF 001 23:06:46

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	85621-054	TORRES	08-06-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EFTA00050399

[redacted]

[redacted]

NYMB5 530.03 * BUREAL / PRISONS COUNT SHEET 08-08-2019
PAGE 001 * NEW YORK MCC * 01:51:02
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	PNYS	PS	HOSP	MS	R&D	SAN1	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	X	86	E-N
E-S	81	.	.	.	.	.	.	.	.	.	.	.	.	X	81	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.	X	79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	.	.	1		762	

COUNT VERIFY X

OFFICIAL PREPARING COUN[redacted]
OFFICIAL TAKING COUN[redacted]
COUNT CLEARED TIN[redacted]

GOT VERBAL:

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19 **COUNT TIME:** 3:00 AM

FROM: [redacted] **LOCATION:** Hosp.

APPROV

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA	EN	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.

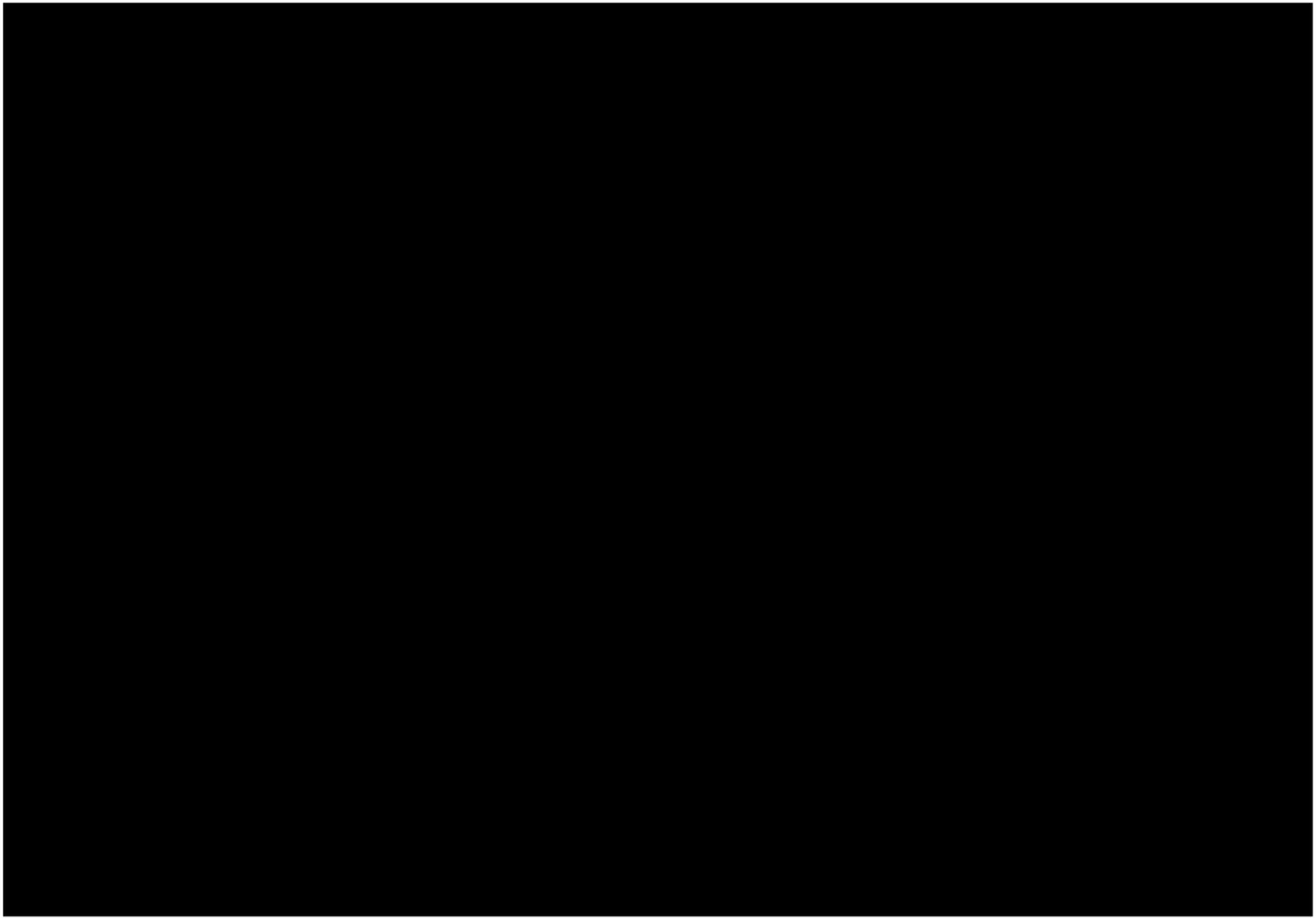
NYMB5 530*05 * INMATE ROSTER 08-08-2019
PAGE 001 OF 001 01:50:01

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	85918-054	GAMA-PINEDA	08-08-2019	E03-519L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED



[redacted]

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-08-2019
PAGE 001 * NEW YORK MCC * 16:42:21
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	OUTFNYS	COUNTFS	SECTHOSP	MS	RECSAND	TRNWDV	VISIT	OCCUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	85	.	.	.	1	.	1	.	.	.	.	2	X	83	E-N
E-S	80	.	.	.	1	3	1	.	.	.	.	5	X	75	E-S
G-N	78	.	.	.	1	.	.	.	.	.	.	1	X	77	G-N
G-S	80	1	.	.	.	.	.	.	.	.	.	1	X	79	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	1	X	85	I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	1	X	88	K-N
K-S	137	.	.	.	2	11	.	.	.	.	.	13	X	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	⊘	0	R-A
Z-A	75	1	.	1	.	.	.	.	.	.	.	2	X	73	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	755	3	.	1	6	14	2	.	.	.	.	26		729	

COUNT VERIFY X XX X X

OFFICIAL PREPARING COUN
OFFICIAL TAKING COUN
COUNT CLEARED TIM

good verbal 441 PM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 4-8-19 **COUNT TIME:** 4:00pm

FROM: [redacted] (Count) **LOCATION:** Hosp

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	90370-053	Chan	ES	13.			
2.	96700-054	Conley	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.

NYMDK 530*05 * INMATE ROSTER * 08-08-2019
PAGE 001 OF 001 15:40:03

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	90370-053	CHAN	08-08-2019	R10-573L	EDUCATION SUICIDE OR
0002		86700-054	CONLEY	08-08-2019	E03-524U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center

New York, New York 10007

Date: [redacted]

From: [redacted]

(Staff M[redacted]

Count Time: 4:00 pm

Location: FNYE

Approved: _____

(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR...
89380-053	DAVIS	HOWARD	Z01-106UAD

B-A____ C-A___ E-N ___ E-S_____ G-N_____ G-S ___

H-A____ I-N____ K-N__ K-S ___ R-A ____ Z-A _1__ Z-B ____

Total Out-Counted: 1

This Form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR To The affected account. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

NYMDK 530*05 * INMATE ROSTER * 08-08-2019
PAGE 001 OF 001 15:40:38

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYE FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	89380-053	DAVIS	08-08-2019	Z01-106UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

[redacted]

Date **Count Time: 4:00 pm**

From **Location: FNYS**

Approved:_____
pp **(Operations Lieutenant)**

REG.....	LN.....	FN.....	QTR.....
86340-054	NIEVES	IVAN	E06-547L
65773-054	BRITO	HASSEN	G05-740U
57343-054	HERRERA	LOUIS	H01-001L
19435-104	DE FREITAS	FABIO	K03-122U
30772-069	TAVERAS	JAIRO	K07-007U
77737-112	IGNATOV	KONSTANTIN	K07-073U

B-A ___ C-A ___ E-N__1__ E-S __ G-N__1__ G-S ___
H-A __1__ I-N___ K-N__1__ K-S __2__ R-A __ Z-A ___ Z-B ___

Total Out-Counted: __6__

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 is to be used only as an Out Count.

NYMDK 530*05 * INMATE ROSTER * 08-08-2019
PAGE 001 OF 001 15:41:06

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	65773-054	BRITO	08-08-2019	G05-740U	UNASSG
0002		19435-104	DE FREITAS	08-08-2019	K03-122U	SUICIDE OR UNASSG
0003		57343-054	HERRERA	08-08-2019	H01-001L	UNASSG
0004		77737-112	IGNATOV	08-08-2019	K07-073U	UNASSG
0005		86340-054	NIEVES	08-08-2019	E06-547L	UNASSG
0006		30772-069	TAVERAS	08-08-2019	K07-007U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-8-19 **COUNT TIME:** 4:00pm

FROM: [redacted] **LOCATION:** F/S

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	77863-112	Bang	K-S	13.	79652-054	Thomas	K-S
2.	68683-066	Clark	E-S	14.	79965-054	Thomas	K-S
3.	86764-054	Duncan	K-S	15.			
4.	51702-069	Estrada	K-S	16.			
5.	76161-054	Granados	K-S	17.			
6.	86535-054	Kamara	K-S	18.			
7.	50659-018	Kirk	E-S	19.			
8.	85976-054	Martinez	K-S	20.			
9.	86026-054	Merchant	K-S	21.			
10.	89673-053	Mersey	E-S	22.			
11.	86022-054	Reingeud	K-S	23.			
12.	85927-054	Romero	K-S	24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	3	G-N		G-S		H-A	
I-N		K-N		K-S	11	R-A		Z-A		Z-B			

Total Out-Counted: 14

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.

NYMGW 530*05 * INMATE ROSTER * 08-08-2019
PAGE 001 OF 001 14:21:08

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	RANG	08-08-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-08-2019	K12-593U	FS PM
0003		86764-054	DUNCAN	08-08-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-08-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-08-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-08-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-08-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-08-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-08-2019	K12-061L	FS PM
0010		89673-053	MERSKY	08-08-2019	K12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-08-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-08-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-08-2019	K08-074U	FS PM
0014		79965-054	THOMAS	08-08-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 6/6/19

COUNT TIME: 4 pm

LOCATION: Attny Conf

FROM: [redacted]

APPRO

	REG #	NAME	UNIT
1.	91126-053	ARAUJO	IN
2.	76318-054	EPSTEIN	ZA
3.	71776-018	IMIZALTY	GS
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N		G-S	1	H-A	
I-N	1	K-N		K-S		R-A		Z-A	1	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.

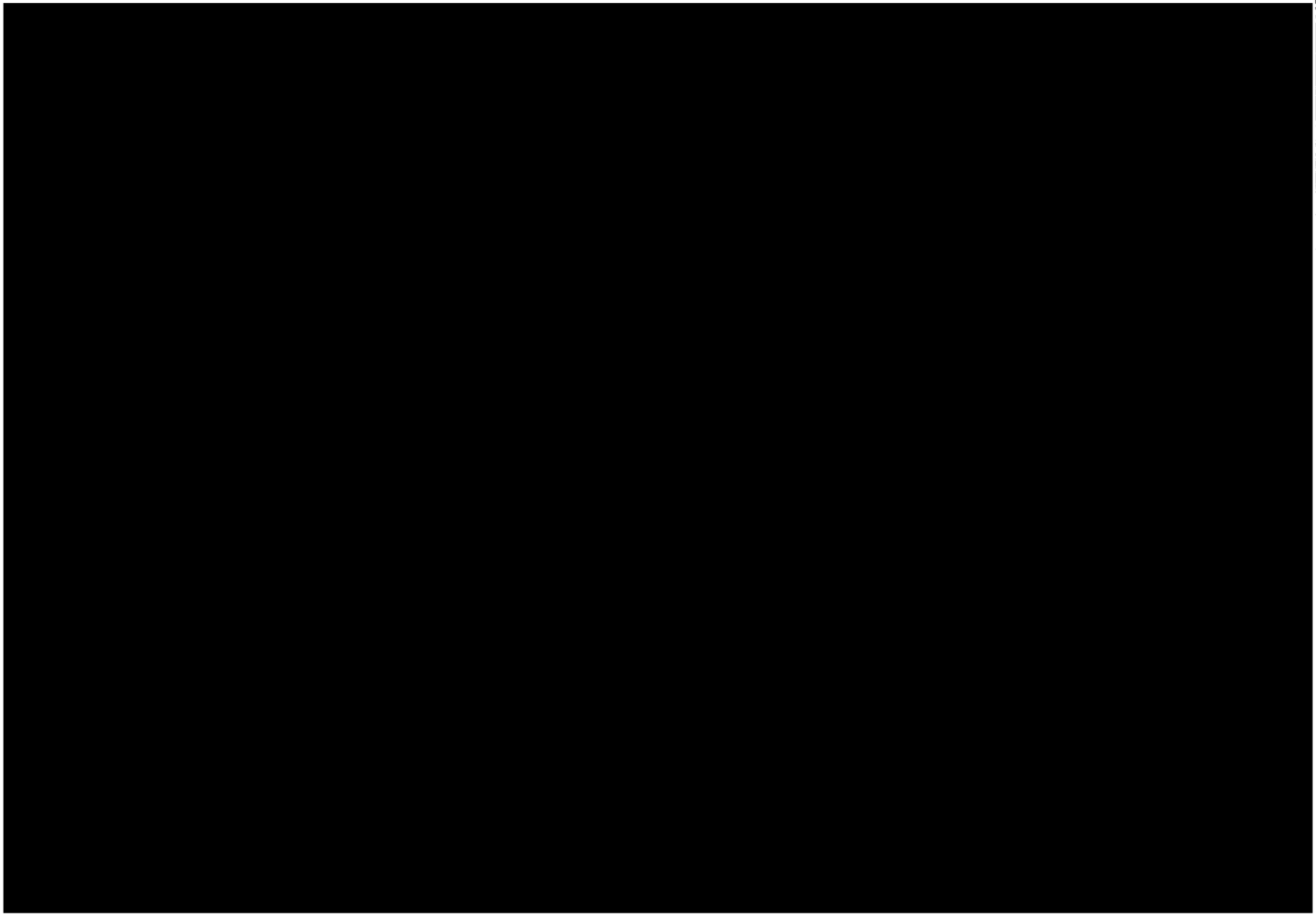
NYMDK 530*05 * INMATE ROSTER * 08-08-2019
PAGE 001 OF 001 15:15:05

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-08-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-08-2019	Z04-206LAD	UNASSG
0003		71776-018	IRIZARRY	08-08-2019	G08-759U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED



Metropolitan Correctional Center

[redacted]

NYMB5 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-08-2019
PAGE 001 * NEW YORK MCC * 01:56:08
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	OFNYS	OFS	HOSP	MS	R&D	SSANI	TRNWDV	VIST	OCUOUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	1	.	.	.	.	.	1	X	86	E-N
E-S	81	.	.	.	.	.	.	.	.	.	1	.	1	X	80	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.	X	79	G-N
G-S	80	.	.	.	.	.	.	.	.	.	.	.	.	X	80	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.	X	4	H-A
I-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	I-N
K-N	88	.	.	.	.	.	.	.	.	.	.	.	.	X	88	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	_	0	R-A
Z-A	78	.	.	.	.	.	.	.	.	.	.	.	.	X	78	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	763	.	.	.	.	.	1	.	.	.	1	.	2		761	

COUNT VERIFY X X

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

Good Meal: 531pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19 **COUNT TIME:** 5:00 AM

FROM: [redacted] **LOCATION:** Hosp.

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	GAMA	EN	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.

NYMB5 530*05 * INMATE ROSTER 08-08-2019
PAGE 001 OF 001 01:50:01

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	85918-054	GAMA-PINEDA	08-08-2019	E03-519L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19 **COUNT TIME:** 5:00AM

FROM: [redacted] **LOCATION:** TOWN DRIVER

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	57084-056	HARRISON	ES
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	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.

NYMB5 530*05 * INMATE ROSTER 08-08-2019
PAGE 001 OF 001 01:54:16

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-08-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-08-2019
PAGE 001 * NEW YORK MCC * 21:37:13
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNY RS	FNY ES	FS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUPTN	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	84														84	E-N
E-S	79														79	E-S
G-N	78														78	G-N
G-S	85														85	G-S
H-A	3														3	H-A
I-N	86														86	I-N
K-N	89														89	K-N
K-S	137						2						2		135	K-S
R-A	0														0	R-A
Z-A	77														77	Z-A
Z-B	5														5	Z-B
TOTAL	759						2						2		757	

COUNT VERIFY

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

Good Verbal: 10:37pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-08-19 **COUNT TIME:** 1000 pm

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	91349-053	Noba	KS	13.			
2.	85377-054	Weber	KS	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	2	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.

NYMDK 530*05 * INMATE ROSTER * 08-08-2019
PAGE 001 OF 001 20:22:02

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: HOSP FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMRNT

NUM	ASSIGNMENT	REG NO	NAMR	OCT DATE	QTR	WRK
0001	HOSP	91349-053	NOBOA	08-08-2019	K07-009L	FS AM SUICIDE OR
0002		85377-054	WRBRR	08-08-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMF3 530.03 * BUREAU O RISONS COUNT SHEET * 08-07-2019
PAGE 001 * NEW YORK MCC * 22:54:57
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNRY	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUN	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	87														87	E-N
E-S	81						1						1		80	E-S
G-N	79														79	G-N
G-S	80														80	G-S
H-A	4														4	H-A
I-N	87														87	I-N
K-N	88														88	K-N
K-S	138														138	K-S
R-A	0														0	R-A
Z-A	78														78	Z-A
Z-B	5														5	Z-B
TOTAL	763						1						1		762	

COUNT VERIFY

OFFICIAL PREPARING COUN
OFFICIAL TAKING COUN
COUNT CLEARED TIM

[redacted]

Good Verbal 10 4/1/19

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19 **COUNT TIME:** 12:01 Am

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	85621-054	Torres	5S
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

	REG #	NAME	UNIT
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	G-N		G-S		H-A	
I-N		K-N		K-S		R-A		Z-A		Z-B	

Total Out-Co [redacted]

This form must be submitted to the [redacted] 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.

NYMF3 530*05 * INMATE ROSTER * 08-07-2019
PAGE 001 OF 001 22:53:28

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: HOSP FACILITY: NYM

OPRR CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	85621-054	TORRES	08-07-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMD4 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-09-2019
PAGE 001 * NEW YORK MCC * 03:04:44
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYR	FNYS	FS	HOSP	MS	R&D	SAN I	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	84													X	84	E-N
E-S	79													X	79	E-S
G-N	78													X	78	G-N
G-S	85													X	85	G-S
H-A	3													X	3	H-A
I-N	87													X	87	I-N
K-N	89						1						1	X	88	K-N
K-S	137						1						1	X	136	K-S
R-A	0														0	R-A
Z-A	77													X	77	Z-A
Z-B	5													X	5	Z-B
TOTAL	760						2						2		758	

COUNT VERIFY X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good work!

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19 COUNT TIME: 3:00AM

FROM: [redacted] LOCATION: Hosp

APPROVED: (Operations Lieu[redacted])

	REG #	NAME	UNIT
1.	76256-054	DAVILA	11N
2.	48816-066	SANTANA	11S
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A ____ C-A ____ E-N ____ 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: (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.

NYMD4 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 02:23:31

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	76256-054	DAVILA	08-09-2019	K05-133U	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-09-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED



[redacted]

NYMH3 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-09-2019
PAGE 001 * NEW YORK MCC * 15:41:05
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	OUT OF NYS	OUT COUNT SHOSP	MSS	HR&D	SECTION SANT	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	X	83	E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	3	X	75	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	X	78	G-N
G-S	85	1	.	.	.	.	.	.	.	.	.	1	X	84	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	X	2	H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	1	X	85	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	X	89	K-N
K-S	137	.	.	.	1	10	2	.	.	.	.	13	X	124	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	76	1	.	.	.	.	.	.	.	.	.	1	X	75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	755	3	.	.	1	13	2	.	.	.	.	19		736	
COUNT VERIFY		X			X	X	X								

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

Good Verbal 1:5:00 pm

NYMH3 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 15:39:36

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	53358-054	CLARK	08-09-2019	K11-056U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM

Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: [redacted]

From:

Count Time: 4:00 pm

Location: FNYS

Approved:_____
pp **(Operations Lieutenant)**

REG.....	LN.....	FN.....	QTR.....
53358-054	CLARK	ROBERT	K11-056U

B-A ___C-A ___ E-N____E-S __G-N___ G-S ___
H-A __I-N___ K-N____K-S __1___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 is to be used only as an Out Count.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19 **COUNT TIME:** 4:00

FROM: [redacted] **LOCATION:** ES

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	50657-014	KIRK	ES	13.	79852-054	Thomas	KS
2.	63685-066	Clark	ES	14.			
3.	50059-018	Kirk	ES	15.			
4.	77863-112	Bay	KS	16.			
5.	86764-054	Dodson	KS	17.			
6.	51702-069	Estrada	KS	18.			
7.	76161-054	Granados	KS	19.			
8.	86535-054	Kaman	KS	20.			
9.	85970-054	martinez	KS	21.			
10.	86022-054	Reinyoso	KS	22.			
11.	85927-054	Rivera	KS	23.			
12.	85927-054	thomas	KS	24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	3	G-N		G-S		H-A	
I-N		K-N		K-S	10	R-A		Z-A		Z-B			

Total Out-Counted: 13

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.

NYMGW 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 14:50:28

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-09-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-09-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-09-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-09-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-09-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-09-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-09-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-09-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-09-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-09-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-09-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-09-2019	K10-045U	FS PM
0013		79652-054	THOMAS	08-09-2019	K08-074U	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMH3 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 15:36:31

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-09-2019	104-930U	UNASSG
0002		76318-054	EPSTEIN	08-09-2019	Z04-206LAD	UNASSG
0003		19735-104	MONES-CORO	08-09-2019	G07-756U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-9-19

COUNT TIME: 4:00pm

FROM: [redacted] Count)

LOCATION: Atty

APPROVED: [redacted]

	REG #	NAME	UNIT
1.	76318-054	Epstein	ZA
2.	91126-053	Araujo	IN
3.	19735-104	Mones-correo	G-S
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S		G-N		G-S	1	H-A	
I-N	1	K-N		K-S		R-A		Z-A	1	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.

NYMH3 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 15:37:38

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	86351-054	MARRERO	08-09-2019	K08-014U	SUICIDE OR UNASSG
0002		78025-053	NUNEZ	08-09-2019	K09-033U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/2019 COUNT TIME: 4:00pm

FROM: [redacted] LOCATION: HOSP

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	78525-053	Nunez	KS	13.			
2.	86351-054	Marrero	KS	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	2	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.

[redacted]

[redacted]

NYMD4 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-09-2019
PAGE 001 * NEW YORK MCC * 05:02:49
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	84														84	E-N
E-S	79										1		1		78	E-S
G-N	78														78	G-N
G-S	85														85	G-S
H-A	3														3	H-A
I-N	87														87	I-N
K-N	89						1						1		88	K-N
K-S	137						1						1		136	K-S
R-A	0														0	R-A
Z-A	77														77	Z-A
Z-B	5														5	Z-B
TOTAL	760						2				1		3		757	

COUNT VERIFY

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

Good

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/9/19

COUNT TIME: 5:00 Am

LOCATION: Hosp

[redacted]

	REG #	NAME	UNIT
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

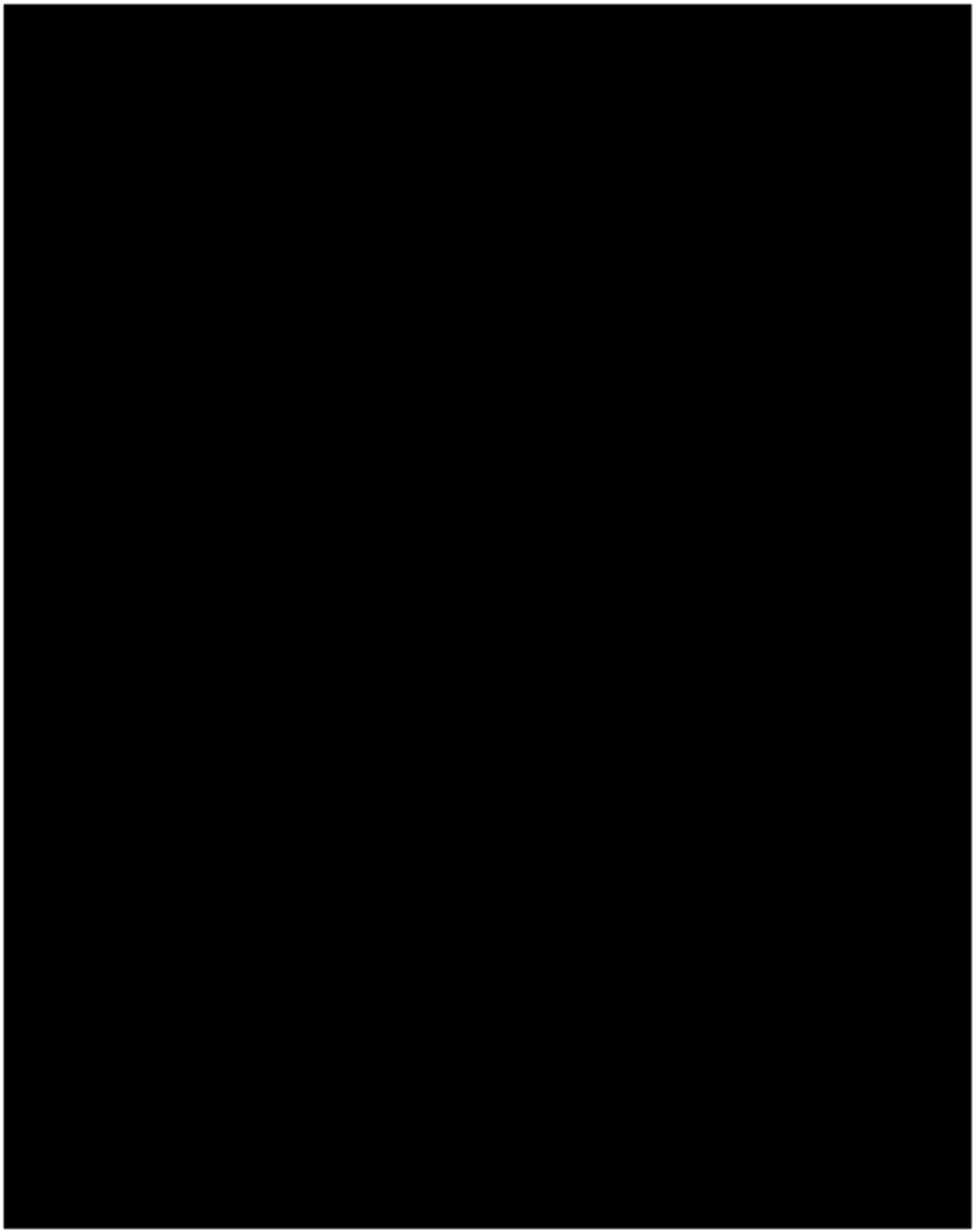
B-A		C-A		E-N		F-S		G-N		G-S		H-A	
I-N		K-N	1	K-S	1	R-A		Z-A		Z-B	

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.



G0000 TRANSACTION SUCCESSFULLY COMPLETED



NYMD4 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 05:02:26

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-09-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMH3 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-09-2019
PAGE 001 * NEW YORK MCC * 21:33:35
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	FSP	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	83														83	E-N
E-S	79						1						1		78	E-S
G-N	78														78	G-N
G-S	88														88	G-S
H-A	4														4	H-A
I-N	86														86	I-N
K-N	89						1						1		88	K-N
K-S	137						2						2		135	K-S
R-A	0														0	R-A
Z-A	73														73	Z-A
Z-B	5														5	Z-B
TOTAL	758						4						4		754	

COUNT VERIFY

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

9/1 10 30 PM

NYMI3 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 21:27:58

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	89673-053	MERSEY	08-09-2019	E12-592U	FS PM SUICIDE OR
0002		86272-054	MONTAS	08-09-2019	K06-148U	SUICIDE OR UNASSG
0003		91349-053	NOBOA	08-09-2019	K07-009L	FS AM SUICIDE OR
0004		85377-054	WEBER	08-09-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-09-19 **COUNT TIME:** 1000 pm

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT
1.	89673-053	Mersey	KS
2.	91349-053	Noboa	KS
3.	85377-054	Weber	KS
4.	86272-054	Montas	KN
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	G-N		G-S		H-A	
I-N		K-N	1	K-S	2	R-A		Z-A		Z-B	

Total Out-Counted: 4

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.



[redacted]

NYMG3 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-08-2019
PAGE 001 * NEW YORK MCC * 22:58:40
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	NJ	FNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	84	.	.	.	.	.	1	.	.	.	.	.	1		83	E-N
E-S	79	.	.	.	.	.	1	.	.	.	.	.	1		78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.		78	G-N
G-S	85	.	.	.	.	.	.	.	.	.	.	.	.		85	G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.		3	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.		86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.		89	K-N
K-S	137	.	.	.	.	.	.	.	.	.	.	.	.		137	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	77	.	.	.	.	.	.	.	.	.	.	.	.		77	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	759	.	.	.	.	.	2	.	.	.	.	.	2		757	

COUNT VERIFY

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

Good Verbal: 12[illegible]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-09-19 **COUNT TIME:** 1901 AM

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85918-054	Cuma	EN	13.			
2.	85621-054	Torres	ES	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.

NYMG3 530*05 * INMATE ROSTER * 08-08-2019
PAGE 001 OF 001 22:57:40

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

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]



NYMFC 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 001 * NEW YORK MCC * 01:20:48
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NY E	OUT OF NY S	COUNT OF S	COUNT HOSP	MS	SECTION R&D	SECTION SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	83						2						2		81	E-N
E-S	79														79	E-S
G-N	78														78	G-N
G-S	88														88	G-S
H-A	4														4	H-A
I-N	86														86	I-N
K-N	89														89	K-N
K-S	137						2						2		135	K-S
R-A	1														1	R-A
Z-A	72														72	Z-A
Z-B	5														5	Z-B
TOTAL	758						4						4		754	

COUNT VERIFY

OFFICIAL PREPARING COUN
OFFICIAL TAKING COUN
COUNT CLEARED TIM

[redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/10/2019 COUNT TIME: 0300AM

FROM: [redacted] LOCATION: HOSP

APPROVED [redacted]

	REG #	NAME	UNIT
1.	85369-054	Woolaston	KS
2.	48816-066	SANTANA	KS
3.	86900-054	WALKER	5N
4.	86409-054	BULLOCK	5N
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N	2	E-S		G-N		G-S		H-A	
I-N		K-N		K-S	2	R-A		Z-A		Z-B			

Total Out-Counted: 4

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.

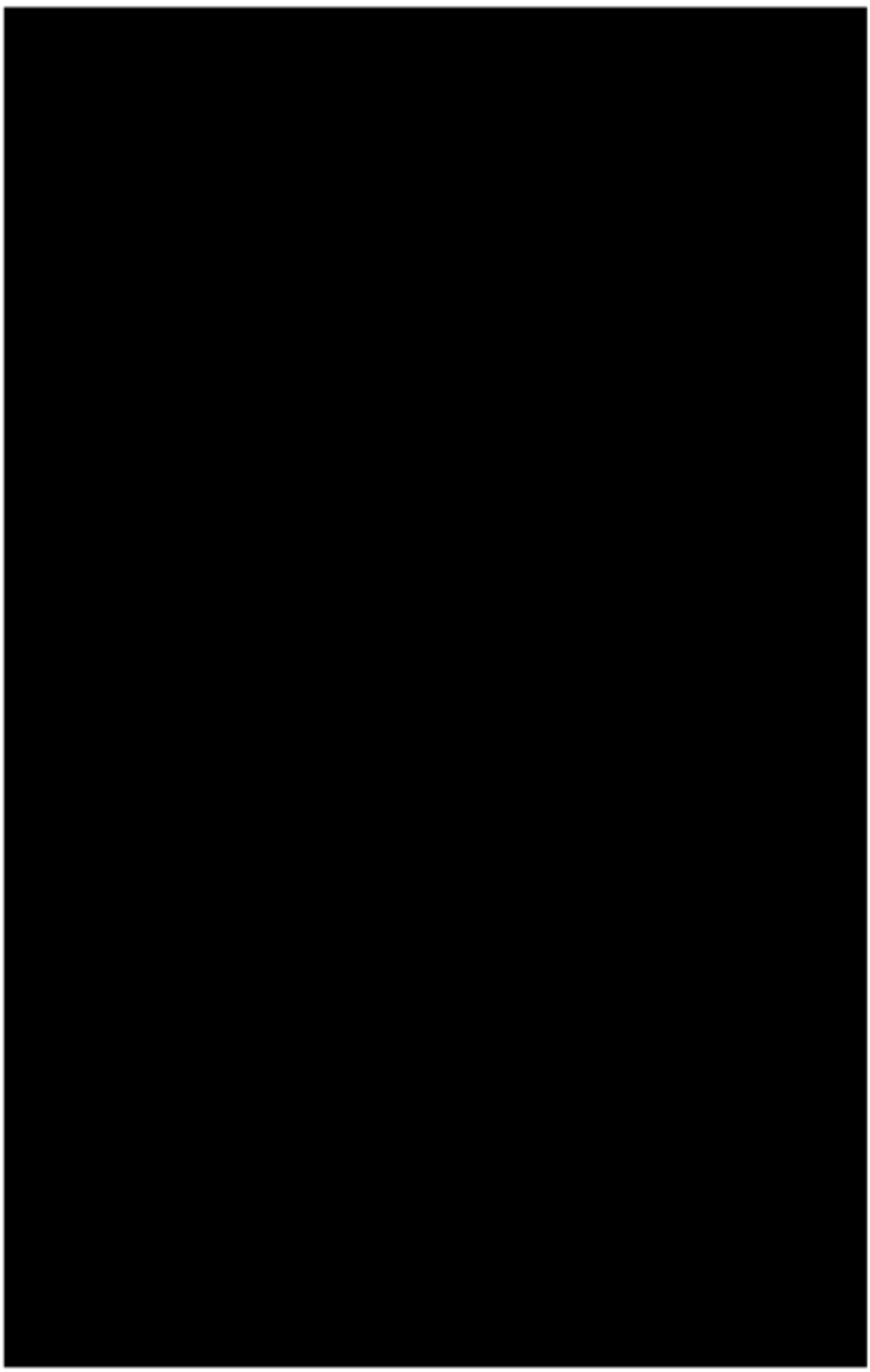
NYMFC 530*05 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 01:21:34

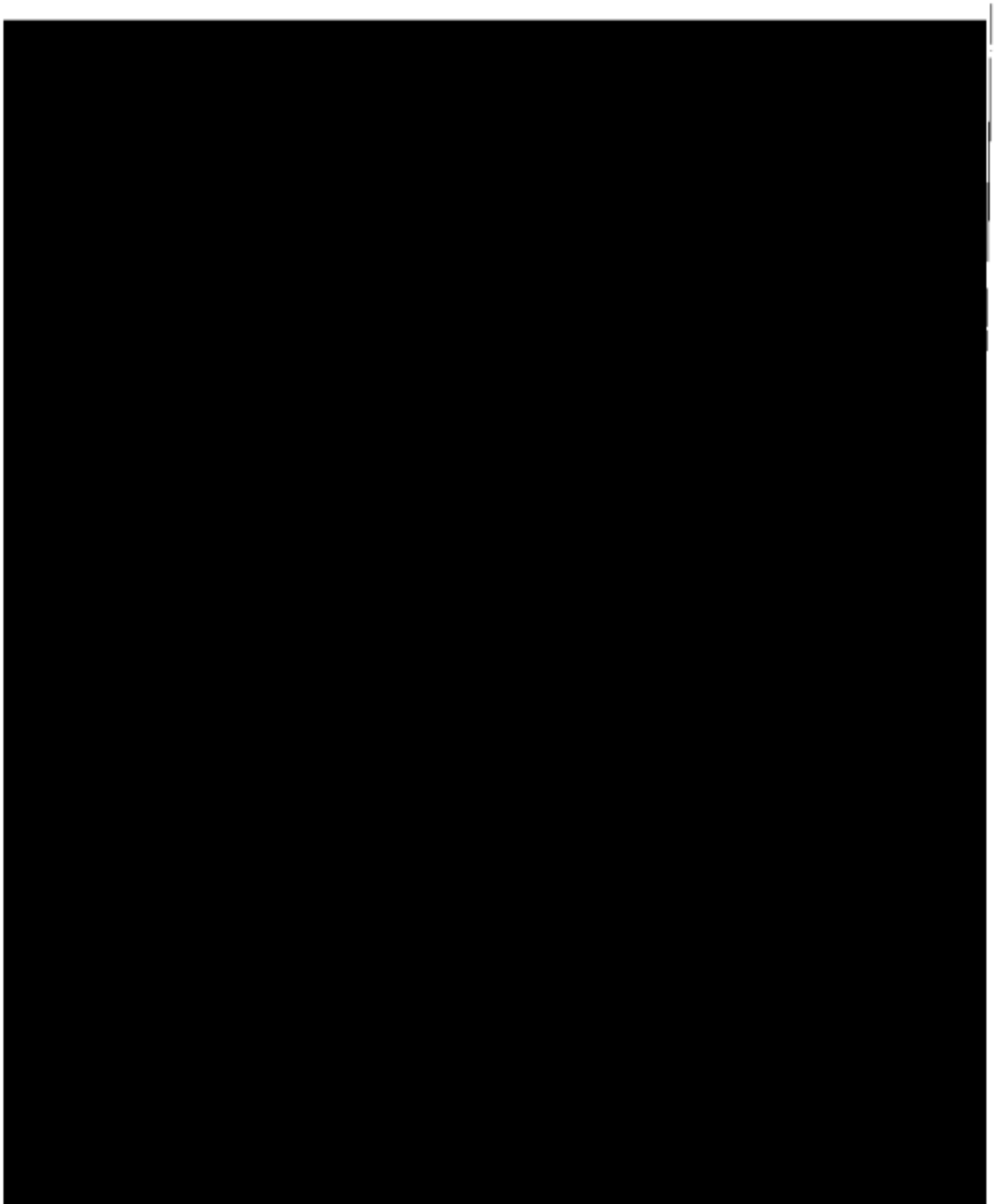
CATEGORY: OCT GROUP CODE:
ASSIGNMENT: HOSP FACILITY: NYM

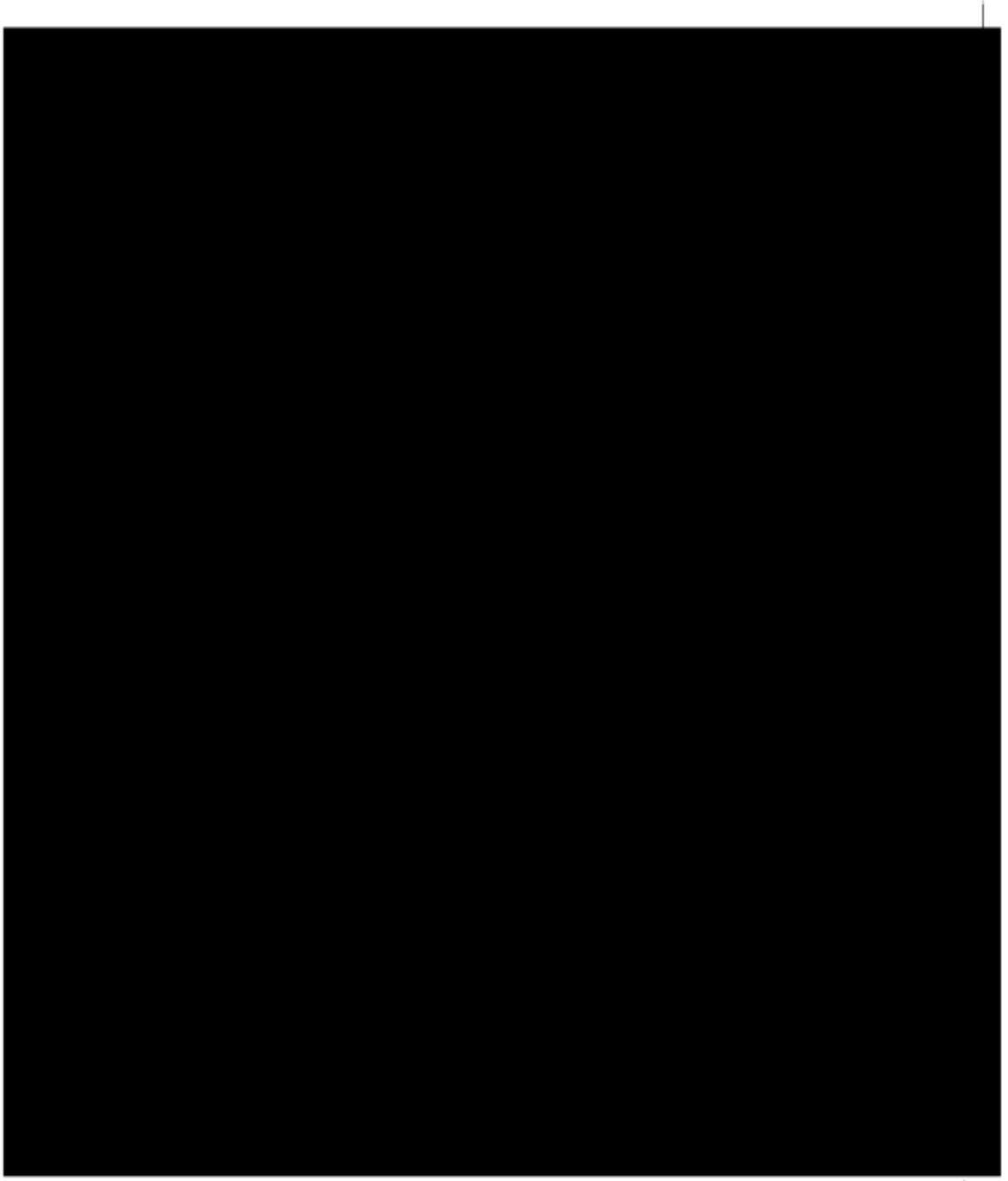
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

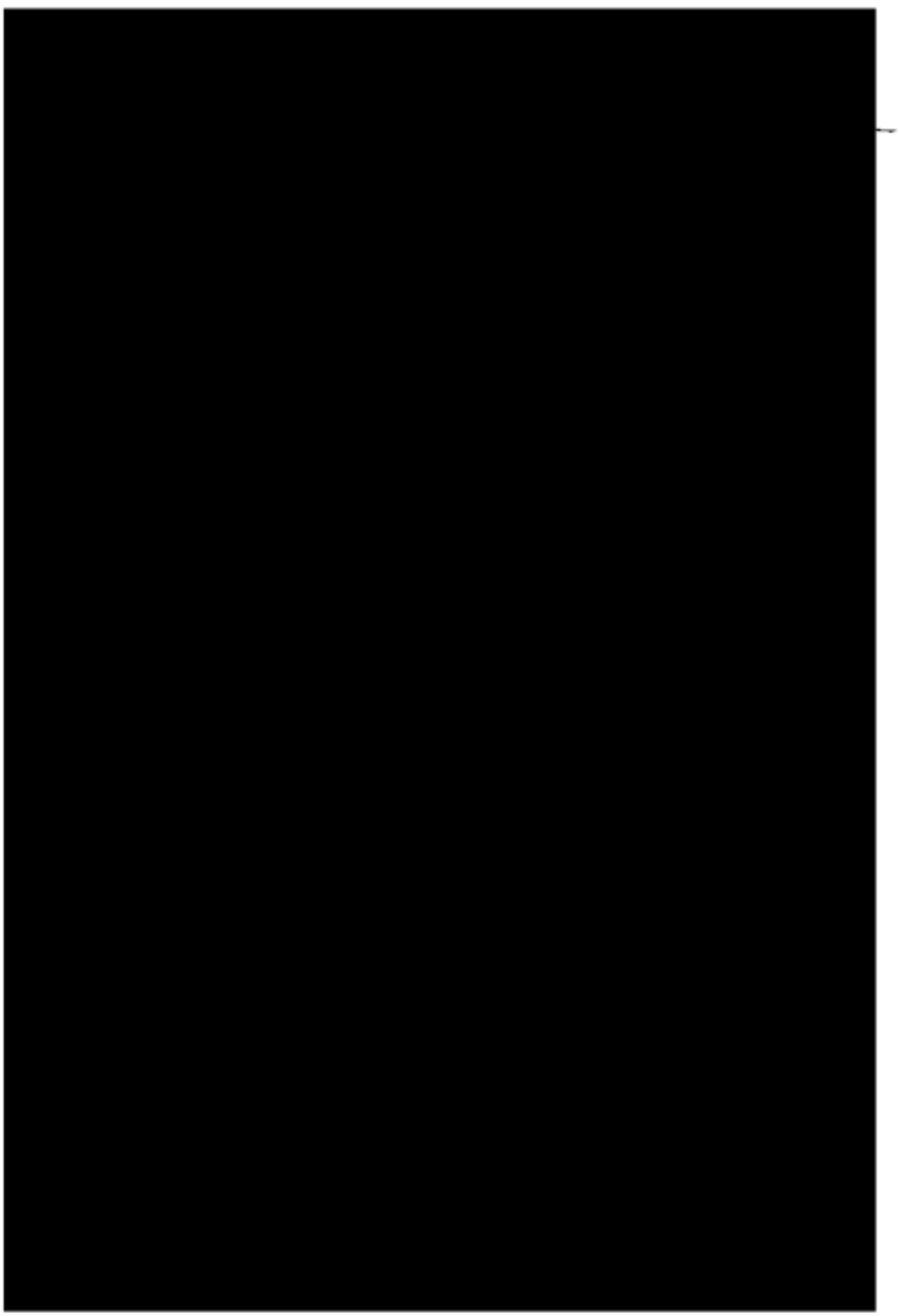
NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86409-054	BULLOCK	08-10-2019	E05-535L	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-10-2019	K09-028U	SUICIDE OR
0003		86900-054	WALKER	08-10-2019	E06-546L	SUICIDE OR UNASSG
0004		85369-054	WOOLASTON	08-10-2019	K11-053L	FS WAREHOU SUICIDE OR

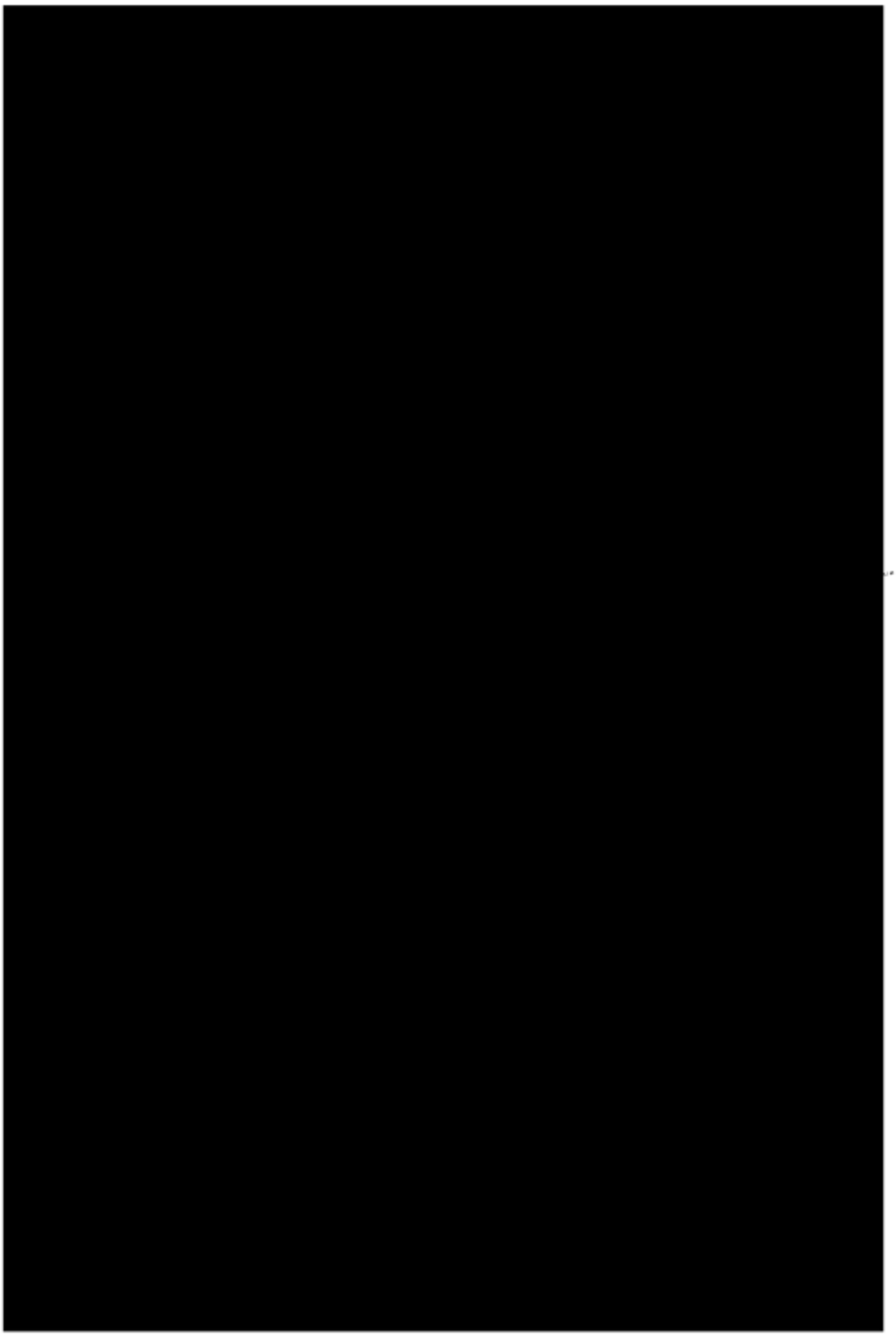
G0000 TRANSACTION SUCCESSFULLY COMPLETED

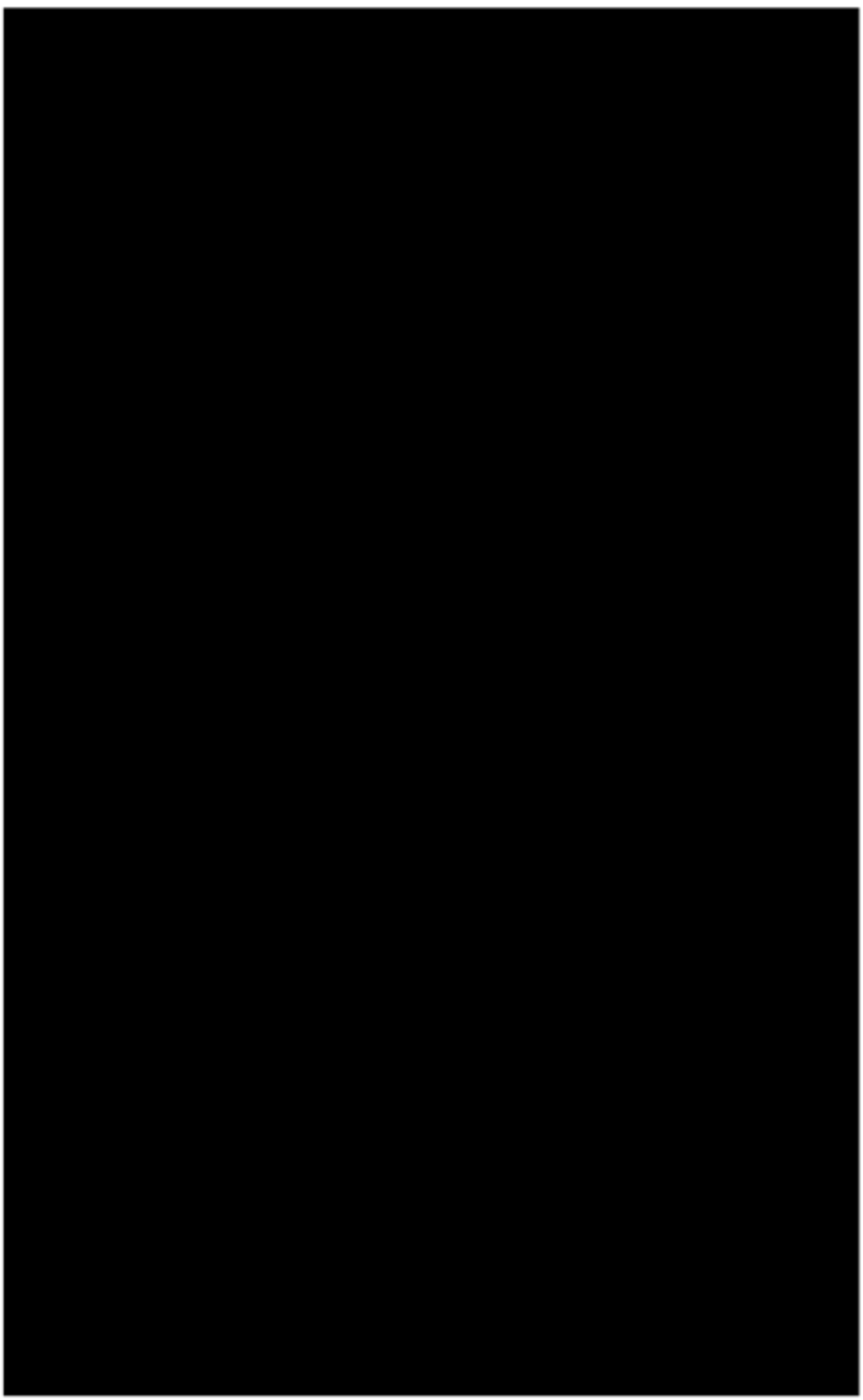


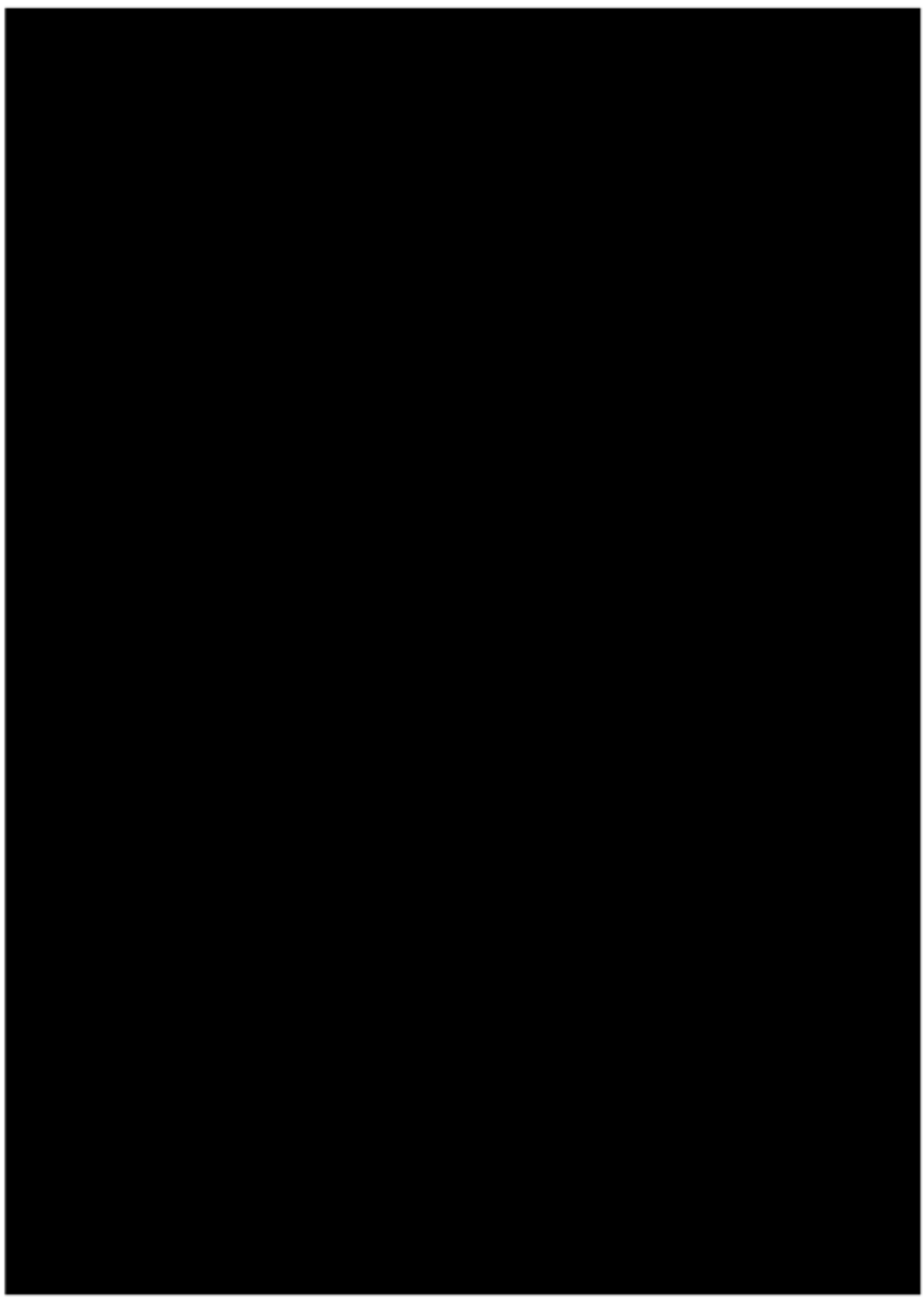












NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 001 * NEW YORK MCC * 16:27:42
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFNYE	OFNYS	OFS	HOSP	MS	R&D	SANI	TRNWDV	VIST	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	83														83	E-N
E-S	79					3							3		76	E-S
G-N	78														78	G-N
G-S	87														87	G-S
H-A	4														4	H-A
I-N	86														86	I-N
K-N	89														89	K-N
K-S	137					8	2						10		127	K-S
R-A	0														0	R-A
Z-A	72														72	Z-A
Z-B	5														5	Z-B
TOTAL	756					11	2						13		743	

COUNT VERIFY

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

Good Verbal

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-10-19 **COUNT TIME:** 400pm

FROM: [redacted] **LOCATION:** Food service

APPROVED

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 79965-054	Thomas	K-S	13.		
2. 86022-054	Reingoud	K-S	14.		
3. 77863-112	Bang	K-S	15.		
4. 08683-066	Clark	E-S	16.		
5. 51702-069	Estrada	K-S	17.		
6. 76161-054	Granados	K-S	18.		
7. 50659-018	Kirk	E-S	19.		
8. 85996-054	Martinez	K-S	20.		
9. 86026-054	Merchant	K-S	21.		
10. 89673-053	Mersey	E-S	22.		
11. 86022-054	Reingoud	K-S	23.		
12. 85927-054	Romero	K-S	24.		

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	3	G-N		G-S		H-A	
I-N		K-N		K-S	8	R-A		Z-A		Z-B			

Total Out-Counted: 11

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 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 16:15:10

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-10-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-10-2019	E12-593U	FS PM
0003		51702-069	ESTRADA-RODRIGUEZ	08-10-2019	K09-025U	FS PM
0004		76161-054	GRANADOS-CORONA	08-10-2019	K07-007L	FS PM
0005		50659-018	KIRK	08-10-2019	F07-556U	FS PM
0006		85976-054	MARTINEZ	08-10-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	08-10-2019	K12-061L	FS PM
0008		89673-053	MERSRY	08-10-2019	R12-592U	FS PM SUICIDR OR
0009		86022-054	REINGOUD	08-10-2019	K12-078U	FS PM
0010		85927-054	ROMERO-GRANADOS	08-10-2019	K10-045U	FS PM
0011		79965-054	THOMAS	08-10-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530*05 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 16:08:07

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	85771-054	MILLER	08-10-2019	K11-054L	FS AM SUICIDE OR
0002		78025-053	NUNEZ	08-10-2019	K09-033U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/10/17 **COUNT TIME:** 4:00 pm

FROM: [redacted] **LOCATION:** Hosp

APPRO

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	75025-053	Nunez	KS	13.			
2.	55731-054	Miller	KS	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	2	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.

NYMFC 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 001 * NEW YORK MCC * 01:20:48
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION OFFNYE	OFFNYS	OFFS	HOSP	MS	SR&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	83						2						2		81	E-N
E-S	79														79	E-S
G-N	78														78	G-N
G-S	88														88	G-S
H-A	4														4	H-A
I-N	86														86	I-N
K-N	89														89	K-N
K-S	137						2						2		135	K-S
R-A	1														1	R-A
Z-A	72														72	Z-A
Z-B	5														5	Z-B
TOTAL	758						4						4		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT: K. Cole
OFFICIAL TAKING COUNT: K. Cole
COUNT CLEARED TIME: 530 Adm

glr 526 Adm

EFTA00050487

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08/10/2019 COUNT TIME: 0500 Am

FROM: [redacted] LOCATION: Hosp

APPROVED: [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85369-054	Woolsden	K5	13.			
2.	48816-066	SANTANA	K5	14.			
3.	86900-054	WALKER	5N	15.			
4.	86409-054	Bullock	5N	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	2	E-S		G-N		G-S		H-A	
I-N		K-N		K-S	2	R-A		Z-A		Z-B	

Total Out-Counted: 4

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.

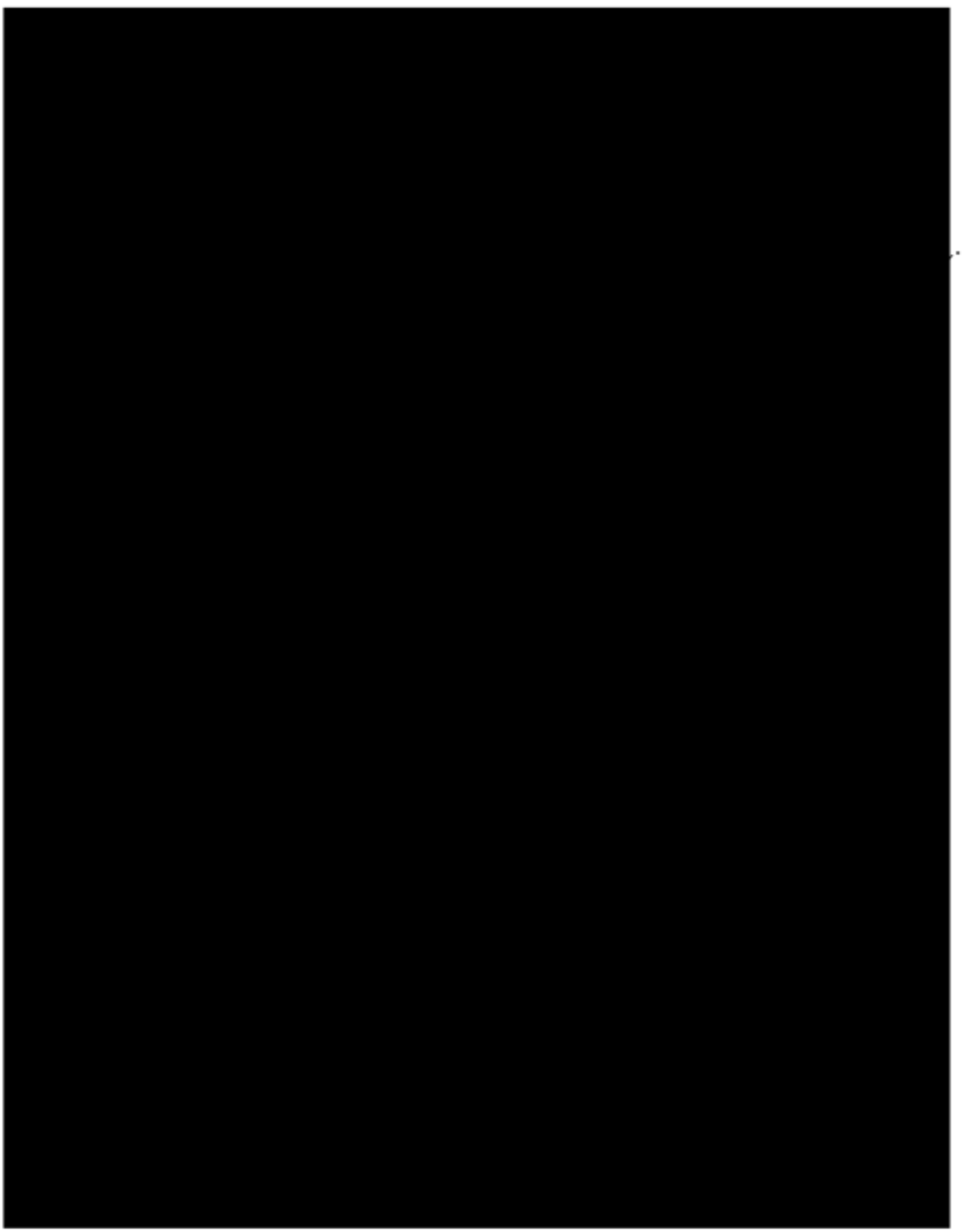
NYMFC 530*05 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 01:21:34

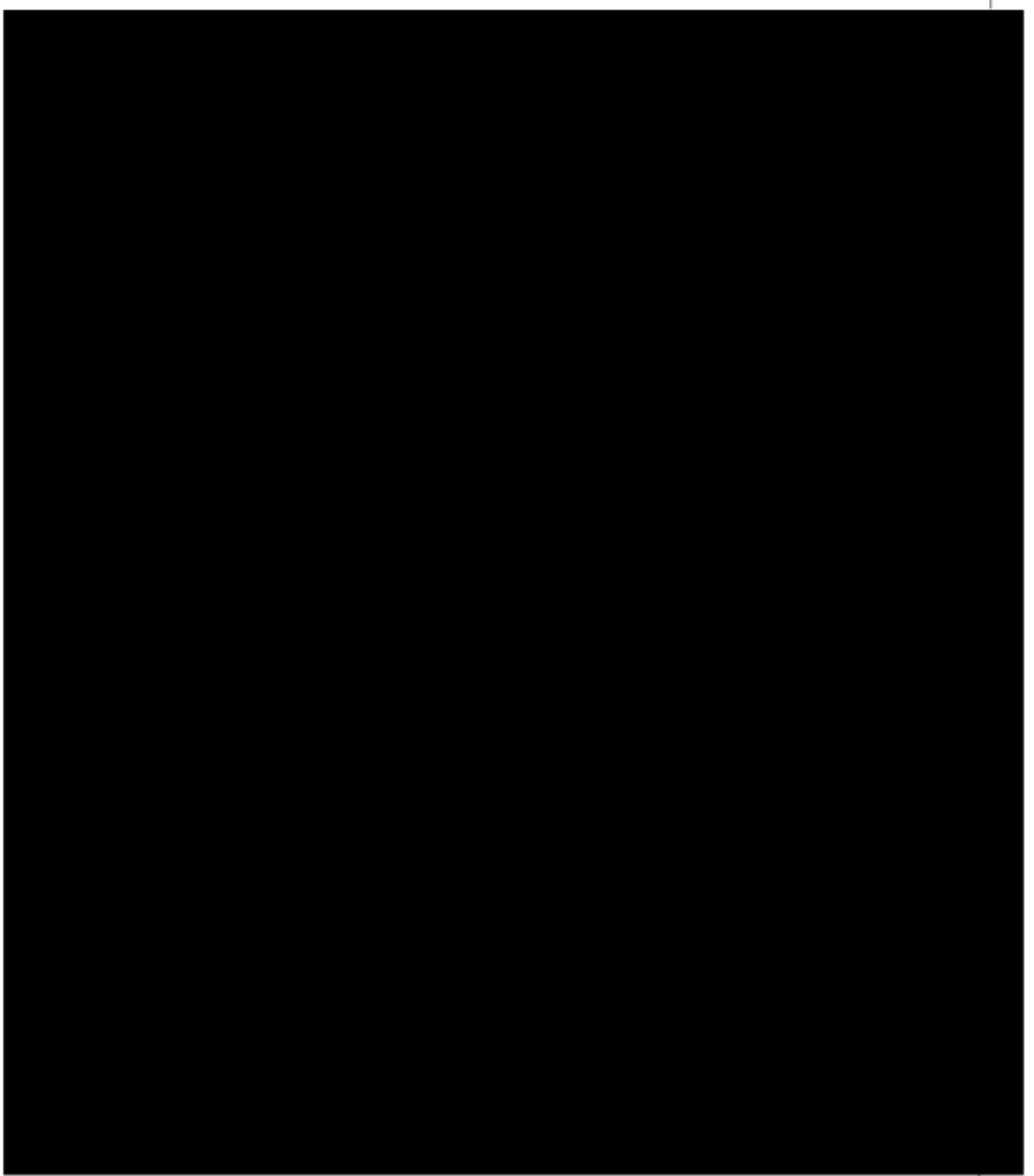
CATEGORY: OCT GROUP CODE:
ASSIGNMENT: HOSP FACILITY: NYM

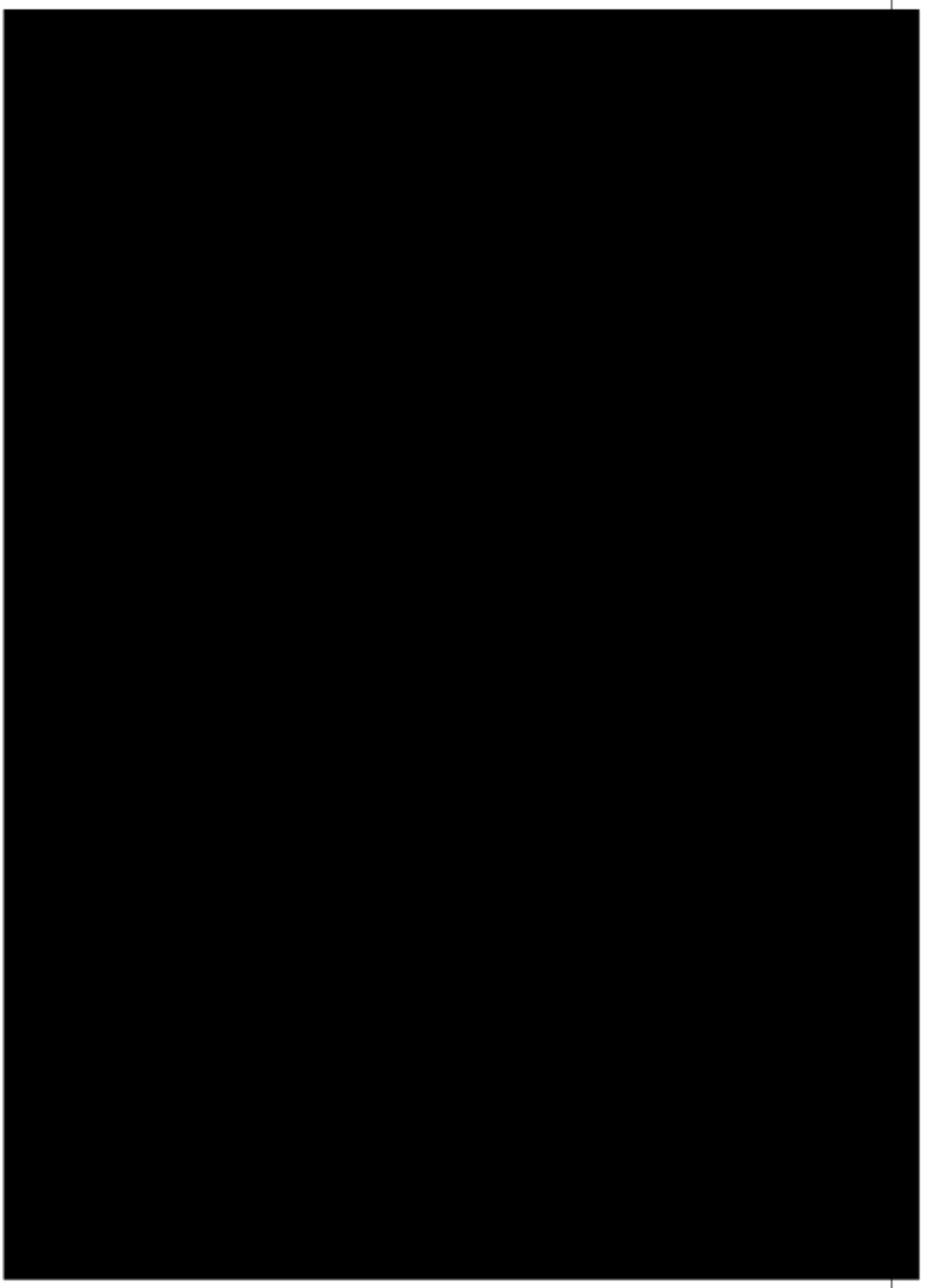
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

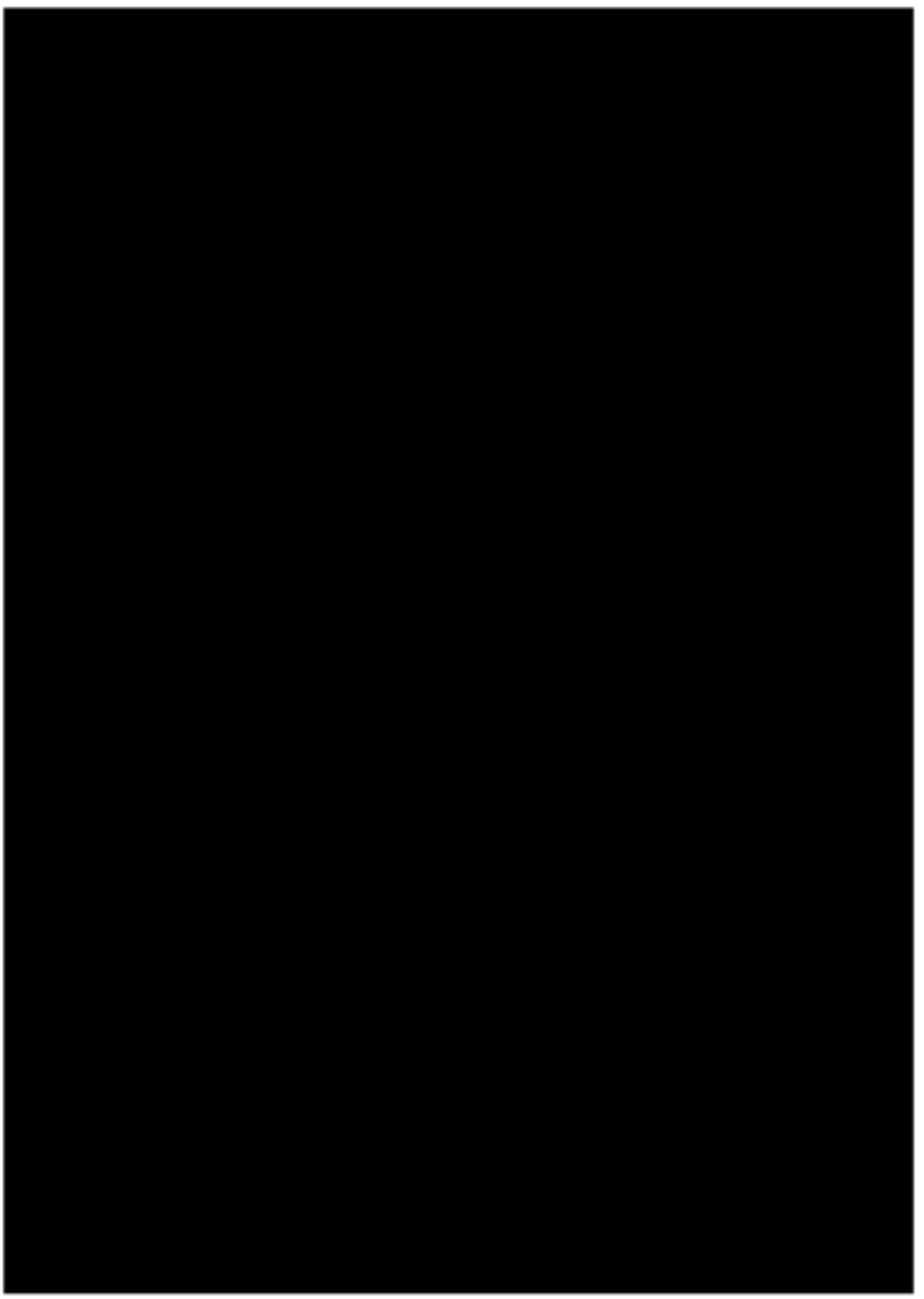
NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	HOSP	86409-054	BULLOCK	08-10-2019	E05-535L	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-10-2019	K09-028U	SUICIDE OR
0003		86900-054	WALKER	08-10-2019	E06-546L	SUICIDE OR UNASSG
0004		85369-054	WOOLASTON	08-10-2019	K11-053L	FS WAREHOU SUICIDE OR

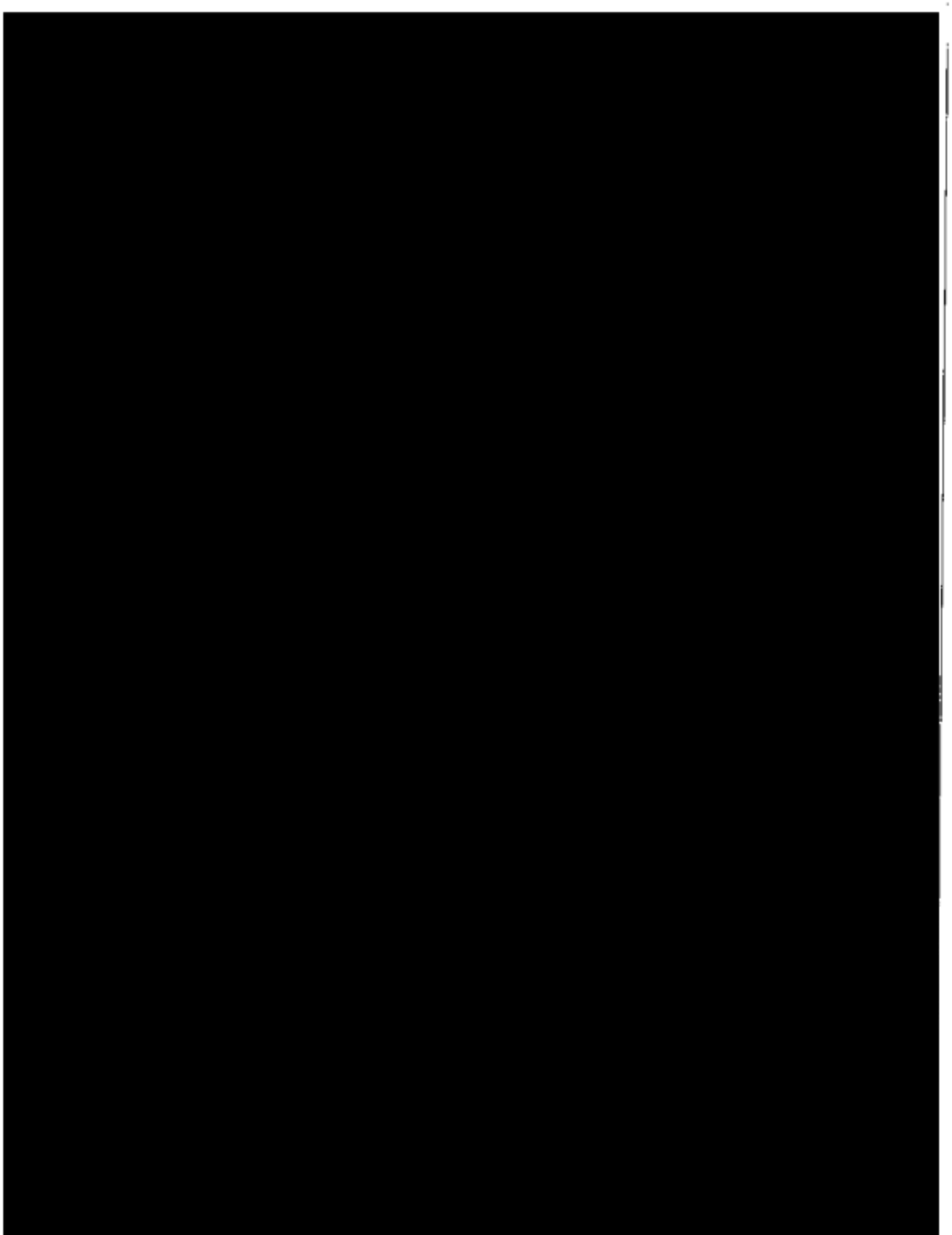
G000J TRANSACTION SUCCESSFULLY COMPLETED

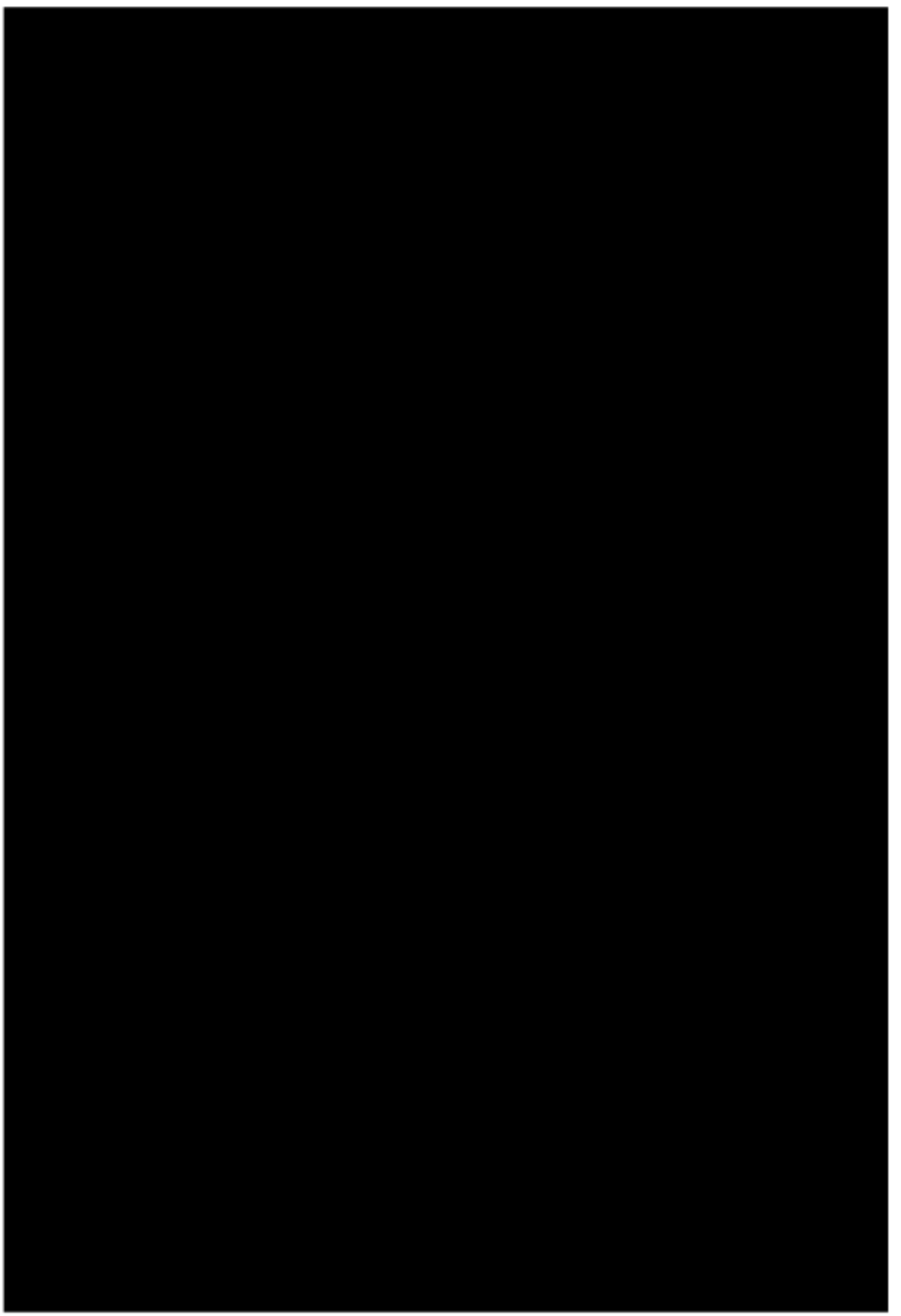


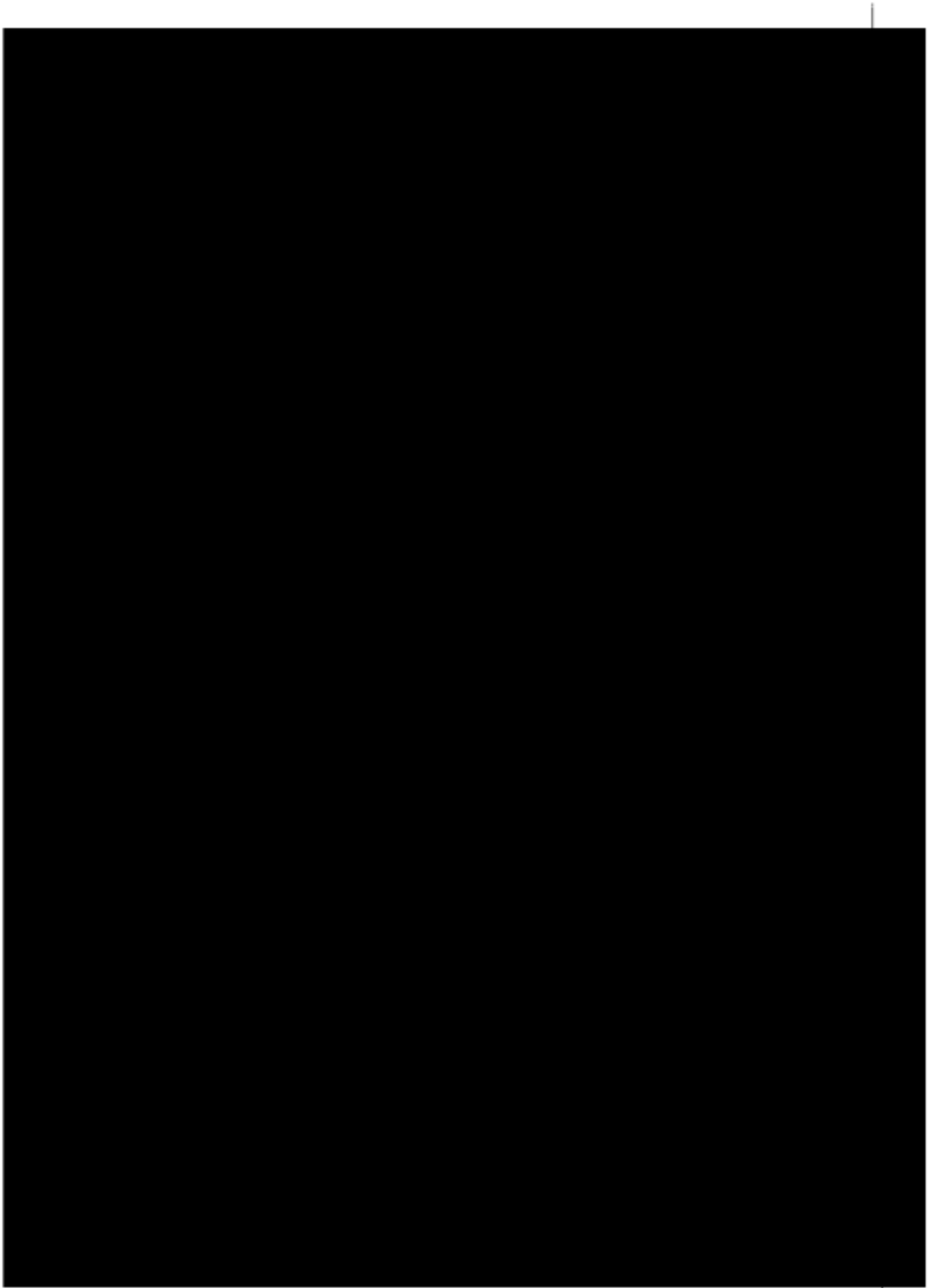












NYMC0 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 002 * NEW YORK MCC * 10:21:06
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FINJ	OFNYE	FNYS	FHOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26													26	B-A
C-A	10													10	C-A
E-N	83					2						2		81	E-N
E-S	79													79	E-S
G-N	78													78	G-N
G-S	86													86	G-S
H-A	4													4	H-A
I-N	86													86	I-N
K-N	89													89	K-N
K-S	137				10	2						12		125	K-S
R-A	1													1	R-A
Z-A	71													71	Z-A
Z-B	5													5	Z-B
TOTAL	755				10	4						14		741	

COUNT VERIFY

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

GV 1122A[redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/10//2019 TIME: 10:00AM

FROM: [redacted] LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	61876-054	JOHNSON	KS	21			
2	79196-054	KOURANI	KS	22			
3	01735-007	SATTAN	KS	23			
4	79752-054	RIVERO	KS	24			
5	11714-052	TABOADA	KS	25			
6	85771-054	MILLER	KS	26			
7	86074-054	OCHOA	KS	27			
8	76149-054	PRICE	KS	28			
9	06303-082	RIVERA	KS	29			
10	85571-054	SALEH	KS	30			
11				31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A	G-N	K-N	H-A
C-A	G-S	Z-A	
E-N	I-N	Z-B	
E-S	K-S 10	R-A	

TOTAL ON OUT COUNT: 10

Approving Operations Lieutenant

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMH4 530*05 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 08:54:02

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	61876-054	JOHNSON	08-10-2019	K11-053U	FS AM
0002		79196-054	KOURANI	08-10-2019	K07-008L	FS AM
0003		85771-054	MILLER	08-10-2019	K11-054L	FS AM SUICIDE OR
0004		86074-054	OCHOA	08-10-2019	K08-020L	FS AM
0005		76149-054	PRICE	08-10-2019	K08-014L	FS AM
0006		06303-082	RIVERA	08-10-2019	K11-055U	FS AM
0007		79752-054	RIVERO	08-10-2019	K08-019U	FS AM
0008		85571-054	SALEH	08-10-2019	K08-020U	FS AM
0009		01735-007	SATTAN	08-10-2019	K07-001L	FS AM
0010		11714-052	TABOADA	08-10-2019	K11-052L	FS AM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: August 10 2016 **COUNT TIME:** 10 AM

FROM: [redacted] **LOCATION:** Hosp

APPROVE

	REG #	NAME	UNIT
1.	86409054	Bullock	5N
2.	86900054	Walker	5N
3.	85369054	Woolaston	11S
4.	48816064	Santana	11S
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N	2	E-S		G-N		G-S		H-A	
I-N		K-N		K-S	2	R-A		Z-A		Z-B			

Total Out-Counted: 4

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.

NYMC0 530*05 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 10:20:06

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	86409-054	BULLOCK	08-10-2019	E05-535L	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-10-2019	K09-028U	SUICIDE OR
0003		86900-054	WALKER	08-10-2019	E06-546L	SUICIDE OR UNASSG
0004		85369-054	WOOLASTON	08-10-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]



NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 001 * NEW YORK MCC * 21:39:31
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYES	OFFNYS	OFFS	HOSP	MSR&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													26	B-A
C-A	10													10	C-A
K-N	83													83	K-N
K-S	79						1					1		78	K-S
G-N	78													78	G-N
G-S	87													87	G-S
H-A	2													2	H-A
I-N	86													86	I-N
K-N	89													89	K-N
K-S	137						1					1		136	K-S
R-A	0													0	R-A
Z-A	74													74	Z-A
Z-B	5													5	Z-B
TOTAL	756						2					2		754	

COUNT VERIFY

OFFICIAL PREPARING CO
OFFICIAL TAKING CO
COUNT CLEARED T

Good Work

[redacted]

NYMAQ 530*05 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 21:38:27

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	89673-053	MERSEY	08-10-2019	E12-592U	FS PM SUICIDE OR
0002		85377-054	WEBER	08-10-2019	K12-078L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-10-10 [redacted]

COUNT TIME: 10pm

LOCATION: Hosp

	REG #	NAME	UNIT
1.	39673-053	MORSE	E-S
2.	85377-054	WEBER	11S
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		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: 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.



[redacted]

NYMFC 530.03 * BURRAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 001 * NEW YORK MCC * 00:35:17
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNY E	FNY S	FPS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCCOUNT	VERIFY COUNT	COUNT	AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	83						2						2		81	E-N
E-S	79						1						1		78	E-S
G-N	78														78	G-N
G-S	88														88	G-S
H-A	4														4	H-A
I-N	86														86	I-N
K-N	89														89	K-N
K-S	137						1						1		136	K-S
R-A	1														1	R-A
Z-A	72														72	Z-A
Z-B	5														5	Z-B
TOTAL	758						4						4		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal 3/12/20

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-10-19 **COUNT TIME:** 12⁰¹ AM

FROM: [redacted] Count) **LOCATION:** Hosp

APPROVED [redacted]

	REG #	NAME	UNIT
1.	16520-055	Decapua	ES
2.	86409-054	Bullock	EN
3.	89918-054	Guma	EN
4.	86768-054	McDuffie	KS
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N	2	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: 4

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.

NYMFC 530*05 * INMATE ROSTER * 08-09-2019
PAGE 001 OF 001 22:52:23

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	86409-054	BULLOCK	08-09-2019	E05-535L	SUICIDE OR UNASSG
0002		16520-055	DECAPUA	08-09-2019	E07-555L	ORD CCS SUICIDE OR
0003		85918-054	GAMA-PINEDA	08-09-2019	E03-519L	SUICIDE OR UNASSG
0004		86768-054	MCDUFFIE	08-09-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED



[redacted]

Signature:

NYMBM 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 01:41:50
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	OFFNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	83						1						1	X	82	E-N
E-S	79													X	79	E-S
G-N	78													X	78	G-N
G-S	87													X	87	G-S
H-A	2													X	2	H-A
I-N	86													X	86	I-N
K-N	89													X	89	K-N
K-S	136						1						1	X	135	K-S
R-A	0													X	0	R-A
Z-A	75													X	75	Z-A
Z-B	5													X	5	Z-B
TOTAL	756						2						2		754	

COUNT VERIFY X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19 **COUNT TIME:** 3Am

FROM: [redacted] **LOCATION:** HOSP

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85369-054	Wolaston	K5	13.			
2.	89900-054	Walker	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		G-N		G-S		H-A	
I-N		K-N		K-S	1	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.

NYMBM 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 01:35:20

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	86900-054	WALKER	08-11-2019	E06-546L	SUICIDE OR UNASSG
0002		85369-054	WOOLASTON	08-11-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 15:36:11
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNYE	FNYS	FWS	HOSP	MS	R&D	SAN I	TRNWDV	VIST	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	83	1	.	.	.	.	.	.	.	.	.	.	1		82	E-N
E-S	79	.	.	.	.	2	1	.	.	.	.	.	3		76	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.		78	G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.		87	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.		2	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.		86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.		89	K-N
K-S	136	.	.	.	.	10	1	.	.	.	.	.	11		125	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.		75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	756	1	.	.	.	12	2	.	.	.	.	.	15		741	

COUNT VERIFY

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal: 4:46 pm
4:49 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19 **COUNT TIME:** 4PM

FROM: [redacted] **LOCATION:** Hosp

APPROVE [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85771-054	MILLER	KS	13.		
2. 90370-053	CHAN	ES	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	1	G-N		G-S		H-A	
I-N		K-N		K-S	1	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.

NYMAQ 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 15:33:43

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	90370-053	CHAN	08-11-2019	E10-573L	EDUCATION
						SUICIDE OR
0002		85771-054	MILLER	08-11-2019	K11-054L	FS AM
						SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
New York, New York 10007

Date: 8-11-19 Time 4:00PM

Location: Atty Staff supervising count : APina

[redacted]
Operations Lieutenant's Approval

REG. NO.	NAME	UNIT	REG. NO.	NAME	UNIT
78107-054	English	EN			

Total Count For Department: _____

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____

This form must be submitted to the Counts and Assignments Officer **FORTY FIVE MINUTES PRIOR to the affected count. Prepare this form in ink and group the inmates by respective floors. This is not a count slip, but an

NYMAQ 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 15:34:27

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	78107-054	ENGLISH	08-11-2019	E05-539L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/11//2019 TIME: 4PM

FROM: [redacted] LOCATION: F/S

Staff S[redacted]g Out-Count

	Number	Name	Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	79652-054	THOMAS	KS	22			
3	51702-069	ESTRADA	KS	23			
4	79965-054	THOMAS	KS	24			
5	85927-054	ROMERO	KS	25			
6	50659-018	KIRK	ES	26			
7	85976-054	MARTINEZ	KS	27			
8	86026-054	MERCHANT	KS	28			
9	89673-053	MERSEY	ES	29			
10	86022-054	REINGOUD	KS	30			
11	86764-054	DUNCAN	KS	31			
12	76161-054	GRANADOS	KS	32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A _____ G-N _____ K-N _____ H-A_____
C-A _____ G-S _____ Z-A _____
E-N I-N _____ Z-B _____
K- S _10 _ R-A __

T[redacted]

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMH4 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 15:19:08

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-11-2019	K12-062U	FS PM SUICIDE OR
0002		86764-054	DUNCAN	08-11-2019	K12-065U	FS PM SUICIDE OR
0003		51702-069	ESTRADA-RODRIGUEZ	08-11-2019	K09-025U	FS PM
0004		76161-054	GRANADOS-CORONA	08-11-2019	K07-007L	FS PM
0005		50659-018	KIRK	08-11-2019	E07-556U	FS PM
0006		85976-054	MARTINEZ	08-11-2019	K09-027U	FS PM
0007		86026-054	MERCHANT	08-11-2019	K12-061L	FS PM
0008		89673-053	MERSEY	08-11-2019	E12-592U	FS PM SUICIDE OR
0009		86022-054	REINGOUD	08-11-2019	K12-078U	FS PM
0010		85927-054	ROMERO-GRANADOS	08-11-2019	K10-045U	FS PM
0011		79652-054	THOMAS	08-11-2019	K08-074U	FS PM
0012		79965-054	THOMAS	08-11-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]



NYMBM 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 01:41:50
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNCY	FNYE	FNYS	FSHOSP	MSRD	SANI	TRNWDV	VISIT	OCUOTUN	VERIFY COUNT	COUNT	COUNT AREA
B-A	26											X	26	B-A
C-A	10											X	10	C-A
E-N	83					1					1	X	82	E-N
E-S	79											X	79	E-S
G-N	78											X	78	G-N
G-S	87											X	87	G-S
H-A	2											X	2	H-A
I-N	86											X	86	I-N
K-N	89											X	89	K-N
K-S	136					1					1	X	135	K-S
R-A	0											X	0	R-A
Z-A	75											X	75	Z-A
Z-B	5											X	5	Z-B
TOTAL	756					2					2		754	

COUNT VERIFY X

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

NYMBM 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 01:35:20

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	86900-054	WALKER	08-11-2019	E06-546L	SUICIDE OR UNASSG
0002		85369-054	WOOLASTON	08-11-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19 **COUNT TIME:** 5AM

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85369-054	Woolaston	KS	13.		
2. 86900-054	Walker	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		G-N		G-S		H-A	
I-N		K-N		K-S	1	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.

NYMBH 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
PAGE 001 * NEW YORK MCC * 09:37:53
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	83	.	.	.	.	.	1	.	.	.	.	.	1		82	E-N
E-S	79	.	.	.	.	1	.	.	.	.	.	.	1		78	E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	.		78	G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.		87	G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	.		2	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.		86	I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	.		89	K-N
K-S	136	.	.	.	.	15	1	.	.	.	.	.	16		120	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	75	1	.	.	.	.	.	.	.	.	.	.	1		74	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	756	1	.	.	.	16	2	.	.	.	.	.	19		737	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [redacted]
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 11:04AM

GOOD VERIFY

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

COUNT TIME: 10:00

DATE: 8-11-19

LOCATION: ATT

FROM: [redacted]

APPROVED:

	REG #	NAME	UNIT
1.	78514-054	Tartaglione	2A
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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 1 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.

NYMBH 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 09:38:26

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	78514-054	TARTAGLIONE	08-11-2019	Z05-124LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: [redacted]

TIME: 10:00AM

FROM: [redacted]

LOCATION: E/S

	Number	Name	Unit		Number	Name	Unit
1	61876-054	JOHNSON	KS	21			
2	79196-054	KOURANI	KS	22			
3	01735-007	SATTAN	KS	23			
4	79752-054	RIVERO	KS	24			
5	11714-052	TABOADA	KS	25			
6	85771-054	MILLER	KS	26			
7	86023-054	SUCRE	KS	27			
8	76149-054	PRICE	KS	28			
9	06303-082	RIVERA	KS	29			
10	85571-054	SALEH	KS	30			
11	86046-054	HUDSON	KS	31			
12	76235-054	JIMENEZ	KS	32			
13	01558-112	MANSON	KS	33			
14	79847-054	TOWNZEN	KS	34			
15	15657-179	GONZALEZ	ES	35			
16	85369-054	WOOLASTON	KS	36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS
BY UNIT:

B-A _____
C-A _____
E-N _____
E-S _1_ ___
G-N _____
G-S _____
I-N _____
K-S _15 _
K-N _____
Z-A _____
Z-B _____
R-A __
H-A_____

TOTAL ON OUT COUNT: 16

[redacted]

Out-counts will b) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMH4 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 09:09:01

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	15657-179	GONZALEZ	08-11-2019	E10-579L	WAREHOUSE
0002		86046-054	HUDSON	08-11-2019	K07-011U	FS AM
0003		76235-054	JIMENEZ-GONZALEZ	08-11-2019	K09-031U	FS AM
0004		61876-054	JOHNSON	08-11-2019	K11-053U	FS AM
0005		79196-054	KOURANI	08-11-2019	K07-008L	FS AM
0006		01558-112	MANSON	08-11-2019	K08-016L	FS AM
0007		85771-054	MILLER	08-11-2019	K11-054L	FS AM SUICIDE OR
0008		76149-054	PRICE	08-11-2019	K08-014L	FS AM
0009		06303-082	RIVERA	08-11-2019	K11-055U	FS AM
0010		79752-054	RIVERO	08-11-2019	K08-019U	FS AM
0011		85571-054	SALEH	08-11-2019	K08-020U	FS AM
0012		01735-007	SATTAN	08-11-2019	K07-001L	FS AM
0013		86023-054	SUCRE	08-11-2019	K08-013U	FS AM UNASSG
0014		11714-052	TABOADA	08-11-2019	K11-052L	FS AM
0015		79847-054	TOWNZEN	08-11-2019	K11-060L	PLUMBING
0016		85369-054	WOOLASTON	08-11-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/11/19 **COUNT TIME:** 10 AM

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT
1.	86700-054	CONLEY	EN
2.	77863-112	BANG-	KS
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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	1	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.

NYMBH 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 09:06:52

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	77863-112	BANG	08-11-2019	K12-062U	FS PM SUICIDE OR
0002		86700-054	CONLEY	08-11-2019	E03-524U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

530.03 * BUREAU OF PRISONS COUNT SHEET * 08-11-2019
1 * NEW YORK MCC * 21:23:49
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUT OF NYE	COUNT FROM NYS	SECTION OF HOSP	MISS	ARR & DEP	SANT	TRNWD	VISIT	OCCUPNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26												X	26	B-A
C-A	10												X	10	C-A
E-N	83					1						1	X	82	E-N
E-S	79					1						1	X	78	E-S
G-N	78												X	78	G-N
G-S	87												X	87	G-S
H-A	2												X	2	H-A
I-N	86												X	86	I-N
K-N	89												X	89	K-N
K-S	136												X	136	K-S
R-A	0												Ø	0	R-A
Z-A	75												X	75	Z-A
Z-B	5												X	5	Z-B
TOTAL	756					2						2		754	

COUNT VERIFY X

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

good VERBAL - 10:36pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: [redacted]

COUNT TIME: 1600 pm

FROM:

LOCATION: Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	89673-053	Mersey	5S	13.			
2.	78107-054	English	5N	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.

NYMAQ 530*05 * INMATE ROSTER * 08-11-2019
PAGE 001 OF 001 21:23:08

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	78107-054	ENGLISH	08-11-2019	E05-539L	SUICIDE OR UNASSG
0002		89673-053	MERSEY	08-11-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-10-2019
PAGE 001 * NEW YORK MCC * 22:50:12
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNCY	FNYE	FNYS	FSHOSP	MXSR&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26												26	B-A
C-A	10												10	C-A
E-N	83												83	E-N
E-S	79					1					1		78	E-S
G-N	78												78	G-N
G-S	87												87	G-S
H-A	2												2	H-A
I-N	86												86	I-N
K-N	89												89	K-N
K-S	137					1					1		136	K-S
R-A	0												0	R-A
Z-A	74												74	Z-A
Z-B	5												5	Z-B
TOTAL	756					2					2		754	

COUNT VERIFY

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

Good verbal. 1246Am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-11-19 **COUNT TIME:** 1201 AM

FROM: [redacted] **LOCATION:** Hosp

APPROVE [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86186-054	MCDuff. E	11S	13.		
2. 16520-055	DECAPUA	5S	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	1	G-N		G-S		H-A	
I-N		K-N		K-S	1	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.

NYMAQ 530*05 * INMATE ROSTER * 08-10-2019
PAGE 001 OF 001 22:49:37

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	16520-055	DECAPUA	08-10-2019	E07-555L	ORD CCS SUICIDE OR
0002		86768-054	MCDUFFIE	08-10-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMBB 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-12-2019
PAGE 001 * NEW YORK MCC * 02:39:10
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	FNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	83						2						2	X	81	E-N
E-S	79													X	79	E-S
G-N	78													X	78	G-N
G-S	87													X	87	G-S
H-A	3													X	3	H-A
I-N	86													X	86	I-N
K-N	89													X	89	K-N
K-S	136						1						1	X	135	K-S
R-A	0													X	0	R-A
Z-A	75													X	75	Z-A
Z-B	5													X	5	Z-B
TOTAL	757						3						3		754	

COUNT VERIFY X

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

Good verbal @ 3:30/AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/12/19 **COUNT TIME:** 3:00 AM

FROM: [redacted] **LOCATION:** HOSP

APPROVED [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	48816-066	SANTANA	11S	13.			
2.	86409-054	BULLOCK	5N	14.			
3.	85918-054	GAWA	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	(2)	E-S		G-N		G-S		H-A	
I-N		K-N		K-S	(1)	R-A		Z-A		Z-B			

Total Out-Counted: [redacted]

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.

NYMBB 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 02:16:45

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	86409-054	BULLOCK	08-12-2019	E05-535L	SUICIDE OR UNASSG
0002		85918-054	GAMA-PINEDA	08-12-2019	E03-519L	SUICIDE OR UNASSG
0003		48816-066	SANTANA	08-12-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-12-2019
PAGE 001 * NEW YORK MCC * 16:08:21
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNY	FNS	FSP	HOS	MS	R&D	SAN	TRNWDV	VIS	OCUTN	VERIFY COUNT	COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	83	.	.	.	1	.	.	.	.	.	.	.	1		82	E-N
E-S	83	.	.	.	.	3	.	.	.	.	.	.	3		80	E-S
G N	78	.	.	.	1	.	.	.	.	.	.	.	1		77	G-N
G-S	88	.	.	.	.	.	.	.	.	.	.	.	.		88	G-S
H-A	3	.	.	.	1	.	.	.	.	.	.	.	1		2	H-A
I-N	86	.	.	.	.	.	.	.	.	.	.	.	.		86	I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	.	1		88	K-N
K-S	136	1	.	.	3	11	1	.	.	.	.	.	16		120	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	75	.	.	.	.	.	.	.	.	.	.	.	.		75	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	762	1	.	.	7	14	1	.	.	.	.	.	23		739	
COUNT VERIFY		X			X	X	X									

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal: 4:57 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 2/12/2019 **COUNT TIME:** 4:00 PM

FROM: [redacted] **LOCATION:** 11 S

APPROVED [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76156-054	DIAZ-Morales	K/S	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	1	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.

NYMAQ 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 16:05:29

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76156-054	DIAZ-MORALEZ	08-12-2019	K09-030U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 08-12-2019 **Count Time: 4:00 pm**

From [redacted] **es)**

Location: FNYS

Appr
pp

REG.....	LN.....	FN.....	QTR.....
28631-054	URENA	ILARIO	E05-533U
85769-054	MURPHY	ERNEST	G01-702L
85428-054	RAMOS	JASON	H01-001L
86277-054	SEMIDAY	LUIS	K05-136L
77737-112	IGNATOV	KONSTANTIN	K07-073U
86934-054	TAYLOR	NATHANIEL	K11-051U
53358-054	CLARK	ROBERT	K11-056U

B-A ___C-A ___ E-N_1__E-S __G-N__1 G-S ___
H-A _1_I-N___ K-N_1__K-S _3__R-A __Z-A ___ Z-B ___

Total Out-Counted: _7_

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 is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 15:55:06

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	53358-054	CLARK	08-12-2019	K11-056U	UNASSG
0002		77737-112	IGNATOV	08-12-2019	K07-073U	UNASSG
0003		85769-054	MURPHY	08-12-2019	G01-702L	UNIT 7N
0004		85428-054	RAMOS	08-12-2019	H01-001L	UNASSG
0005		86277-054	SEMIDAY	08-12-2019	K05-136L	UNASSG
0006		86934-054	TAYLOR	08-12-2019	K11-051U	SUICIDE OR UNASSG
0007		28631-054	URENA	08-12-2019	E05-533U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/12/19 **COUNT TIME:** 4:00 pm

FROM: [redacted] **LOCATION:** HOSP

APPROVED:

	REG #	NAME	UNIT
1.	86768-054	McDuffie	K-S
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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	1	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.

NYMAQ 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 16:07:26

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	86768-054	MCDUFFIE	08-12-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/12//2019 TIME: 4PM

FROM: [redacted] LOCATION: F/S

	Number	Name	Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	76161-054	GRANADOS	KS	22			
3	51702-069	ESTRADA	KS	23			
4	79965-054	THOMAS	KS	24			
5	85927-054	ROMERO	KS	25			
6	50659-018	KIRK	ES	26			
7	85976-054	MARTINEZ	KS	27			
8	86022-054	REINGOUD	KS	28			
9	89673-053	MERSEY	ES	29			
10	85417-054	DEL ORBE	KS	30			
11	86535-054	KAMARA	KS	31			
12	68683-066	CLARK	ES	32			
13	41682-054	CARABELLO	KS	33			
14	85369-054	WOOLASTEN	KS	34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS BY UNIT:

B-A _____ G-N _____ K-N _____ H-A_____
C-A _____ G-S _____ Z-A _____
E-N _____ J-N _____ Z-B _____
E-S 3 K- S 11 R-A

TOTA [redacted]

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMH4 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 15:34:07

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-12-2019	K12-062U	FS PM SUICIDE OR
0002		41682-054	CARABELLO	08-12-2019	K07-002U	FS AM
0003		68683-066	CLARK	08-12-2019	E12-593U	FS PM
0004		85417-054	DEL ORBE LUNA	08-12-2019	K08-018L	FS WAREHOU
0005		51702-069	ESTRADA-RODRIGUEZ	08-12-2019	K09-025U	FS PM
0006		76161-054	GRANADOS-CORONA	08-12-2019	K07-007L	FS PM
0007		86535-054	KAMARA	08-12-2019	K11-053U	FS PM
0008		50659-018	KIRK	08-12-2019	E07-556U	FS PM
0009		85976-054	MARTINEZ	08-12-2019	K09-027U	FS PM
0010		89673-053	MERSEY	08-12-2019	E12-592U	FS PM SUICIDE OR
0011		86022-054	REINGOUD	08-12-2019	K12-078U	FS PM
0012		85927-054	ROMERO-GRANADOS	08-12-2019	K10-045U	FS PM
0013		79965-054	THOMAS	08-12-2019	K10-044L	FS PM
0014		85369-054	WOOLASTON	08-12-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMBB 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-12-2019
PAGE 001 * NEW YORK MCC * 04:57:29
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNGYE	FNGYS	FSHOSP	MSR&D	SANI	TRNWDV	VISIT	OCCUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26										X	26	B-A
C-A	10										X	10	C-A
E-N	83				2					2	X	81	E-N
E-S	79							1		1	X	78	E-S
G-N	78										X	78	G-N
G-S	87										X	87	G-S
H-A	3										X	3	H-A
I-N	86										X	86	I-N
K-N	89										X	89	K-N
K-S	136				1					1	X	135	K-S
R-A	0										X	0	R-A
Z-A	75										X	75	Z-A
Z-B	5										X	5	Z-B
TOTAL	757				3			1		4		753	

COUNT VERIFY X X

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

Good verbal @ 0505/AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/12/2019 **COUNT TIME:** 5 00/AM

FROM: [redacted] ut Count) **LOCATION:** ES

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	51084-056	Harrison	ES
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	1	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.

NYMBB 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 04:56:51

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: TNWDVR FACILITY: NYM

OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT	OPER	CATG	ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	08-12-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/12/19 **COUNT TIME:** 5:00 AM

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 47886-066	SANTANA	11S	13.		
2. 86409-054	BULLOCK	5N	14.		
3. 85918-054	GAWA	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	(2)	E-S		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.

NYMBB 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 02:16:45

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	86409-054	BULLOCK	08-12-2019	E05-535L	SUICIDE OR UNASSG
0002		85918-054	GAMA-PINEDA	08-12-2019	E03-519L	SUICIDE OR UNASSG
0003		48816-066	SANTANA	08-12-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-12-2019
PAGE 001 * NEW YORK MCC * 21:24:49
QTRG EQ **** OCTG RQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	FFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	83						1						1	X	82	E-N
E-S	83						1						1	X	82	E-S
G-N	78													X	78	G-N
G-S	88													X	88	G-S
H-A	3													X	3	H-A
I-N	86													X	86	I-N
K-N	89													X	89	K-N
K-S	139													X	139	K-S
R-A	0													X	0	R-A
Z-A	75													X	75	Z-A
Z-B	5													X	5	Z-B
TOTAL	765						2						2		763	

COUNT VERIFY X

OFFICIAL PREPARING COUNT: Montoya
OFFICIAL TAKING COUNT: Farag
COUNT CLEARED TIME: 1059

GV 1054

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-12-19 **COUNT TIME:** 1000 pm

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT
1.	78107-054	English	EN
2.	89673-053	Mersey	ES
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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.

NYMAQ 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 21:23:47

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	78107-054	ENGLISH	08-12-2019	E05-539L	SUICIDE OR UNASSG
0002		89673-053	MERSEY	08-12-2019	E12-592U	FS PM SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMBB 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-12-2019
PAGE 001 * NEW YORK MCC * 01:16:49
QTRG EQ **** OCTG EQ ****

COUNT AREA	CRNSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	PS	HOSP	MS	R&D	SANI	TRNWDV	VIST	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
R-N	83						1						1	X	82	E-N
E-S	79						1						1	X	78	E-S
G-N	78													X	78	G-N
G-S	87													X	87	G-S
H-A	3													X	3	H-A
I-N	86													X	86	I-N
K-N	89						1						1	X	88	K-N
K-S	136													X	136	K-S
R-A	0													X	0	R-A
Z-A	75													X	75	Z-A
Z-B	5													X	5	Z-B
TOTAL	757						3						3		754	

COUNT VERIFY X

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

Good Verbal. 1:15am

NYMBB 530*05 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 01:16:27

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	27758-050	MARTINEZ	08-12-2019	K02-111L	SUICIDE OR UNASSG
0002		86831-054	RODRIGUEZ	08-11-2019	E04-525L	SUICIDE OR UNASSG
0003		85621-054	TORRES	08-12-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMBQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-13-2019
PAGE 001 * NEW YORK MCC * 00:55:27
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	26													X	26	B-A
C-A	10													X	10	C-A
E-N	83						1						1	X	82	E-N
E-S	83													X	83	E-S
G-N	78													X	78	G-N
G-S	88													X	88	G-S
H-A	3													X	3	H-A
I-N	86													X	86	I-N
K-N	89													X	89	K-N
K-S	139						1						1	X	138	K-S
R-A	0													Ø	0	R-A
Z-A	75													X	75	Z-A
Z-B	5													X	5	Z-B
TOTAL	765						2						2		763	

COUNT VERIFY X

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

good verbal 330

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/13/19 **COUNT TIME:** 3:00 AM

FROM: [redacted] **LOCATION:** HOSP

APPROVED: [redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 48816-066	SANTANA	11S	13.		
2. 18028-104	LEON	5N	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	1	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.

NYMBQ 530*05 * INMATE ROSTER * 08-13-2019
PAGE 001 OF 001 00:53:21

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	18028-104	LEON-MAAL	08-13-2019	E03-520L	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-13-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-13-2019
PAGE 001 * NEW YORK MCC * 16:33:20
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFSP	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	24	.	.	.	.	.	.	.	.	.	.	.	.		24	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	82	.	.	.	1	.	1	.	.	.	.	.	2		80	E-N
E-S	83	1	.	.	.	4	1	.	3	.	.	.	9		74	E-S
G-N	80	1	.	.	3	.	.	.	.	.	.	.	4		76	G-N
G-S	83	.	.	.	1	.	.	.	.	.	.	.	1		82	G-S
H-A	4	.	.	.	.	.	.	.	.	.	.	.	.		4	H-A
I-N	87	.	.	.	1	.	.	.	.	.	.	.	1		86	I-N
K-N	91	.	.	.	2	.	1	.	.	.	.	.	3		88	K-N
K-S	140	.	.	.	4	7	1	.	.	.	.	.	12		128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	66	..	.	.	1	.	.	.	.	.	.	.	1		65	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	755	2	.	.	13	11	4	.	3	.	.	.	33		722	

COUNT VERIFY

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

Good Verbal. 4:35 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-13-2019 **COUNT TIME:** 4:00pm

FROM: [redacted] **LOCATION:** R&D

APPROVED: [redacted]

REG #	NAME	UNIT
1. 27933-055	Alls	11S
2. 59632-053	Flores	11S
3. 76518-067	Turner	11S
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

REG #	NAME	UNIT
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
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	3	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 * INMATE ROSTER * 08-13-2019
PAGE 001 OF 001 16:29:32

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: R&D FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	R&D	27933-055	ALLS	08-13-2019	E08-564U	ORD R/D
0002		59632-053	FLORES	08-13-2019	E08-561L	ORD R/D
0003		76518-067	TURNER	08-13-2019	E09-572U	ORD R/D

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 08-13-2019 **Count Time:** 4:00 pm

From: [redacted] **Location:** FNYS

Appro [redacted]
pp

REG.....	LN.....	FN.....	QTR.....
86602-054	MACK	MICHAEL	E02-512L
85769-054	MURPHY	ERNEST	G01-702L
68395-054	CUNNINGHAM	ANDRE	G01-708U
86626-054	ESTEVEZ-GO	CARLOS	G06-748L
68456-298	BURGOS-CAB	JOSE	G08-758U
86343-054	LEE	NICK	I06-948U
71628-054	GONZALEZ	TEODORO	K01-105L
70381-054	LOPEZ-HERN	JACKSON	K04-132L
90591-054	PAULINO	JUAN	K09-027U
77575-054	SANTANA	JOSE	K09-029U
87034-054	RUSSELL	TSANI	K11-049U
86026-054	MERCHANT	SEAN	K12-061L
86020-054	TORRES	OMAR	Z03-110LAD

B-A ___ **C-A** ___ **E-N** 1 **E-S** __ **G-N** 3 **G-S** 1
H-A __ **I-N** 1 **K-N** 2 **K-S** 4 **R-A** __ **Z-A** 1 **Z-B** ___

Total Out-Counted: 13

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 is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 08-13-2019
PAGE 001 OF 001 16:31:26

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	68456-298	BURGOS-CABADA	08-13-2019	G08-758U	UNASSG
0002		68395-054	CUNNINGHAM	08-13-2019	G01-708U	UNASSG
0003		86626-054	ESTEVEZ-GONZALEZ	08-13-2019	G06-748L	UNIT 7N
0004		71628-054	GONZALEZ	08-13-2019	K01-105L	UNASSG
0005		86343-054	LEE	08-13-2019	I06-948U	UNASSG
0006		70381-054	LOPEZ-HERNANDEZ	08-13-2019	K04-132L	UNASSG
0007		86602-054	MACK	08-13-2019	E02-512L	SUICIDE OR UNASSG
0008		86026-054	MERCHANT	08-13-2019	K12-061L	FS PM
0009		85769-054	MURPHY	08-13-2019	G01-702L	UNIT 7N
0010		90591-054	PAULINO	08-13-2019	K09-027U	UNASSG
0011		87034-054	RUSSELL	08-13-2019	K11-049U	UNASSG
0012		77575-054	SANTANA	08-13-2019	K09-029U	UNASSG
0013		86020-054	TORRES	08-13-2019	Z03-110LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/13/2019 **COUNT TIME:** 4:00 PM

FROM: [redacted] **LOCATION:** 9 S

(ng Out Count)

APPROVED: [redacted]

(tenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 46376-053	Chan	5 S	13.		
2. 58765-054	McDuffie	11 S	14.		
3. 75954-054	Goswami	11 N	15.		
4. 13028-104	Lee	5 N	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	1	K-S	1	R-A		Z-A		Z-B			

Total Out-Counted: 4

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 * INMATE ROSTER * 08-13-2019
PAGE 001 OF 001 16:30:13

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	90370-053	CHAN	08-13-2019	E10-573L	EDUCATION SUICIDE OR
0002		75954-054	GOSWAMI	08-13-2019	K03-120L	SUICIDE OR UNASSG
0003		18028-104	LEON-MAAL	08-13-2019	E03-520L	SUICIDE OR UNASSG
0004		86768-054	MCDUFFIE	08-13-2019	K12-064L	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK NY

OFFICIAL OUT-COUNT FORM

DATE: 8/13//2019 TIME: 4PM

FRO [redacted] LOCATION: E/S

	Number	Name	Unit		Number	Name	Unit
1	77863-112	BANG	KS	21			
2	76161-054	GRANADOS	KS	22			
3	51702-069	ESTRADA	KS	23			
4	79965-054	THOMAS	KS	24			
5	85927-054	ROMERO	KS	25			
6	50659-018	KIRK	ES	26			
7	68683-066	CLARK	ES	27			
8	86022-054	REINGOUD	KS	28			
9	89673-053	MERSEY	ES	29			
10	86535-054	KAMARA	KS	30			
11	79251-054	DELACRUZ	ES	31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

OUT-COUNTS BY UNIT:

B-A _____ G-N _____ K-N _____ H-A_____
C-A _____ G-S _____ Z-A _____
E-N _____ I-N _____ Z-B _____
E-S _4_ K- S _7_ R-A __

TOT [redacted]

Out-counts will be submitted at a minimum of two (2) hours prior to the count. Out-counts WILL be submitted in ink, and legible. Out-counts should list inmates alphabetically by unit with the inmate's name, register number, and quarters assignment. Please verify all information.

NYMH4 530*05 * INMATE ROSTER * 08-13-2019
PAGE 001 OF 001 14:35:53

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-13-2019	K12-062U	FS PM
						SUICIDE OR
0002		68683-066	CLARK	08-13-2019	E12-593U	FS PM
0003		79251-054	DELACRUZ	08-13-2019	E11-582U	FS AM
						SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-13-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-13-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-13-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-13-2019	E07-556U	FS PM
0008		89673-053	MERSEY	08-13-2019	E12-592U	FS PM
						SUICIDE OR
0009		86022-054	REINGOUD	08-13-2019	K12-078U	FS PM
0010		85927-054	ROMERO-GRANADOS	08-13-2019	K10-045U	FS PM
0011		79965-054	THOMAS	08-13-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/13/19 COUNT TIME: 4:00PM

FROM: D. White (Staff Member Preparing Out Count) LOCATION: ATTNY CONF

APPROVED: [signature] (Operations Lieutenant)

	REG #	NAME	UNIT
1.	76194054	OCAMPO	G-N
2.	53927019	WILLIAMS	E-S
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 1 G-N 1 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.

NYMAQ 530*05 * INMATE ROSTER * 08-13-2019
PAGE 001 OF 001 16:32:19

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: ATTY FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76194-054	OCAMPO-ALVAREZ	08-13-2019	G02-715L	UNASSG
0002		53927-019	WILLIAMS	08-13-2019	E09-570U	A & O

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-13-2019
PAGE 001 * NEW YORK MCC * 02:08:33
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYE	FFNYS	FFS	HOSP	MS	R&D	SSANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	83						1						1		82	E-N
E-S	83										1		1		82	E-S
G-N	78														78	G-N
G-S	88														88	G-S
H-A	3														3	H-A
I-N	86														86	I-N
K-N	89														89	K-N
K-S	139						1						1		138	K-S
R-A	0														0	R-A
Z-A	75														75	Z-A
Z-B	5														5	Z-B
TOTAL	765						2				1		3		762	

COUNT VERIFY

OFFICIAL PREPARING COUNT:
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 6:06AM

G.V. 6:06AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/13/19 **COUNT TIME:** 5:00am

FROM: [redacted] **LOCATION:** TNW DVR

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	57084-056	HARRISON ES		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 *                INMATE ROSTER                 *     08-13-2019
PAGE 001 OF 001                                                    02:08:01
                CATEGORY: OCT                          GROUP CODE:
              ASSIGNMENT: TNWDVR                         FACILITY: NYM
 OPER  CATG  ASSIGNMENT    OPER  CATG  ASSIGNMENT     OPER  CATG  ASSIGNMENT

NUM  ASSIGNMENT REG NO     NAME                 OCT DATE   QTR        WRK
0001 TNWDVR     57084-056  HARRISON             08-13-2019 E08-561L   TWN DRIVER

G0000       TRANSACTION SUCCESSFULLY COMPLETED
```

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/13/19 COUNT TIME: 5:00 AM

FROM: [redacted] LOCATION: HOSP

APPROVED: [redacted] ant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	48816-066	SANTANA	11S	13.			
2.	18028-104	LEON	5N	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	1	R-A		Z-A		Z-B			

Total Out-Counted: [redacted]

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.

NYMBQ 530*05 * INMATE ROSTER * 08-13-2019
PAGE 001 OF 001 00:53:21

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	18028-104	LEON-MAAL	08-13-2019	E03-520L	SUICIDE OR UNASSG
0002		48816-066	SANTANA	08-13-2019	K09-028U	SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMDL 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-13-2019
PAGE 001 * NEW YORK MCC * 22:29:49
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFNYE	OFNYS	OFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
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	3													X	3	H-A
I-N	86													X	86	I-N
K-N	91						1						1	X	90	K-N
K-S	140													X	140	K-S
R-A	0													X	0	R-A
Z-A	67													X	67	Z-A
Z-B	5													X	5	Z-B
TOTAL	758						3						3		755	

COUNT VERIFY X

OFFICIAL PREPARING COUNT: Farag
OFFICIAL TAKING COUNT: Farag
COUNT CLEARED TIME: 1046

GV 1043

NYMDL 530*05 * INMATE ROSTER * 08-13-2019
PAGE 001 OF 001 22:29:30

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	78107-054	ENGLISH	08-13-2019	E05-539L	SUICIDE OR UNASSG
0002		89673-053	MERSEY	08-13-2019	E12-592U	FS PM
0003		86272-054	MONTAS	08-13-2019	K06-148U	SUICIDE OR UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-13-19 **COUNT TIME:** 1000 pm

FROM: [redacted] Count) **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	84673-053	Mersy	ES	13.			
2.	78107-054	English	EN	14.			
3.	91349-053	Nobeast	16SF	15.			
4.	86272-054	Montash	ICN	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	1	K-S	0	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.

NYMDL 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-12-2019
PAGE 001 * NEW YORK MCC * 23:05:06
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWD	VISIT	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26														26	B-A
C-A	10														10	C-A
E-N	83						1						1		82	E-N
E-S	83						1						1		82	E-S
G-N	78														78	G-N
G-S	88														88	G-S
H-A	3														3	H-A
I-N	86														86	I-N
K-N	89														89	K-N
K-S	139														139	K-S
R-A	0														0	R-A
Z-A	75														75	Z-A
Z-B	5														5	Z-B
TOTAL	765						2						2		763	

COUNT VERIFY

OFFICIAL PREPARING COUNT: E Faraq
OFFICIAL TAKING COUNT:
COUNT CLEARED TIME: 1234 pm

Good Verbal @ 1233 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-12-19 **COUNT TIME:** 12 01 am

FROM: [redacted] (Count) **LOCATION:** Hosp

APPROVED: (Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	85621054	torres	ES	13.			
2.	85918054	Gamma	2N	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	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 * INMATE ROSTER * 08-12-2019
PAGE 001 OF 001 23:05:26

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	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 * APPLY FUTURE ASSIGNMENTS * 08-13-2019
PAGE 001 OF 001 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: CA Date 8/13/19

Count: 10 Time: 1201 Am

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 8/13/19

Count: 87 Time: 12⁰⁴ Am

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/13/19

Count: 26 Time: 1202 (AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/13/19

Count: 2 Time: 1202 AM

Print Name: S. Bullock

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-14-2019
PAGE 001 * NEW YORK MCC * 02:46:39
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	OFFNYB	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWD	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	COUNT AREA
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
COUNT CLEARED TIME

Good verbal: 334 1m

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/14/19 COUNT TIME: 3:00 AM

FROM: [redacted] LOCATION: HOSP

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	76256-054	DAVILA	11N	13.			
2.	85369-054	WOOLASTON	11S	14.			
3.	85918-054	GAMA	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 * INMATE ROSTER * 08-14-2019
PAGE 001 OF 001 02:47:11

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	76256-054	DAVILA	08-14-2019	K05-133U	SUICIDE OR UNASSG
0002		85918-054	GAMA-PINEDA	08-14-2019	E03-519L	SUICIDE OR UNASSG
0003		85369-054	WOOLASTON	08-14-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: RA Date: 8-14-19

Count: 3 Time: 3:00AM

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8-14-19

Count: 4 Time: 3:00 AM

Print N [redacted]

Signatu

Print N

Signat

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8-14-19

Count: 24 Time: 3:00 AM

Print Name [redacted]

Signature:

Print Name

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8-14-19

Count: 3 Time: 3:00 AM

Print Name: [redacted]

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/14/19

Count: 10 Time: 3:00AM

Print N [redacted]

Signatu

Print N

Signatu

Metropolitan Correctional Center
Official Count Slip

Unit: IDS Date 8/14/19

Count: 86 Time: 3:00 AM

Print Na [redacted]

Signatur

Print Na

Signatur

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 8/14/19

Count: 84 Time: 3:00 AM

Pr [redacted]

Sig

Pr

Sig

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 2B Date: 8/14/19

Count: 5 Time: 3:00

1. Print Name: [redacted]
1. Signature:
2. Print Name:
2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: 5th Date 08/14/19

Count: 81 Time: 03:00

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 5S Date: 8/14/19

Count: 62 Time: 3:00 AM

Metropolitan Correctional Center
Official Count Slip

Unit: 7A Date: 8-14-19

Count: 104 Time: 3:00 AM

Print Name: [redacted]
Signature:
Print Name:
Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 08/14/2019

9R Time: 3:00am

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 4S Date 8/14/19

Count: 134 Time: 3:00

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/14/19

Count: 80 Time: 3 A.M.

[redacted]

NYMAQ 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-14-2019
PAGE 001 * NEW YORK MCC * 15:46:36
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFSOP	HOSP	MSR&D	SAN I	TRNWDV	VISIT	OCCOUNT	VERIFY COUNT	COUNT	COUNT AREA
B-A	24													24	B-A
C-A	10													10	C-A
E-N	80				1							1		79	E-N
E-S	81					3	1					4		77	E-S
G-N	79				2							2		77	G-N
G-S	87				5							5		82	G-S
H-A	2				1							1		1	H-A
I-N	85													85	I-N
K-N	91				1							1		90	K-N
K-S	140				1	9						10		130	K-S
R-A	0													0	R-A
Z-A	67				1							1		66	Z-A
Z-B	5													5	Z-B
TOTAL	751				12	12	1					25		726	

COUNT VERIFY XXX

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbal - 5 pm

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-14-19 **COUNT TIME:** 400pm

FROM [redacted] **LOCATION:** F/S

APPR [redacted]

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	77863-112	Bang	K-S	13.			
2.	68683-066	Clark	E-S	14.			
3.	86764-054	Duncan	K-S	15.			
4.	51702-069	Estrada	K-S	16.			
5.	76161-054	Granados	K-S	17.			
6.	86535-054	Kamara	K-S	18.			
7.	50659-018	Kirk	E-S	19.			
8.	85976-054	Martinez	K-S	20.			
9.	86026-054	Merchant	K-S	21.			
10.	89673-053	Mersey	E-S	22.			
11.	79652-054	Thomas	K-S	23.			
12.	79965-054	Thomas	K-S	24.			

OUT-COUNT BY UNIT

B-A		C-A		E-N		E-S	3	G-N		G-S		H-A	
I-N		K-N		K-S	11	R-A		Z-A		Z-B			

Total Out-Counted: 12

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.

NYMGW 530*05 * INMATE ROSTER * 08-14-2019
PAGE 001 OF 001 15:03:46

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	08-14-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	08-14-2019	E12-593U	FS PM
0003		86764-054	DUNCAN	08-14-2019	K12-065U	FS PM SUICIDE OR
0004		51702-069	ESTRADA-RODRIGUEZ	08-14-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	08-14-2019	K07-007L	FS PM
0006		86535-054	KAMARA	08-14-2019	K11-053U	FS PM
0007		50659-018	KIRK	08-14-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	08-14-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	08-14-2019	K12-061L	FS PM
0010		89673-053	MERSEY	08-14-2019	E12-592U	FS PM SUICIDE OR
0011		79652-054	THOMAS	08-14-2019	K08-074U	FS PM
0012		79965-054	THOMAS	08-14-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 08-14-2019 **Count Time: 4:00 pm**

From: [redacted]

Location: FNYS

Approv
pp

REG.....	LN.....	FN.....	QTR.....
86409-054	BULLOCK	CHRISTOPHE	E05-535L
85769-054	MURPHY	ERNEST	G01-702L
76167-054	DE LA CRUZ	DIONICIO	G01-706L
78548-054	CHERRY	DAVID	G08-757L
53586-054	TURBIDES	CESAR	G10-777L
65285-019	VAZQUEZ	EDWIN	G10-779L
48319-380	MARTINEZ-M	ROSENBEL	G11-782L
87086-054	ESPINOZA	CESAR	G11-787L
78236-054	TURNER	JOHNELL	H01-003L
86919-054	BUTLER	RAHSAAN	K01-101U
77575-054	SANTANA	JOSE	K09-029U
68152-054	HOYT	KENNETH	Z02-202LAD

B-A ___ C-A ___ E-N 1 E-S __ G-N 2 G-S 5
H-A 1 I-N ___ K-N 1 K-S 1 R-A __ Z-A 1 Z-B ___

Total Out-Counted: 12

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 is to be used only as an Out Count.

NYMAQ 530*05 * INMATE ROSTER * 08-14-2019
PAGE 001 OF 001 15:34:43

CATEGORY: OCT GROUP CODE:
ASSIGNMENT: FNYS FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	86409-054	BULLOCK	08-14-2019	E05-535L	SUICIDE OR UNASSG
0002		86919-054	BUTLER	08-14-2019	K01-101U	UNASSG
0003		78548-054	CHERRY	08-14-2019	G08-757L	UNIT 7SFS
0004		76167-054	DE LA CRUZ	08-14-2019	G01-706L	UNIT 7N
0005		87086-054	ESPINOZA	08-14-2019	G11-787L	UNASSG
0006		68152-054	HOYT	08-14-2019	Z02-202LAD	UNASSG
0007		48319-380	MARTINEZ-MELENDEZ	08-14-2019	G11-782L	UNASSG
0008		85769-054	MURPHY	08-14-2019	G01-702L	UNIT 7N
0009		77575-054	SANTANA	08-14-2019	K09-029U	UNASSG
0010		53586-054	TURBIDES	08-14-2019	G10-777L	UNASSG
0011		78236-054	TURNER	08-14-2019	H01-003L	UNASSG
0012		65285-019	VAZQUEZ	08-14-2019	G10-779L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: _____ **COUNT TIME:** _____

FROM: [redacted] **LOCATION:** _____

APPROVED:

REG #	NAME	UNIT	REG #	NAME	UNIT
1.			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 <u>FORTY-FIVE MINUTES PRIOR</u> 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 * INMATE ROSTER * 08-14-2019
PAGE 001 OF 001 15:43:45

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	90370-053	CHAN	08-14-2019	E10-573L	EDUCATION SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: _____ Date: _____

Count: _____ Time: _____

1. Print Name: _____

1. Signature: _____

2. Print Name: _____

2. Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: KN - Date 08/14/2019 -

Count: 90 - Time: 4:00PM -

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: F/S - Date: 8-14-19 -

Count: 12 - [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP - Date 8/14/19 -

Count: 1 - Time: 4:00pm -

[redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 2B - Date: 8-14-19 -

Count: 5 - Time: 4:00 pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date 8/14/19 -

Count: 85 - 4:00PM -

[redacted]

Official Count Slip

Unit: BA - Date 8/14/19 -

Count: 24 - Time: 4:00pm -

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN - Date: 8/14/19 -

Count: 77 - Time: 4:00 pm -

Print Name: [redacted]

Signature:

Print Name:

Signature:

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date Aug 14, 2019 -

Count: 10 - Time: 4:00 pm -

Print [redacted]

Signa

Print

Signa

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 8/14/19

Count: 82 Time: 4:00 PM

Print Name:

Signature:

Print Name:

Signature

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: Fai Date 08/14/19

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8/14/19

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/14/19

Count:

Print Name:

Signature:

Print Name:

Signature

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8-14-2019

Metropolitan Correctional Center
Official Count Slip

Unit: ES

Date:

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/14/19 **COUNT TIME:** 5:00 A.M

FROM: [redacted] **LOCATION:** TWN DVR

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 57084-056	HARRISON	E-S	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	1	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.

NYMDK 530*05 * INMATE ROSTER * 08-14-2019
PAGE 001 OF 001 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	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	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: [redacted] LOCATION: HOSP

APPROVED: [redacted]
(Operations Lieutenant)

	REG #	NAME	UNIT
1.	76256-054	DAVILA	11N
2.	85369-054	WOOLACTON	11S
3.	85918-054	GAMA	5N
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
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 * INMATE ROSTER * 08-14-2019
PAGE 001 OF 001 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	76256-054	DAVILA	08-14-2019	K05-133U	SUICIDE OR UNASSG
0002		85918-054	GAMA-PINEDA	08-14-2019	E03-519L	SUICIDE OR UNASSG
0003		85369-054	WOOLASTON	08-14-2019	K11-053L	FS WAREHOU SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMDK 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-14-2019
PAGE 001 * NEW YORK MCC * 04:51:22
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNCY	FNYS	FNYE	FSPS	HOSP	MSPS	R&D	SANI	TRNWDV	VISIT	OCUOTUNT	VERIFY COUNT	COUNT	AREA
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
COUNT CLEARED TIME

Good verbal: 5:26 AM

Metropolitan Correctional Center
Official Count Slip

Unit: 1A Date: 8/14/19
Count: 86 Time: 5:00AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/14/19
Count: 16 Time: 5:00 AM

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8.14.19
Count: 24 Time: 5:00 AM

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8.14.19
Count: 04 Time: 5:00am
Print Name: S Chambers

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date: 8/14/19
Count: 3

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/14/19

New York, New York
Official Count Slip

Unit: 2B Date: 8/14/19
Count: 5 Time: 5:00

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EW Date: 08/14/19
Count: 81 Time: 0500

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: TWDVR Date: 8/14/19
Count: 1 Time: 5:00 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 8-14-19

Count: 81 Time: 5000 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 8/14/19

Count: 134 Time: 5:00

[redacted]

U
C
Pr
Sig
Prin
Sign

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 08/14/2019

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 8-14-19

Count: 88 Time: 5:00 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8/14/19

Count: 80 Time: 5 AM

[redacted]

NYMDL 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-14-2019
PAGE 001 * NEW YORK MCC * 22:05:14
QTRG EQ **** OCTG EQ ****

OUTCOUNT SECTION

COUNT AREA	CENSUS	ATTY	FNJ	FNYE	FNYS	FS	HOSP	MS	R&D	SANI	TRNWDV	VIST	OCUOTUNT	VERIFY COUNT	COUNT COUNT	COUNT AREA
B-A	26	.	.	.	.	.	.	.	.	.	.	.	.		26	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.		10	C-A
E-N	77	.	.	.	.	.	1	.	.	.	.	.	1		76	E-N
E-S	81	.	.	.	.	.	1	.	.	.	.	.	1		80	E-S
G-N	79	.	.	.	.	.	.	.	.	.	.	.	.		79	G-N
G-S	87	.	.	.	.	.	.	.	.	.	.	.	.		87	G-S
H-A	3	.	.	.	.	.	.	.	.	.	.	.	.		3	H-A
I-N	85	.	.	.	.	.	.	.	.	.	.	.	.		85	I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.		91	K-N
K-S	143	.	.	.	.	.	1	.	.	.	.	.	1		142	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.		0	R-A
Z-A	70	.	.	.	.	.	.	.	.	.	.	.	.		70	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.		5	Z-B
TOTAL	757	.	.	.	.	.	3	.	.	.	.	.	3		754	

COUNT VERIFY

OFFICIAL PREPARING COUNT: SFarhgg
OFFICIAL TAKING COUNT: SFarhgg
COUNT CLEARED TIME:

[redacted]

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-14-19 **COUNT TIME:** 1000 PM

FROM: [redacted] **LOCATION:** Hosp

APPROVED:

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	89763-053	Mersy	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 * INMATE ROSTER * 08-14-2019
PAGE 001 OF 001 21:12:47

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

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 8/14/2019
Count: 76 Time: 1000pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/14/19
Count: 85 Time: 10:00PM

[redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: ZB Date: 8-14-19
Count: 5 Time: 10:00pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/14/19
Count: 26 Time: 10:00PM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date 8/14/19
Count: [redacted]
Print Name: [redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-14-19
Count: 80 Time: 1000 pm

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/14/19
Count: 10 Time: 1000pm

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 08/14/19
Count: 91 Time: 10:00pm

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/14/19
Count: 70 Time: 10:00PM

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/14/19

Count: 3 Time: 10:00PM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: K-6 Date 08-14-19

Count: 1-12 Time: 10:00PM

[redacted]

Metropolitan Correctional Center
Official Count Slip

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 6S Date: 8/14/19

Count: 87 Time: 10 pm

[redacted]

NYMBR 530*05 * INMATE ROSTER * 08-14-2019
PAGE 001 OF 001 00:47:42

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	85918-054	GAMA-PINEDA	08-14-2019	R03-519L	SUICIDE OR UNASSG
0002		61743-054	INNIS	08-14-2019	R04-527L	SUICIDE OR UNASSG
0003		85621-054	TORRES	08-14-2019	E09-566U	GM CARP SUICIDE OR

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMBE 530.03 * BUREAU OF PRISONS COUNT SHEET * 08-14-2019
PAGE 001 * NEW YORK MCC * 00:46:33
QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	ATTY	FNJ	OUTCOUNT SECTION: OFFNYE	OFFNYS	OFFS	HOSP	MS	R&D	SANI	TRNWDV	VISIT	OCUPIED COUNT	VERIFY COUNT	COUNT AREA
B-A	24														24 B-A
C-A	10														10 C-A
E-N	82						2						2		80 E-N
E-S	82						1						1		81 E-S
G-N	80														80 G-N
G-S	88														88 G-S
H-A	3														3 H-A
I-N	86														86 I-N
K-N	91														91 K-N
K-S	140														140 K-S
R-A	0														0 R-A
Z-A	67														67 Z-A
Z-B	5														5 Z-B
TOTAL	758						3						3		755

COUNT VERIFY

OFFICIAL PREPARING COUNT [redacted]
OFFICIAL TAKING COUNT
COUNT CLEARED TIME

Good Verbals 12:01 am

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/14/19 **COUNT TIME:** 12 PM

FROM: [redacted] **LOCATION:** Hosp.

APPROVED: [redacted]

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 85918-054	Gomez	en	13.		
2. 61743-054	Innis	en	14.		
3. 85621-054	Turner	en	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	2	E-S	1	G-N	
G-S		H-A		I-N		K-N		K-S	
R-A		Z-A		Z-B					

Total Out-Co [redacted]

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METROPOLITAN CORRECTIONAL CENTER
RUNNING BOARD

DATE: Wednesday, August 14, 2019 TIME: 14:00 Pm E/W OPS LT [redacted] STARTING COUNT: 751

Page: 1 STAMP: BEBR (LEFT) NYPD: #352 VISITING: GN

NUMBER	NAME	FROM	TO	TIME	BA	CA	EN	ES	GN	GS	HA	IN	KN	KS	RA	ZA	ZB	TOTAL
Pre Check					**24**	**10**	**80**	**81**	**80**	**87**	**2**	**85**	**91**	**140**	**0**	**66**	**5**	**751**
85775-054	Felix	KS	KS				80							140				751
85875-054	Outlaw								79							67		751
08173-041	Carlucci	New	RA												1			752
85431-054	GAYE	New	RA												2			753
87098-054	Hobdy	New	RA												3			754
77125-054	Pujols	New	RA												4			755
76333-054	DAYS	NEW	RA	2025											5			756
76334-054	LEVY	NEW	RA	2025											6			757
08173-041	Carlucci	RA	KS											141	5			757
85431-054	GAYE	RA	HA								3				4			757
87098-054	Hobdy	RA	KS											142	3			757
77125-054	Pujols	RA	KS											143	2			757
76333-054	DAYS	RA	BA		25										1			757
76334-054	LEVY	RA	BA		26										0			757
76156-054	DIAZ	Crt	KS											144				758
87086-054	ESPINOZA	GS	B/B							86								757
77575-054	SANTANA	KS	Pre-Rem											143				756
76330-054	Willey	Crt	GS							87								757
Pre Check																		
Post Check					2	3	5N	5S	7N	7S	HOSP	9N	11N	11S	R&D	SHU	10S	END COUNT

MDC BROOKLYN: 718-840-4200 NATIONAL LOCATOR CENTER: 202-307-3126 TOMBS: 212-225-7311

222 Testing 8:25 – 10:55
METROPOLITAN CORRECTIONAL CENTER
RUNNING BOARD "Unit 7S Early Visit"

DATE: Wednesday, August 14, 2019 **TIME:** 1:46 PM **TOUR:** DW *LT J Durant* **STARTING COUNT:** 756

Page: 1 Body Alarm Testing 8:05 Complete : 8:36 STAMP: BEBR Left **NYPD:** # 2780

NUMBER	NAME	FROM	TO	TIME	BA	CA	EN	ES	GN	GS	HA	IN	KN	KS	RA	ZA	ZB	TOTAL
					24	10	82	82	80	88	4	86	91	140	0	64	5	756
76332-054	Vazquez	New	RA	7:17											1			757
76331-054	Parrales-Mer	New	RA	7:22											2			758
86160-054	Mickens	ZA	Hosp	9:23												63		757
78162-054	Ceruti	IN	HLD REM	9:28								85						756
86988-054	Hall	EN	PRE REM	9:28			81											755
85428-054	Ramos	HA	ZA	9:57												64		
76331-054	Parrales-Mer	RA	Court	10:22											1			754
76332-054	Vazquez	RA	Court	10:22											0			753
64739-037	Taylor	ES	FT REL	10:25				81										752
76156-054	Diaz-Moralez	KS	Court	10:21										139				751
86160-054	Mickens	Hosp	ZA	11:09												65		752
76330-054	Willey	GS	Court	11:10						87								751
76218-054	Cherry	KN	Hosp	11:58									90					750
76218-054	Cherry	Hosp	KN	1:30									91					751

EFTA00050651

Metropolitan Correctional Center
Official Count Slip

Unit: KS Date 8/14/19

Count: 140 Time: 12:01 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8.14.19

Count: 67 Time: 12:01am

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date 08/14/2019

Count: 91 Time: 12:01 am

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: HOSP Date 8/14/19

Count: 3 Time: 12:01 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 8/14/19

Count: 10 Time: 12:01 A.M

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: 5N Date: 8/14/19

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: [redacted] Date: 8/14/19

Count: [redacted] Time: 12:01 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 8/14/19

Count: 24 Time: 12:01 Am

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: MA Date 8/14/19

Count: 3 Time: 12a 1 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date 8/14/19

Count: 80 Time: 12:20 AM

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date 8/14/19

Count: 86 Time: 12:01 AM

[redacted]

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 8/14/19

Count: 88 Time: 12:01 AM

Print Nam[redacted]

Signature[redacted]

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: 2B Date: 8-14-19

Count: 5 Time: 12:01Am

1. [redacted]

1.

2.

2.

METROPOLITAN CORRECTIONAL CENTER
RUNNING BOARD

(2)

DATE: Tuesday, August 13, 2019 TIME: 14:00 Pm E/W *OPS LT* [redacted] STARTING COUNT: 755

Page: 1 STAMP: GPKJ (RIGHT) NYPD: 1654 VISITING: KS

NUMBER	NAME	FROM	TO	TIME	BA	CA	EN	ES	GN	GS	HA	IN	KN	KS	RA	ZA	ZB	TOTAL
Pre Check					**24**	**10**	**82**	**82**	**80**	**84**	**3**	**86**	**91**	**140**	**4**	**67**	**5**	**758**
86471-054	DIAZ	RA								85					3			758
48319-380	MARTINEZ	RA								86					2			758
53586-054	TURBIDES	RA								87					1			758
65285-019	VASQUEZ	RA								88					0			758
Pre Check																		
Post Check					2	3	5N	5S	7N	7S	HOSP	9N	11N	11S	R&D	SHU	10S	END COUNT

MDC BROOKLYN: 718-840-4200 **NATIONAL LOCATOR CENTER: 202-307-3126** **TOMBS: 212-225-7311**

EFTA00050654

METROPOLITAN CORRECTIONAL CENTER
RUNNING BOARD

(1)

DATE: **Tuesday, August 13, 2019** TIME: **14:00 Pm** E/W **OPS LT** [redacted] STARTING COUNT: 755

Page: **1** STAMP: GPKJ (RIGHT) NYPD: VISITING: KS

NUMBER	NAME	FROM	TO	TIME	BA	CA	EN	ES	GN	GS	HA	IN	KN	KS	RA	ZA	ZB	TOTAL
Pre Check					**24**	**10**	**82**	**82**	**80**	**83**	**3**	**86**	**88**	**137**	**0**	**75**	**5**	**755**
17742-104	JONES	KS	CrT	1441										136				754
57497-054	MURRAY	ZA	KS											137		74		754
86324-054	ROSA	ZA	KS											138		73		754
86123-054	ARROYO	ZA	DN									87				72		754
85775-054	FELIX	ZA	EN				83									71		754
86587-054	KINTER	ZA	KN										89			70		754
86826-054	GONZALEZ	ZA	KN										90			69		754
86356-054	LOVICK	ZA	KN										91			68		754
26710-054	RIVERA	ZA	KS											139		67		754
72008-054	RIVERA	ZA	ES					83								66		754
79484-054	GONZALEZ	EN	HA				82				4							754
76156-054	DIAZ	CrT	KS											140				755
79767-054	ANGEVINE	ES	Furl Trans					82										754
86471-054	DIAZ	NEW	RA												1			755
17742-104	JONES	CrT	KS											141				756
76330-054	WILLEY	CrT	ES							84								757
86343-054	LEE	IN	B/B									86						756
65285-019	VASQUEZ	NEW	RA												2			757
48319-380	MARTINEZ	NEW	RA												3			758
53586-054	TURBIDES	NEW	RA												4			759
71665-054	DUMES	HA	ZA								3					67		759
68339-054	VIERA	KS	REL											140				758
Pre Check																		
Post Check					2	3	5N	5S	7N	7S	HOSP	9N	11N	11S	R&D	SHU	10S	END COUNT

MDC BROOKLYN: 718-840-4200 **NATIONAL LOCATOR CENTER: 202-307-3126** **TOMBS: 212-225-7311**

METROPOLITAN CORRECTIONAL CENTER
RUNNING BOARD "Unit KS ODD Early Visit"

DATE: Tuesday, August 13, 2019 TIME: 1:48 PM TOUR: DW [redacted] STARTING COUNT: 765

Page: 1 Body Alarm Testing 8:29 Complete : 8:33 STAMP: GPKJ Right NYPD: # 1093

NUMBER	NAME	FROM	TO	TIME	BA	CA	EN	ES	GN	GS	HA	IN	KN	KS	RA	ZA	ZB	TOTAL
					26	**10**	**83**	**83**	**78**	**88**	**3**	**86**	**89**	**139**	**0**	**75**	**5**	**765**
71423-018	**Bauta**	**BA**	**HLD REM**	**9:27**	25													**764**
34249-045	**Ryan**	**BA**	**HLD REM**	**9:29**	24													**763**
91662-053	**Cummings**	**GS**	**PRE REM**	**9:33**						**87**								**762**
85796-054	**Guzman-Cast**	**GS**	**HLD REM**	**9:37**						**86**								**761**
87022-054	**Munoz**	**EN**	**PRE REM**	**9:41**			82											**760**
91980-054	**Olangian**	**KN**	**HLD REM**	**9:42**									88					**759**
17437-104	**Schifano**	**GS**	**HLD REM**	**9:43**						85								**758**
53358-054	**Clark**	**KS**	**HLD REM**	**9:46**										138				**757**
76156-054	Diaz	**KS**	**Court**	10:17										**137**				**756**
87081-054	Flynn	IN	ZA	12:13								85				76		
90517-053	Sobers	ES	Furl Tran	1:36				82										755
76330-054	Willey	GS	Court	1:37						84								754

EFTA00050656

Form 583 Report of Incident

Incident #: NYM-19-0082 **Submitted By:** [redacted] **Date/Time Of Incident:** 8/10/2019 6:33 AM

Section 1: General Information

Staff Aware Date: 8/10/2019 6:33 AM

FBI Notified: Yes **USMS Notified:** Yes **Indicate Where Incident Occurred:** Main Facility

Location Level 1: SHU **Level 2:** Housing Unit, Special (SHU) **Level 3:** 9 SOUTH SHU

Type Of Incident

- ☐ Assault On Inmate
- ☐ Assault On Staff
- ☐ Assault, Attempted On Inmate
- ☐ Assault, Attempted On Staff
- ☐ Disruptive Behavior
- ☐ Escape From Non-secure Facility
- ☐ Escape From Secure Facility
- ☐ Escape, Attempted From Non-secure Facility
- ☐ Escape, Attempted From Secure Facility
- ☐ Fight
- ☐ Inmate Death
- ☐ Institution Disturbance
- ☐ Introduction Of Contraband
- ☐ Lethal Weapons Discharge
- ☐ Self Mutilation
- ☐ Setting A Fire
- ☐ Sexual Act, Non-consensual On Inmate
- ☐ Sexual Assault On Staff
- ☐ Sexual Contact, Abusive On Inmate
- ☐ Sexual Harassment, Repetitive
- ☐ Staff Homicide
- ☐ Strike, Food
- ☐ Strike, Work
- ☑ Suicide Attempt — Method: Hanging/Asphyxiation
- ☐ Use Of Force
- ☐ Use Of Force/Applications Of Restraints
- ☐ Use of Restraints, Pregnant/Postpartum

Institution Locked Down: Yes

Modified Operations: No

Cause Of Incident Known? No

Cause Of Incident

- ☐ Alcohol
- ☐ Commissary
- ☐ Debts
- ☐ Disrespect Issue
- ☐ Drugs
- ☐ Ethnic Conflict
- ☐ Food Issue
- ☐ Geographical Conflict
- ☐ Interfering with Staff duties
- ☐ Property Issue
- ☐ Racial Conflict
- ☐ Recreation Equipment
- ☐ Religious Issue
- ☐ Security Threat Group Conflict
- ☐ Sexual Pressure
- ☐ Sporting Events
- ☐ Telephone
- ☐ Theft
- ☐ Visiting
- ☐ Work Issue

Section 2: Inmates Involved

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EFTA00050657

Form 583 Report of Incident

Incident #: NYM-19-0082 **Submitted By:** [redacted] **Date/Time Of Incident:** 8/10/2019 6:33 AM

Reg #: 76318054 **Name:** EPSTEIN, JEFFREY
Role: Not Known **Medical Attention Required:** Outside **Injury Category:** Fatal Injury
Weapon (per Inmate): No **Use of Force (per Inmate):** No **Chemical Used (per Inmate):** No
CIMS: No **STG:** Yes
Restraints (per Inmate): Escort Only
Death (per Inmate): No

Section 3: Others Involved

[redacted]

Person Type: Staff
Death: No
Staff Injury by Inmate: No

Person Type: Staff
Death: No
Staff Injury by Inmate: No

Person Type: Staff
Death: No
Staff Injury by Inmate: No

Person Type: Staff
Death: No
Staff Injury by Inmate: No

Person Type: Staff
Death: No
Staff Injury by Inmate: No

Person Type: Staff
Death: No
Staff Injury by Inmate: No

Person Type: Staff
Death: No
Staff Injury by Inmate: No

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EFTA00050658

Form 583 Report of Incident

Incident #: NYM-19-0082 **Submitted By:** N' Diaye, L. **Date/Time Of Incident:** 8/10/2019 6:33 AM

Name: [redacted]
Person Type: Staff
Medical Attention Required: No
Death: No
Injury Category: No Injury
Staff Injury by Inmate: No
Sexual Assault: No

Section 4: Lethal Weapon Discharge

No data found.

Section 5: Use of Force

No data found.

Section 6: Description of Incident

DESCRIPTION OF INCIDENT (If Use Of Force, include details such as name of supervisor applying the chemical agent and/or restraints, reasons for use of hard restraints instead of soft restraints, etc.) Please be clear about cause(s) of the incident in your description.

On August 10, 2019, at approximately 6:33 a.m., while serving the breakfast meal inmate Epstein, Jeffrey, Reg. No. 76318-054 was found unresponsive in his cell. Staff called for assistance and began life saving measures. He was escorted to Health Services at approximately 6:39 a.m., and EMS arrived at 6:43 a.m. He was transported to the local hospital at approximately 7:10 a.m. Inmate Epstein was pronounced deceased at 7:36 am.

Section 7: Attachments

File Date	File Name	Original Entered By	Original Loc. Code
8/10/2019	Operation Memorandum.pdf	TF18990	NYM
8/10/2019	Unit Roster.pdf	TF18990	NYM
8/10/2019	Staff Roster.pdf	TF18990	NYM
8/10/2019	Medical Assessment.pdf	TF18990	NYM
8/10/2019	Staff Memorandum.pdf	TF18990	NYM

Approved By: SUBMITTED
N' Diaye, L.

UNCLASSIFIED/LIMITED OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE

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U.S. Department of Justice

Federal Bureau of Prisons

Memorandum

Federal Correctional Institution

DATE: August 10, 2019

8-10-19

TO: [redacted]

REPLY TO ATTN OF: [redacted]

COPY

SUBJECT: Inmate Epstein, Jeffrey (#76318-054)

On August 10, 2019, at approximately 6:33 a.m., while attempting to serve inmate Epstein, Jeffrey, Reg. No. 76318-054, the breakfast meal, he was found unresponsive in his cell. Staff called for assistance and began life saving measures. He was escorted to Health Services at approximately 6:39 a.m., and EMS arrived at 6:43 a.m. Institution medical staff stated he had circumficial bruising around the neck. He was transported to the local hospital at approximately 7:10 a.m. Inmate Epstein was pronounced deceased at 7:36 am.

UNITED STATES GOVERNMENT

Memorandum

FEDERAL BUREAU OF PRISONS

Metropolitan Correctional Center

150 Park Row

New York, New York 10007

August 10, 2019

8-10-19 COPY ST

MEMORANDUM FOR ALL CONCERNED

[redacted]

SUBJECT: Inmate Epstein, J Register # 76318-054 Suicide

On Saturday August 10, 2019 at approximately 6:43 AM, I was instructed by the Operations Lieutenant to report to the NY Downtown hospital. Inmate Epstein, Jeffery Register #76318-054 had attempted suicide. The inmate was transported to the hospital via NYFD EMS and BOP Staff. Upon my arrival to the hospital, I was informed by the escorting staff and Hospital staff that inmate Epstein had expired due to cardiac arrest. The time of death was reported at 7:36AM. At this time I instructed the escorting staff not to speak to anyone and or the media in regards to the situation. I directed my staff to tell anyone making inquiries, to direct their questions to the MCC NY Public Relations Officer. I returned back to the Institution and assumed my duties as the A/M Activities lieutenant.

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

8-10-19
COPY
SJ

DATE: August 10, 2019

TO: [redacted]

FROM: [redacted]

SUBJECT: Epstein, Jeffrey Edward # 76318-054 Body Alarm/ Medical Emergency in Special Housing Unit (SHU)

On August 10, 2019 at 6:33am while on duty as the morning watch control center officer, Special Housing Unit (SHU) Officer; radioed for medical assistance in SHU and activated the body alarm. I notified staff that a body alarm and medical emergency was called in SHU. Staff responded, than I received a call from staff in SHU telling me to call 911 for an ambulance. I notified the New York Police Department via the institutional NYPD telephone. I then informed NYPD that we need and ambulance and medical assistance for one of our inmates. Staff then continued to respond getting a stretcher and a defibrillator, escorting the inmate down to medical.

The New York City Fire Department and Emergency Medical Services (EMS) arrived at 6:43am to the institution and were escorted to the 2nd floor medical area. EMS departed the institution with inmate Epstein and BOP escort via ambulance and chase car to local hospital at 7:10am.

CSO / S. [redacted]

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

8-10-19
COPY
SJ

DATE: August 10, 2019

TO: [redacted]

FROM: [redacted]

SUBJECT: MEDICAL EMERGENCY ON 9 South

On August 10, 2019 at approximately 6:43 am while assigned to Morning Watch as Internal Security Officer, I responded to a body alarm on 9 South. Upon my arrival, I observed staff carrying inmate Epstein, Jeffrey #76318-054 on a medical stretcher. At that time, as the Internal Security Officer, I escorted staff and inmate Epstein to medical on 2 Sally. As per Operations Lieutenant, I was instructed to escort EMT from the rear gate to medical on 2 Sally. When EMT was ready for departure, I escort them back to the Rear Gate. As per Operations, I was assigned as Escort Officer to conduct this emergency trip to the outside local hospital. At approximately 7:15am, we arrived at New York Presbyterian – Lower Manhattan Hospital located at 170 William Street, New York, NY 10038. When we entered the emergency room medical personnel intervened. We maintained direct supervision of the inmate as we waited for further guidance from medical personnel at the hospital. We were notified that the inmate would be transported to the morgue so we escorted the staff to the morgue. While in the morgue, we still maintained direct supervision of the inmate until approximately 12:57pm. At this time, the inmate was no longer under our direct supervision as medical staff took over. Operations Lieutenant was notified and we were instructed to report back to the institution – we arrived at 1:03pm.

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

8-10-19
COPY
SG

DATE: August 10th, 2019

[redacted]

FROM:

SUBJECT: Response to Institution

On August 10, 2019 at approximately 8:45 a[redacted]esponded to MCC NY at the request of the Operations Lieutenant for emergency hospi[redacted]detail. Upon arriving I was detail to New York Presbyterian hospital room A9 in emergency room where inmate Epstein, Jeffrey # 76318-054 remains where located. I was responsible for watching the remains until further instruction was given along with another correctional officer. Shortly thereafter Institution Duty Officer (IDO) arrived and took command of detail. The timeline for detail is as followed (times are approximate)

1030 Remains was prepared by hospital staff to be moved to hospital morgue
1045 Hospital staff escort remains to hospital morgue area cooling unit
1050 Area is ensured as secure by officers on detail at direction of IDO
1135 IDO communicates with [redacted] of Office of City Medical Examiner (OCME) in regards to receiving remains to be transported to city morgue
1137 A/W notified by IDO
1138 IDO attempts to communicate wit[redacted]message)
1139 IDO receives return communicatio[redacted]
1204 IDO receives communication from A/W
1208 IDO receives communication from A/W in regards to instruction on remains
1210 IDO communicates with Director Wiggins of OCME and coordinate movement
1257 Staff from OCME depart from New York Presbyterian hospital and transport remains to city morgue location
1303 Hospital detail staff arrive back at MCC New York

[redacted]

EFTA00050666

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

Office Memorandum

150 Park Row
New York NY 10007

8-10-19
COPY

DATE: August 10, 2019

FROM: [redacted]

SUBJECT: Medical Emergency
Inmate Epstein, Registration #:76318-054

TO: **Operations Lieutenant**

On Saturday, August 10 2019 at approximately 0635 a.m., I responded to a medical emergency 9 South upon arrival Inmate (Epstein, J Registration # 76138-054) was on floor the of his cell unresponsive with CPR in progress by Correctional Lieutenant [redacted] and [redacted] I assisted transporting (Epstein, J Registration # 76138-054) to Health Services Area.

c: file


COPY

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

8-10-19
COPY

DATE: August 10, 2019

FI [redacted]

SUBJECT: Medical Emergency Unit (CA)

On Saturday, Aug 10, 2019, at approximately 0633 a.m., I responded to a medical emergency 9S, upon arrival Inmate (EPSTEIN, J. Reg #: 76318-054) was received on the floor of his cell unresponsive with CPR in progress by correctional officers, Inmate was Cold, with circumferential Bruising around the neck and posterior mottling, Pupils Fixed and dilated, No Palpable pulses were felt, At this time 0635 a call placed for EMS, CPR Continued, an AED was Placed with No shock advised, CPR was continued. Inmate was transported to HSU treatment room with CPR in progress, where a 18g hep lock to L AC was placed and, O2 15 Lt ViA BVM. Pulse Check NO SHOCK advised. EMS and Paramedics arrived 0656, Placed on cardiac Monitor shows asystole Resumed CPR, Inmate was intubated by Medics, 3 Rounds of Epinephrine administered, and Pulse Check asystole, Inmate was transported to Local ER with CPR in progress at approximately 0710.

UNITED STATES GOVERNMENT

Memorandum

FEDERAL BUREAU OF PRISONS

Metropolitan Correctional Center

150 Park Row

New York, New York 10007

August 10, 2019

8-10-19 COPY SJ

MEMORANDUM FOR ALL CONCERNED

FROM [redacted]

SUBJECT: Inmate Epstein, J Register # 76318-054 Suicide

On Saturday August 10, 2019 at approximately 6:43 AM, I was instructed by the Operations Lieutenant to report to the NY Downtown hospital. Inmate Epstein, Jeffery Register #76318-054 had attempted suicide. The inmate was transported to the hospital via NYFD EMS and BOP Staff. Upon my arrival to the hospital, I was informed by the escorting staff and Hospital staff that inmate Epstein had expired due to cardiac arrest. The time of death was reported at 7:36AM. At this time I instructed the escorting staff not to speak to anyone and or the media in regards to the situation. I directed my staff to tell anyone making inquiries, to direct their questions to the MCC NY Public Relations Officer. I returned back to the Institution and assumed my duties as the A/M Activities lieutenant.


Y403

U.S. Department of Justice

Federal Bureau of Prisons

Psychological Services

Metropolitan Correctional Center
150 Park Row
New York, New York 10007
(646) 836-6300, (646) 836-7751 (Fax)

8-10-19
COPY

[redacted]

Date: 8/10/19

RE: INMATE JEFFREY EDWARD EPSTEIN #76318-054

On 8/10/19, there was a Body Alarm on 9 South at about 6:35 AM. This writer responded to 9 South. Medical and other staff were already in inmate Epstein's cell giving medical attention to inmate Epstein. Staff asked for a stretcher and this writer and Officer Cale went to retrieve a stretcher. [redacted] then asked for another AED. [redacted] brought the stretcher to 9 South. This writer retrieved another AED and brought it up to 9 South. When this writer arrived at 9 South, inmate Epstein was being brought down on a stretcher to Medical.



UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

8-11-19
COPY

DATE: August 10, 2019

TO: [redacted]

FROM: [redacted]

SUBJECT: Respond to 9.South Medical Emergency.

On August 10, 2019 Saturday morning approximately at 6:33am a 9South medical emergency call was announced over the BA radio. I senior officer specialist [redacted] responded to 9South (Special Housing Uni)t L-tier cell #220, upon arrival I witnessed medical staff performing CPR on a unresponsive inmate (Epstein, Jeffrey Edward # 76318-054). Myself and additional staff transported inmate Epstein on a medic stretcher from unit to the 2nd floor Health Service Area as medical staff continuously perform CPR on inmate Epstein until relieved by E.M.S staff who continue administering CPR while escorting Epstein from the medical room to the rear gate area then placing him in to the EMT ambulance with Bop staff escort as I followed in a secure government vehicle to the Downtown Beekman hospital where I stayed on post until I was relieved.

NYMFC 530*07 * ROSTER * 08-10-2019
PAGE 002 00:51:43

GRP.	SPECIFIC..	REG.....	LN.....	FN.....	QTR.....	WRK.....	CUS.....
Z01A	Z01-105LAD	85978-054	ALMANZAR	NELSON	Z01-105LAD	UNASSG	IN
Z03A	Z03-113LAD	86123-054	ARROYO	ANGEL	Z03-113LAD	UNASSG	IN
Z04A	Z04-206LAD	86710-054	AVILA	PATRICK	Z04-206LAD	UNASSG	IN
Z06A	Z06-217LAD	76157-054	BABROW	LORENZO	Z06-217LAD	UNASSG	IN
Z05A	Z05-120LAD	86463-054	BENJAMIN	LUIDJI	Z05-120LAD	UNASSG	IN
Z01A	Z01-101LAD	79407-054	BLADES	CHRISTAN	Z01-101LAD	UNASSG	IN
Z03A	Z03-109UAD	76269-054	BRISSETT	JAMAL	Z03-109UAD	SUICIDE OR UNASSG	IN
Z04A	Z04-209UAD	86460-054	BROCK	MARK	Z04-209UAD	UNASSG	IN
Z06A	Z06-219LAD	70786-050	BROWN	CHAD	Z06-219LAD	FS PM	IN
Z04A	Z04-211LAD	86630-054	BUTLER	TUREAN	Z04-211LAD	UNASSG	IN
Z05A	Z05-123UAD	86164-054	CAVE	ETHAN	Z05-123UAD	UNASSG	IN
Z06A	Z06-213UAD	89520-053	CONTRERAS	JHONNY	Z06-213UAD	UNASSG	IN
Z05A	Z05-122LAD	92299-054	COOPER	MATTHEW	Z05-122LAD	ELECTRIC	IN
Z01A	Z01-106UAD	89380-053	DAVIS	HOWARD	Z01-106UAD	UNASSG	IN
Z03A	Z03-113LAD	86132-054	DELEON	OMAR	Z03-113LAD	UNASSG	IN
Z06A	Z06-219UAD	55381-066	DESILVA	MICHAEL	Z06-219UAD	UNASSG	IN
Z05A	Z05-121UAD	77930-054	DIAZ	ROBERT	Z05-121UAD	UNASSG	IN
Z05A	Z05-123LAD	60685-050	DOCKERY	MARTIN	Z05-123LAD	FS PM	IN
Z01A	Z01-103LAD	86214-054	DONES	MANOLO	Z01-103LAD	UNASSG	IN
Z01A	Z01-104UAD	86124-054	DURANT	LAVELL	Z01-104UAD	UNASSG	IN
Z05A	Z05-124LAD	72418-019	EKE	IFEANYI	Z05-124LAD	UNASSG	IN
Z04A	Z04-206LAD	76318-054	EPSTEIN	JEFFREY	Z04-206LAD	UNASSG	IN
Z01A	Z01-106LAD	86102-054	ESTEVEZ	STEVEN	Z01-106LAD	UNASSG	IN
Z04A	Z04-206UAD	79793-054	FERRER	GREGORY	Z04-206UAD	FS AM	IN
Z05A	Z05-122LAD	86368-054	FUENTES	MIGUEL	Z05-122LAD	UNASSG	IN
Z03A	Z03-110UAD	75885-054	GALAN	CARLOS	Z03-110UAD	UNASSG	IN
Z05A	Z05-118LAD	86290-054	GARCIA	JACINTO	Z05-118LAD	UNASSG	IN
Z06A	Z06-218UAD	79043-054	GARCIA-PEN	PEDRO	Z06-218UAD	UNASSG	IN
Z03A	Z03-113UAD	86825-054	[redacted]		Z03-113UAD	UNASSG	IN
Z03A	Z03-116UAD	86617-054	GONZALEZ	MARCOS	Z03-116UAD	UNASSG	IN
Z05A	Z05-120UAD	23152-014	GOULDBOURN	MARK	Z05-120UAD	FS PM	IN
Z05A	Z05-117UAD	70887-054	GRAYSON	MARK	Z05-117UAD	UNASSG	IN
Z05A	Z05-121UAD	08820-070	GUILLEN	GABRIEL	Z05-121UAD	UNASSG	IN
Z06A	Z06-214LAD	79455-054	HILL	JAQUEZ	Z06-214LAD	UNASSG	IN
Z02A	Z02-201LAD	87049-054	HOSSAIN	DELOWAR	Z02-201LAD	UNASSG	IN
Z04A	Z04-207LAD	68152-054	HOYT	KENNETH	Z04-207LAD	UNASSG	IN
Z06A	Z06-217UAD	79466-054	JIMENEZ	EDWARD	Z06-217UAD	UNASSG	IN
Z01A	Z01-108LAD	68302-054	JONES	RAYSHAUN	Z01-108LAD	UNASSG	IN
Z01A	Z01-106LAD	86931-054	KABA	MORA	Z01-106LAD	UNASSG	IN
Z03A	Z03-113LAD	86587-054	KINTEA	MCKENZIE	Z03-113LAD	UNASSG	IN
Z05A	Z05-122LDS	86357-054	LANS	LEROY	Z05-122LDS	UNASSG	IN
Z06A	Z06-220LAD	79427-054	LATIMER	COREY	Z06-220LAD	UNASSG	IN
Z04A	Z04-211LAD	86356-054	LOVICK	FUGUAN	Z04-211LAD	UNASSG	IN

G0002 MORE PAGES TO FOLLOW . . .

8-10-19 COPY

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 08/10/2019 07:25
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: Z04

Exam:

ASSESSMENT:

Cardiac Arrest

PLAN:

New Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Emergency Room	08/10/2019	08/10/2019	Emergent	No	

Subtype:
AMBULANCE

Reason for Request:
Cardiac arrest with CPR in progress

8-10-19 COPY

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No
Completed by [redacted] RN on 08/10/2019 08:10
Requested to be cosigned by [redacted] MD.
Cosign documentation will be displayed on the following page.

EFTA00050676

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 08/10/2019 07:25
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: Z04

Emergency Code - Resuscitation Event encounter performed at Special Housing Unit.

8-10-19 COPY

SUBJECTIVE:

Emergency Note Provider: [redacted] RN

Team Members:

Provider	Role
[redacted] RN	Team/Code Leader

Code Events:

Type	Value	Date
CPR	Compressions	08/10/2019 06:35
EKG/Monitor	Lifepak	08/10/2019 06:39
No shock advised		
CPR	Compressions	08/10/2019 06:40
Oxygen	15 L	08/10/2019 06:47
IV Access	Peripheral IV	08/10/2019 06:48
18 g Left AC		
Airway	Endotracheal Tube	08/10/2019 07:08
ET Tube 7.5 24CM to L Lip line Placed by Paramedics		
Medications	Epinephrine 1mg IV	08/10/2019 07:10
Epinephrine 3 doses and Sodium bicarb 2 doses administered by paramedics		
CPR	Compressions	08/10/2019 07:11
Medications	Sodium Bicarbonate 1 mEa/kg IV	08/10/2019 07:11
IV Fluids	Normal Saline 0.9% 1000 ml	08/10/2019 07:12
Medications	Epinephrine 1mg IV	08/10/2019 07:13
CPR	Compressions	08/10/2019 07:14
Medications	Sodium Bicarbonate 1 mEa/kg IV	08/10/2019 07:14
Medications	Epinephrine 1mg IV	08/10/2019 07:16
CPR	Compressions	08/10/2019 07:17

Comments:

Responded to a body alarm at 0635 for medical emergency on 9S, Upon arrival Inmate was received on the floor of his cell unresponsive with CPR in progress by correctional officers, Inmate was Cold, with circumferential Bruising around the neck and posterior mottling, Pupils Fixed and dilated, No Palpable pulses, Call place for EMS, CPR Continued, AED Placed No shock advised, CPR Continued, inmate transported to HSU treatment room with CPR in progress, 18g hep lock to L AC, O2 15 Lt ViA BVM, Pulse Check NO SHOCK advised. EMS and Paramedics arrived 0656, Placed on cardiac monitor asystole Resumed CPR, Inmate was intubated by Medics, 3 Rounds of Epinephrine administered, Pulse Check asystole, Inmate was transported to Local ER with CPR in progress.

OBJECTIVE:

Exam:

General

Appearance

Yes: Unconscious

EFTA00050677

8-10-19
COPY
SJ

[redacted]

****Special Assignments****

PHONE RM
STAFF SEARCH
LOBBY #2
DRY CELL **2 Joyner, P
OT
ESCORT #1
ESCORT #2
CST
EMERGENCY
SIS LT
ESCORT #3

****Back Page Categories****

DAY OFF

[redacted]

SICK LEAVE

[redacted]

ANNUAL LEAVE

Marrugo, J
Singh, T

[redacted]

Obl, J

Richardson, D

COP

Noelien, F

****Change Records****

Post	Spit	Shft	Officer	Relieved Officer's New Status	Relieving Officer's Previous Status	Ret Shft	Changed By
OPS LT		12	[redacted]		Annual Leave		SJ 7/30 20:22
OPS LT		8		OPS LT 12	[SWAP]		SJ 7/30 20:22
Assignment Swap							

3/10/2019 9:02:09 PM

COPY

EFTA00050680

8-10-19 COPY ST

MCC NEW YORK
NEW YORK, NY
Daily Assignment Roster

Saturday August 10, 2019

Post	Split Shift	2 00:00 - 08:00	3 06:00 - 14:00	6 07:00 - 15:00 8 08:00 - 16:00	9 12:00 - 20:00 10 14:00 - 22:00
OPS LT					
ACT LT					
SHU LT					
SIS TECH #1					
PHONE MONITOR					
SEARCH OFFICER					
LOBBY					
CONTROL #1					
CONTROL #2					
INTERNAL					
INTERNAL #2					
ATTY CONF					
UNIT 2					
UNIT 3					
5 NORTH					
5 SOUTH					
7 NORTH					
7 SOUTH					
9 NORTH					
SHU #1					
SHU #2					
SHU #3					
SHU #4					
10 SOUTH #1					
10 SOUTH #2					
11 NORTH					
11 SOUTH					
11 SOUTH #2					
OSP #1					
SANITATION OFF					
VISIT #1					
VISIT #2					
VISIT #3					

U. S. Department of Justice

Federal Bureau of Prisons

Metropolitan Correctional Center
150 Park Row, New York, NY

August 10, 2019

MEMORANDUM FOR FILE
METROPOLITAN CORRECTIONAL CENTER

FROM: [redacted]

SUBJECT: Inmate Epstein, Jeffery Reg. No. 76318-054

This memorandum is in regards of inmate Epstein, Jeffery Reg. No. 76318-054. On August 9, 2019, I spoke with inmate Epstein concerning him making a call to his family. I told inmate Epstein I was leaving the facility around 7:00 p.m. Inmate Epstein agreed to shorten his attorney visitation to make his social call. I escorted inmate Epstein to Special Housing Unit around 7:00 p.m. I placed inmate Epstein in the shower on (G) Tier and escorted the phone for him to make a social call. I placed the phone in the first jack to the left on G tier. Inmate Epstein explain to me that he didn't have his phone set up to use his Pac and Pin number. I asked inmate Epstein who he was calling, he stated his mother. I remember dialing a number starting with 347, but the number was note notated. Inmate Epstein began talking on the phone. I told the staff to end inmate Epstein's call after 15 minutes. They complied.

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

DATE: August 10th, 2019

TO: [redacted]

FROM: G. Adams, [redacted]

SUBJECT: Response to Institution

On August 10, 2019 at approximately 8:45 am I, [redacted] responded to MCC NY at the request of the Operations Lieutenant for emergency hospital detail. Upon arriving I was detail to New York Presbyterian hospital room A9 in emergency room where inmate Epstein, Jeffrey # 76318-054 remains where located. I was responsible for watching the remains until further instruction was given along with another correctional officer. Shortly thereafter Institution Duty Officer (IDO) arrived and took command of detail. The timeline for detail is as followed (times are approximate)

1030 Remains was prepared by hospital staff to be moved to hospital morgue
1045 Hospital staff escort remains to hospital morgue area cooling unit
1050 Area is ensured as secure [redacted] on detail at direction of IDO
1135 IDO communicates with [redacted] Office of City Medical Examiner (OCME) in regards to receiving remains to be transported to city morgue

1137 [redacted]
1138
1139
1204
1208
1210
1257

130

[redacted]

U.S. Department of Justice

Federal Bureau of Prisons

Memorandum

Federal Correctional Institution

DATE: August 10, 2019

TO: [redacted]

REPLY TO
ATTN OF: [redacted], Operations Lieutenant

SUBJECT: Inmate Epstein, Jeffrey (#76318-054)

On August 10, 2019 at approximately 6:33 A.M. The Special housing unit Shu#1 Officer T. Noel announced by via radio medical emergency on 9 South upon arrival, officer Noel stated to me that inmate Epstein had hung himself. As I entered cell Z06-220 on L-tier, I witnessed inmate Epstein on the floor of his cell unresponsive with Shu#2 officer M. Thomas performing life- saving CPR on him. I immediately relieved him and begin administering CPR continuously until relieved by clinical nurse [redacted] who continued to perform CPR. I then notified the control center to call 911 emergency services at 6:35 a.m.; CPR was being continuously administered as inmate Epstein was escorted to the 2nd FL. Health Service Area, while in the medical area I witnessed nurse [redacted] continuously performing CPR on inmate Epstein until relieved by EMT staff at 6:43 am. Inmate Epstein #76318-054 was escorted from the medical area to the Rear-gate area where he was transferred into EMS ambulance 04D at 7:10 am with #1 Escort officer [redacted] and followed in the Bop chase vehicle by #2 Escort officer K. Cale to downtown Beekman Hospital. During the emergency situation s/o T. Noel stated to me "we did not complete the 3am nor 5am rouinds." Officer M. Thomas was appearing very distraught when ask what happened he stated "we messed up, followed by" I messed up" she's not to blame we didn't do any rounds. .

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

DATE: August 12, 2019

[redacted]

SUBJECT: Passed information from Special Housing Unit

On Friday August 9, 2019 at approximately 1:50 p.m, I S/O/S Grijalva passed on to oncoming staff member Officer [redacted] and present shift staff S/O/S Shakir and Officer Joyner. That Inmate Reyes #85993-054 was going WAB and possibly may not return. Also that Inmate Epstein #76318-054 will be needing a cell mate upon arrival from his attorney visit.

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

8-10-19

COPY

DATE: August 10, 2019

TO: [redacted]

FROM: [redacted]

SUBJECT: Medical Emergency Unit (CA)

On Saturday, Aug 10, 2019, at approximately 0633 a.m., I responded to a medical emergency 9S, upon arrival Inmate (EPSTEIN, J. Reg #: 76318-054) was received on the floor of his cell unresponsive with CPR in progress by correctional officers, Inmate was Cold, with circumferential Bruising around the neck and posterior mottling, Pupils Fixed and dilated, No Palpable pulses were felt, At this time 0635 a call placed for EMS, CPR Continued, an AED was Placed with No shock advised, CPR was continued. Inmate was transported to HSU treatment room with CPR in progress, where a 18g hep lock to L AC was placed and, O2 15 Lt ViA BVM. Pulse Check NO SHOCK advised. EMS and Paramedics arrived 0656, Placed on cardiac Monitor shows asystole Resumed CPR, Inmate was intubated by Medics, 3 Rounds of Epinephrine administered, and Pulse Check asystole, Inmate was transported to Local ER with CPR in progress at approximately 0710.

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 08/10/2019 07:25
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: Z04

Exam:

ASSESSMENT:

Cardiac Arrest

PLAN:

New Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Emergency Room	08/10/2019	08/10/2019	Emergent	No	

Subtype:
AMBULANCE

Reason for Request:
Cardiac arrest with CPR in progress

8-10-19 COPY

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No
Completed by [redacted] RN on 08/10/2019 08:10
Requested to be cosigned by [redacted] MD.
Cosign documentation will be displayed on the following page.

EFTA00050686

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 08/10/2019 07:25
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: Z04

Emergency Code - Resuscitation Event encounter performed at Special Housing Unit.

8-10-19 COPY

SUBJECTIVE:

Emergency Note Provider: [redacted] RN

Team Members:

Provider	Role
[redacted] RN	Team/Code Leader

Code Events:

Type	Value	Date
CPR	Compressions	08/10/2019 06:35
EKG/Monitor	Lifepak	08/10/2019 06:39
No shock advised		
CPR	Compressions	08/10/2019 06:40
Oxygen	15 L	08/10/2019 06:47
IV Access	Peripheral IV	08/10/2019 06:48
18 g Left AC		
Airway	Endotracheal Tube	08/10/2019 07:08
ET Tube 7.5 24CM to L Lip line Placed by Paramedics		
Medications	Epinephrine 1mg IV	08/10/2019 07:10
Epinephrine 3 doses and Sodium bicarb 2 doses administered by paramedics		
CPR	Compressions	08/10/2019 07:11
Medications	Sodium Bicarbonate 1 mEa/kg IV	08/10/2019 07:11
IV Fluids	Normal Saline 0.9% 1000 ml	08/10/2019 07:12
Medications	Epinephrine 1mg IV	08/10/2019 07:13
CPR	Compressions	08/10/2019 07:14
Medications	Sodium Bicarbonate 1 mEa/kg IV	08/10/2019 07:14
Medications	Epinephrine 1mg IV	08/10/2019 07:16
CPR	Compressions	08/10/2019 07:17

Comments:

Responded to a body alarm at 0635 for medical emergency on 9S, Upon arrival Inmate was received on the floor of his cell unresponsive with CPR in progress by correctional officers, Inmate was Cold, with circumferential Bruising around the neck and posterior mottling, Pupils Fixed and dilated, No Palpable pulses, Call place for EMS, CPR Continued, AED Placed No shock advised, CPR Continued, inmate transported to HSU treatment room with CPR in progress, 18g hep lock to L AC, O2 15 Lt ViA BVM, Pulse Check NO SHOCK advised. EMS and Paramedics arrived 0656, Placed on cardiac monitor asystole Resumed CPR, Inmate was intubated by Medics, 3 Rounds of Epinephrine administered, Pulse Check asystole, Inmate was transported to Local ER with CPR in progress.

OBJECTIVE:

Exam:

General

Appearance

Yes: Unconscious

EFTA00050687

Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

Type of Incident	*INMATE SUICIDE*
Date and Time of Incident	*08/10/2019 6:33 AM*
Inmate Name / Reg. No.	*EPSTEIN, JEFFERY REG#76318-054*
Location of Incident	*ZA*
Photograph(s) by	*Lt. S.* [redacted]
Date and Time of Photo	*08/10/2019 6:49 AM*

[redacted]

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METROPOLITAN CORRECTIONAL CENTER

NEW YORK

JEFFREY, EPSTEIN

REG. NO. 76318-054

PHOTOGRAPHS TAKEN

8-10-19

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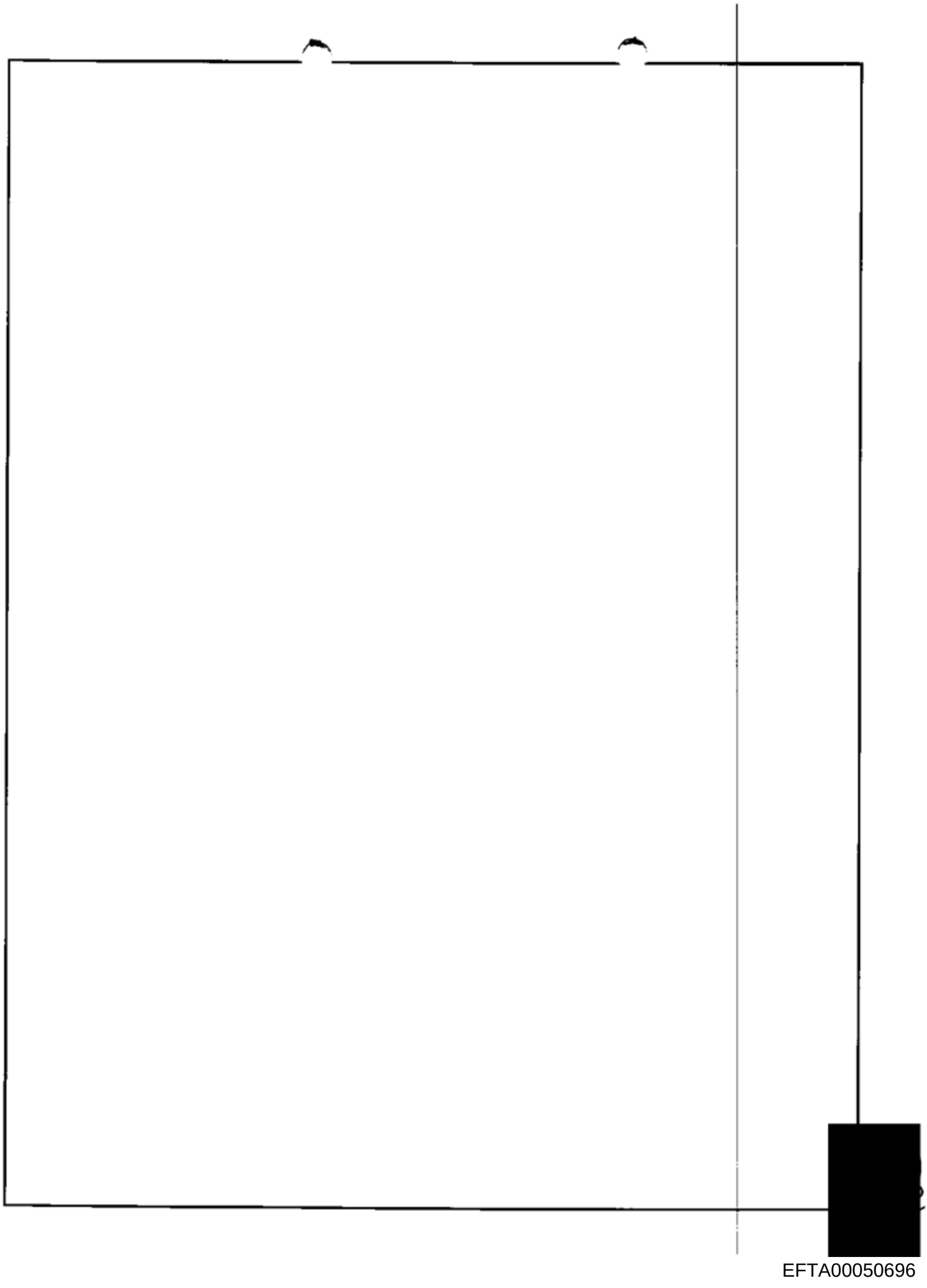
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NEW YORK

JEFFREY, EPSTEIN

REG. NO. 76318-054

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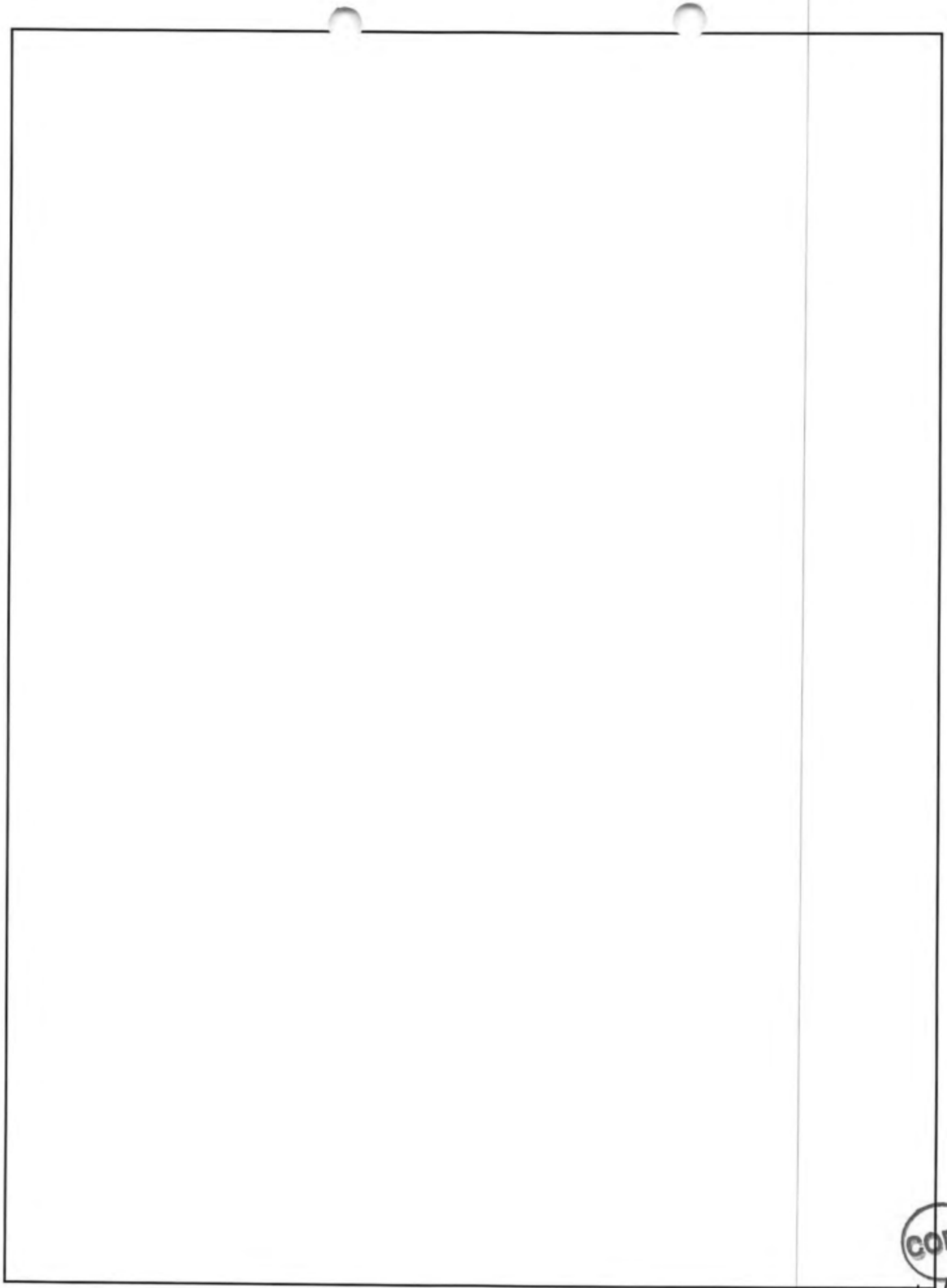
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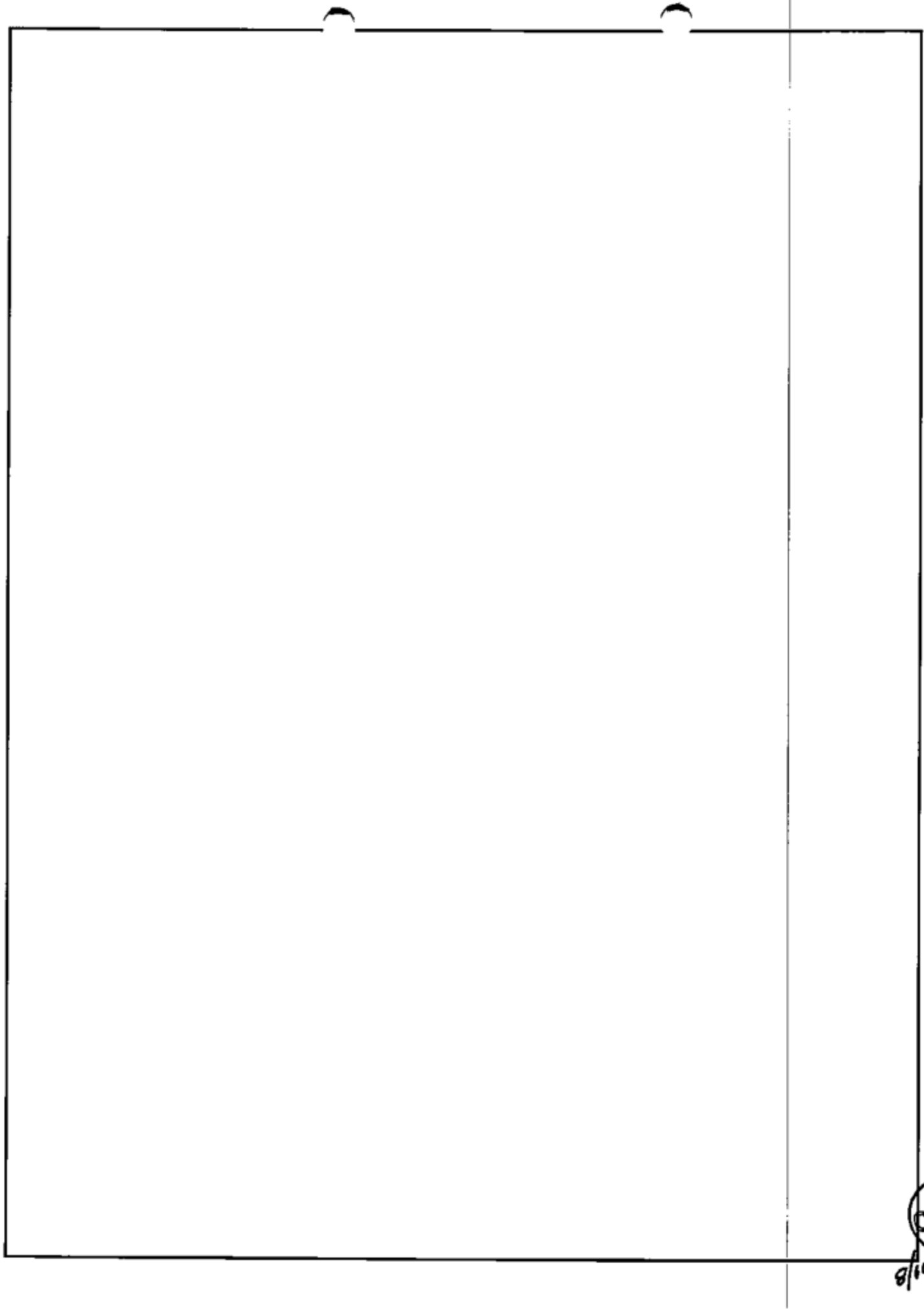
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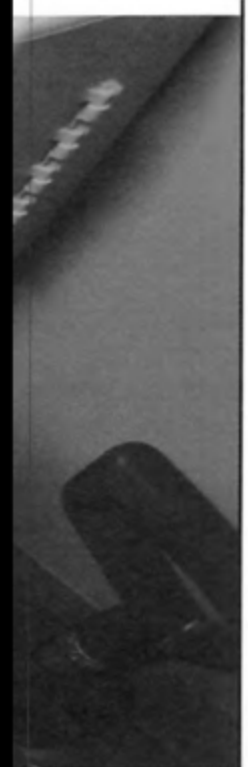
8/10/19

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Metropolitan Correctional Center New York, N.Y.
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Type of Incident	N/A
Date and Time of Incident	8/10/2019 @ 6:33 AM
Inmate Name(s) / Reg. No.	Jeffrey, Epstein #76318-054
Location of Incident	photographs taken at outside hospital
Photograph(s) by	[redacted]

[redacted]



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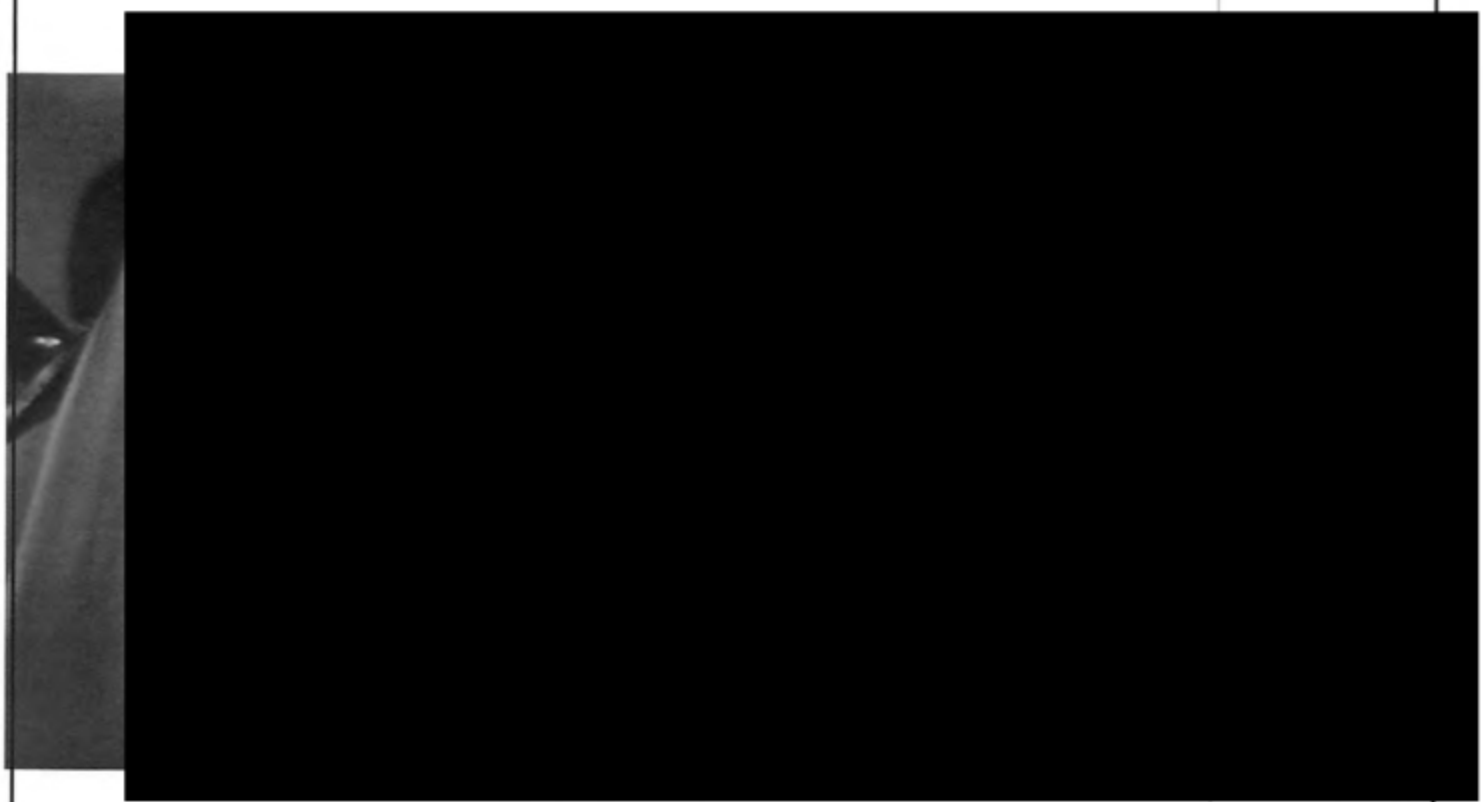
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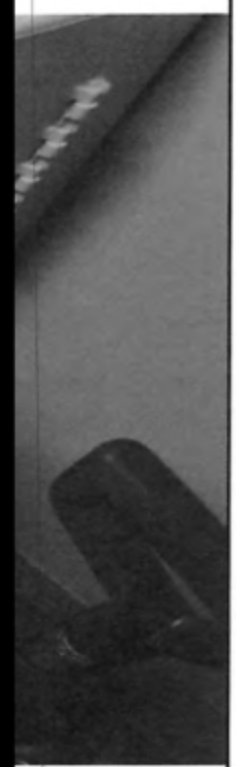


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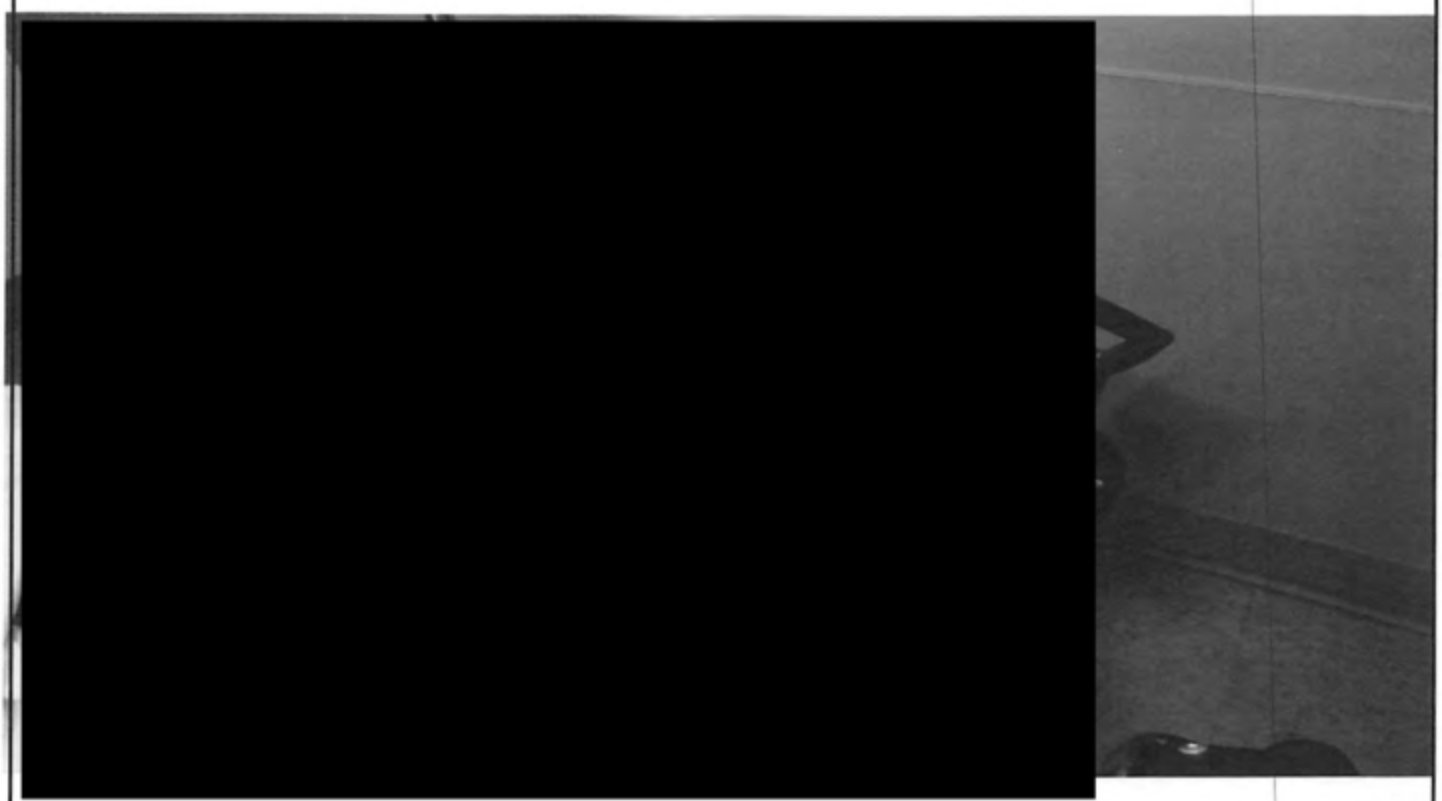
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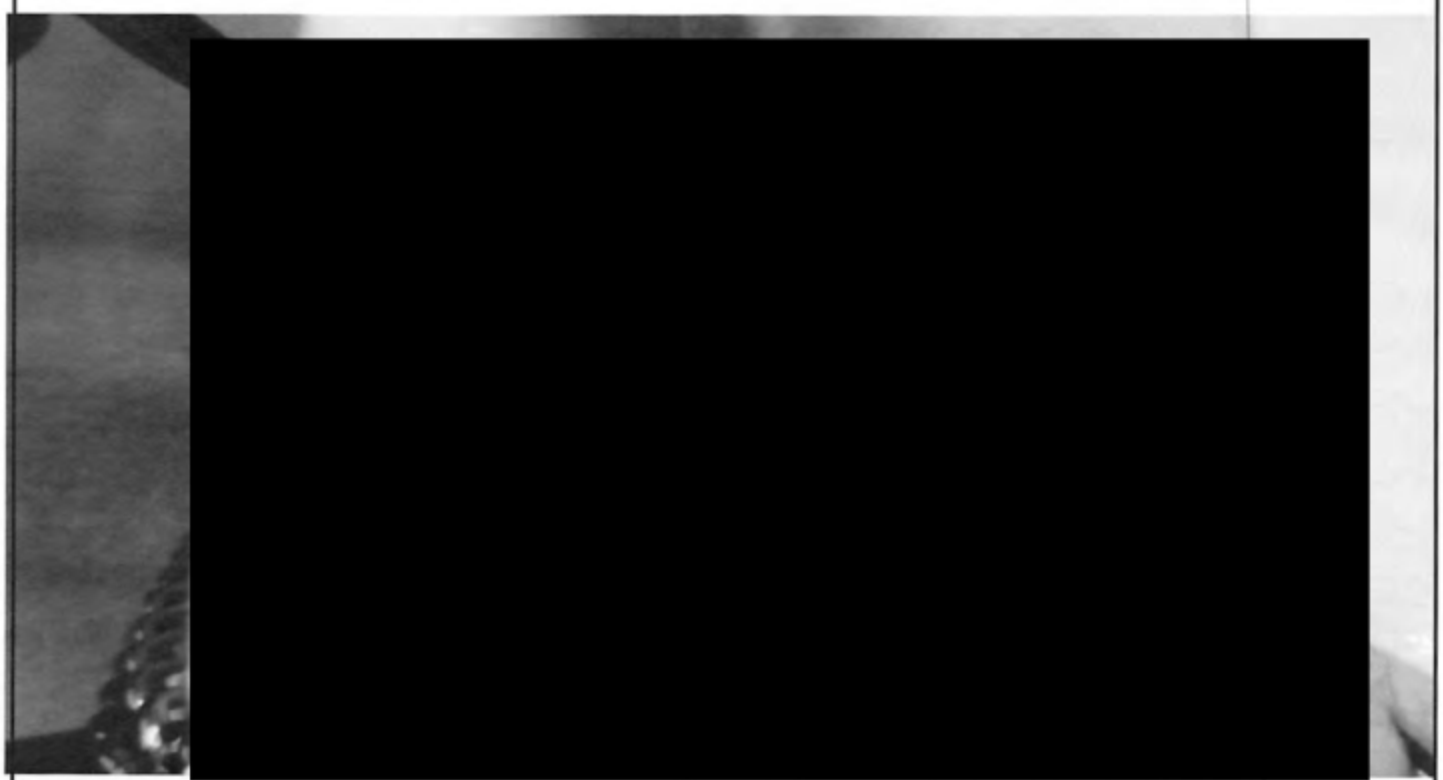


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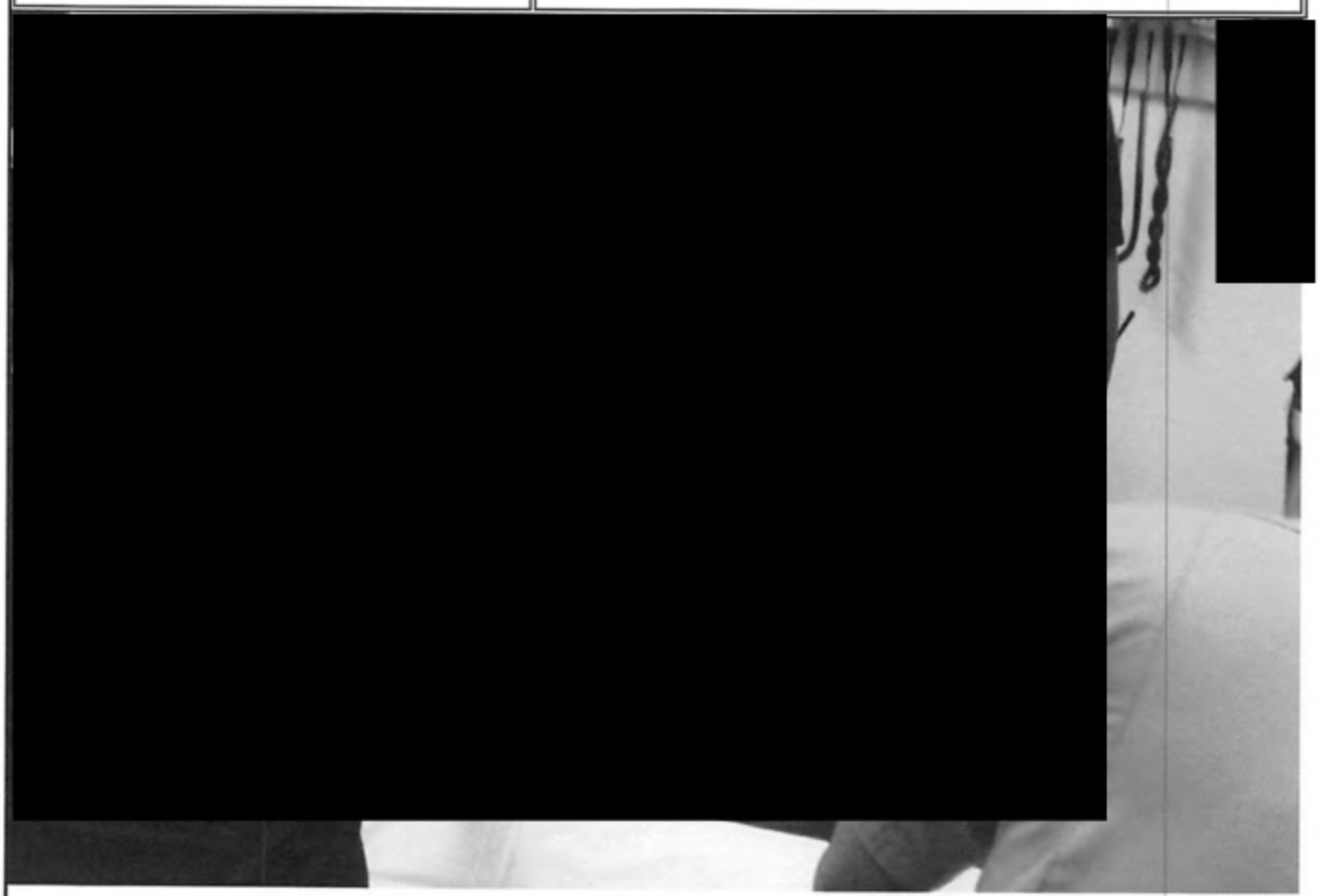
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Inmate Name(s) / Reg. No.	Jeffrey, Epstein #76318-054
Location of Incident	photographs taken at outside hospital
Photograph(s) by	[redacted]



Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

Type of Incident	*INMATE SUICIDE*
Date and Time of Incident	*08/10/2019 6:33 AM*
Inmate Name / Reg. No.	*EPSTEIN, JEFFERY REG#76318-054*
Location of Incident	*ZA*
Photograph(s) by	*Lt. S.* [redacted]
Date and Time of Photo	*08/10/2019 6:49 AM*



COPY

8/10/19

COPY

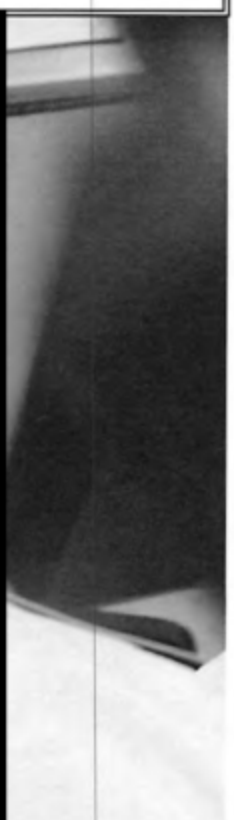
8/10/19

Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

Type of Incident	*INMATE SUICIDE*
Date and Time of Incident	*08/10/2019 6:33 AM*
Inmate Name / Reg. No.	*EPSTEIN, JEFFERY REG#76318-054*
Location of Incident	*ZA*
Photograph(s) by	*Lt. S.* [redacted]
Date and Time of Photo	*08/10/2019 6:49 AM*

[redacted]



COPY
8/10/19

Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

Type of Incident	*INMATE SUICIDE*
Date and Time of Incident	*08/10/2019 6:33 AM*
Inmate Name / Reg. No.	*EPSTEIN, JEFFERY REG#76318-054*
Location of Incident	*ZA*
Photograph(s) by	*Lt. S.* [redacted]
Date and Time of Photo	*08/10/2019 6:49 AM*



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8/10/19

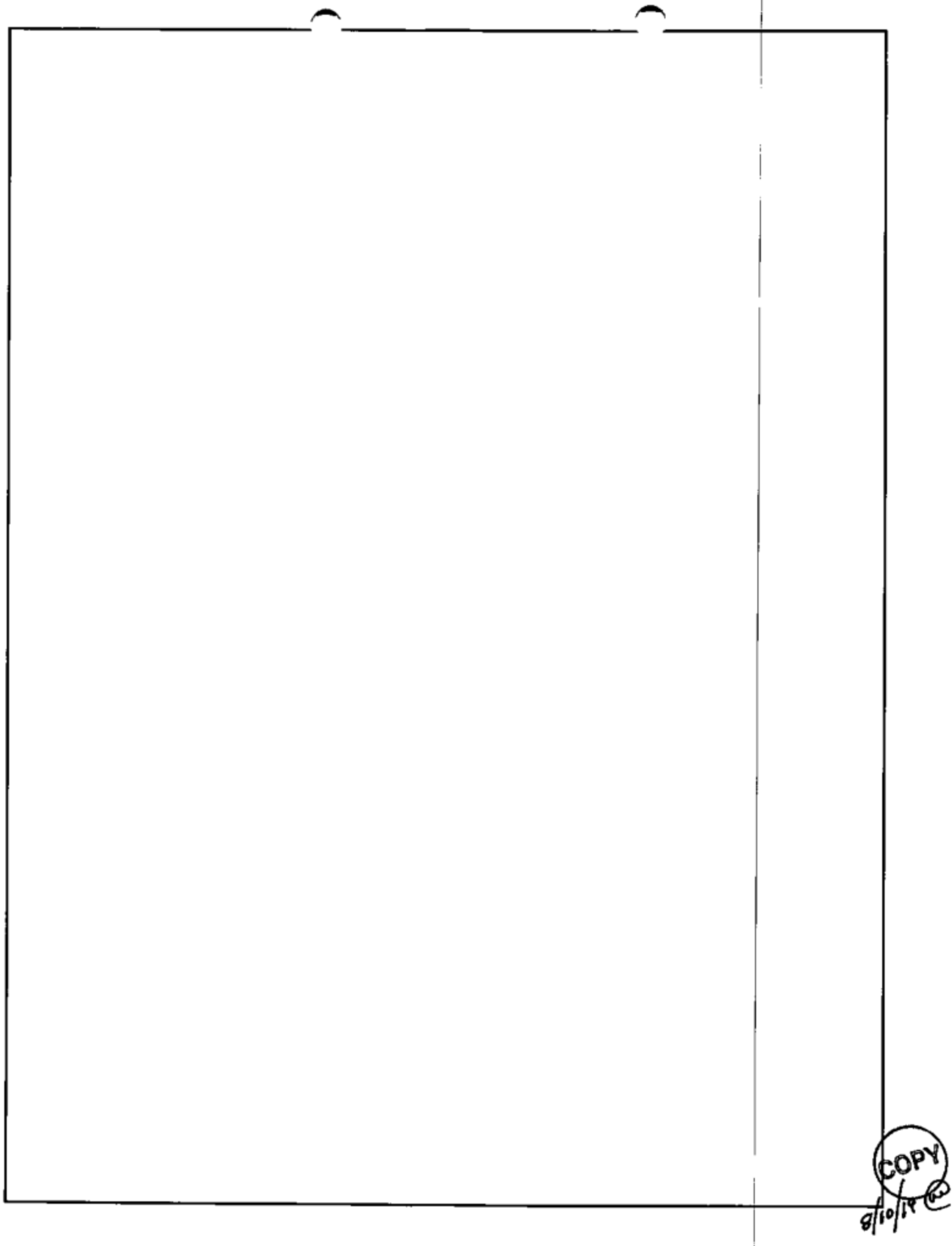
Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

Type of Incident	*INMATE SUICIDE*
Date and Time of Incident	*08/10/2019 6:33 AM*
Inmate Name / Reg. No.	*EPSTEIN, JEFFERY REG#76318-054*
Location of Incident	*ZA*
Photograph(s) by	*Lt. S.* [redacted]
Date and Time of Photo	*08/10/2019 6:49 AM*



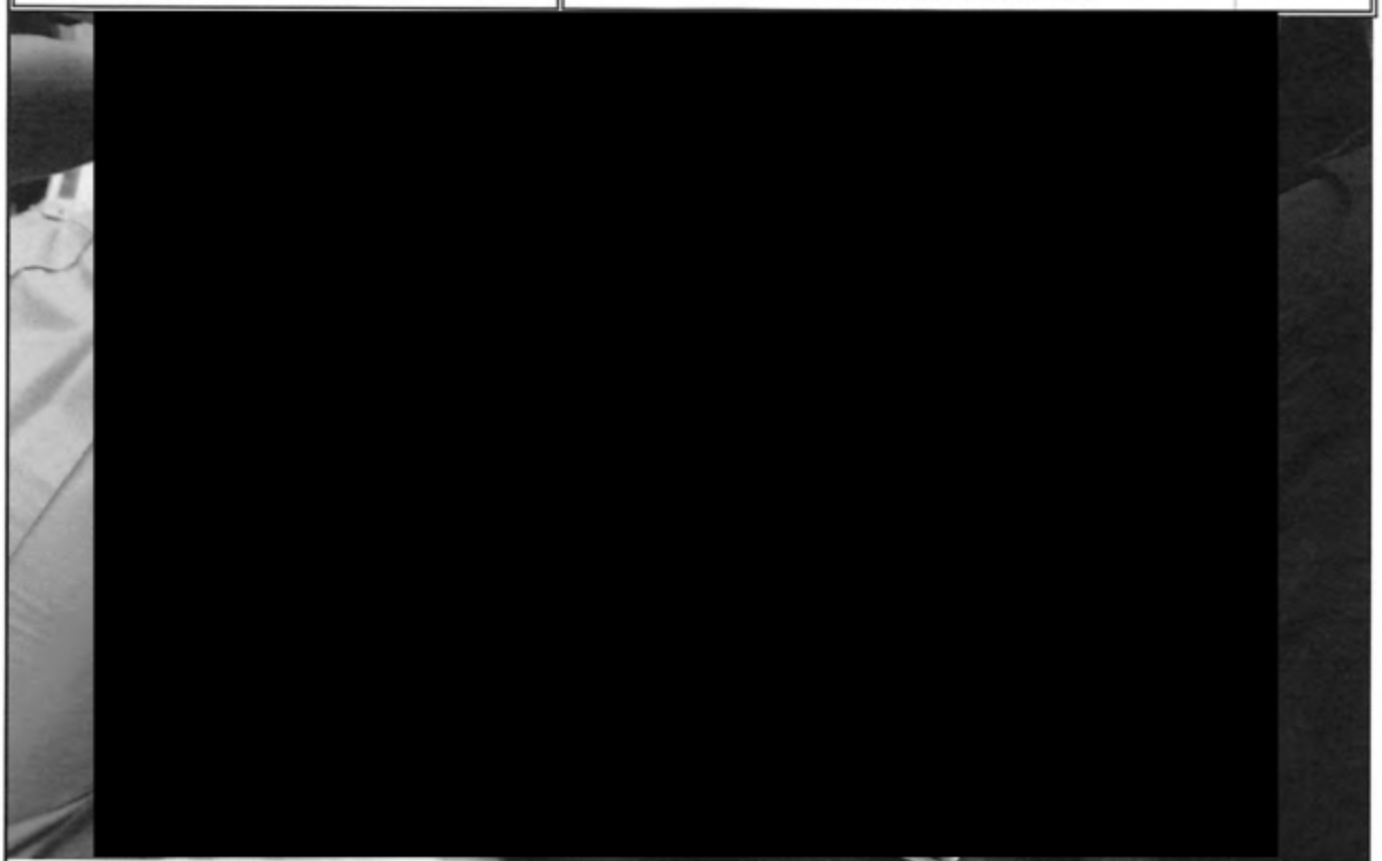
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5/10/19


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8/10/18

Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

Type of Incident	*INMATE SUICIDE*
Date and Time of Incident	*08/10/2019 6:33 AM*
Inmate Name / Reg. No.	*EPSTEIN, JEFFERY REG#76318-054*
Location of Incident	*ZA*
Photograph(s) by	*Lt. S.* [redacted]
Date and Time of Photo	*08/10/2019 6:49 AM*



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8/10/19 @

Lieutenant's Office

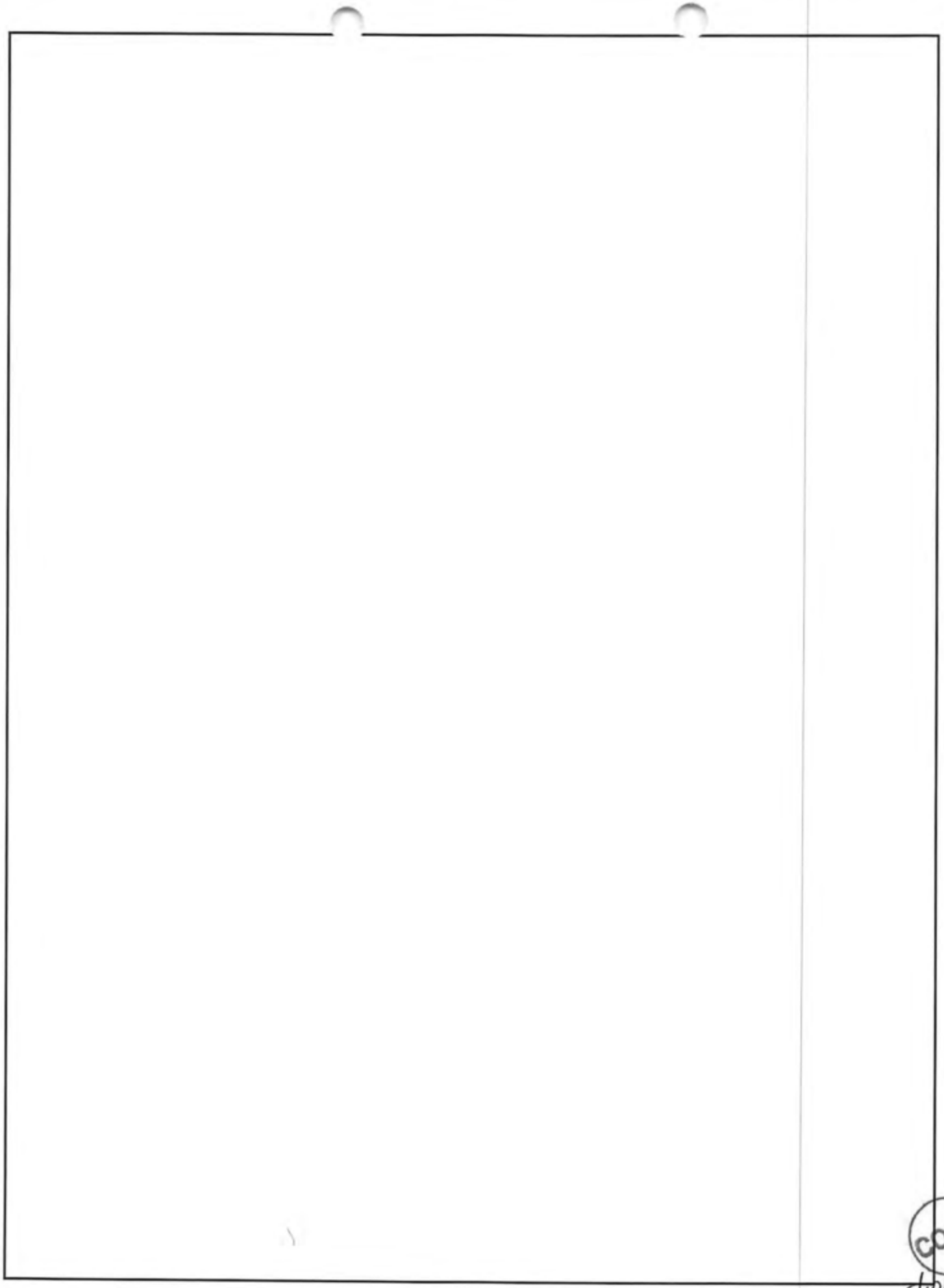
Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

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Date and Time of Photo	*08/10/2019 6:49 AM*

[redacted]



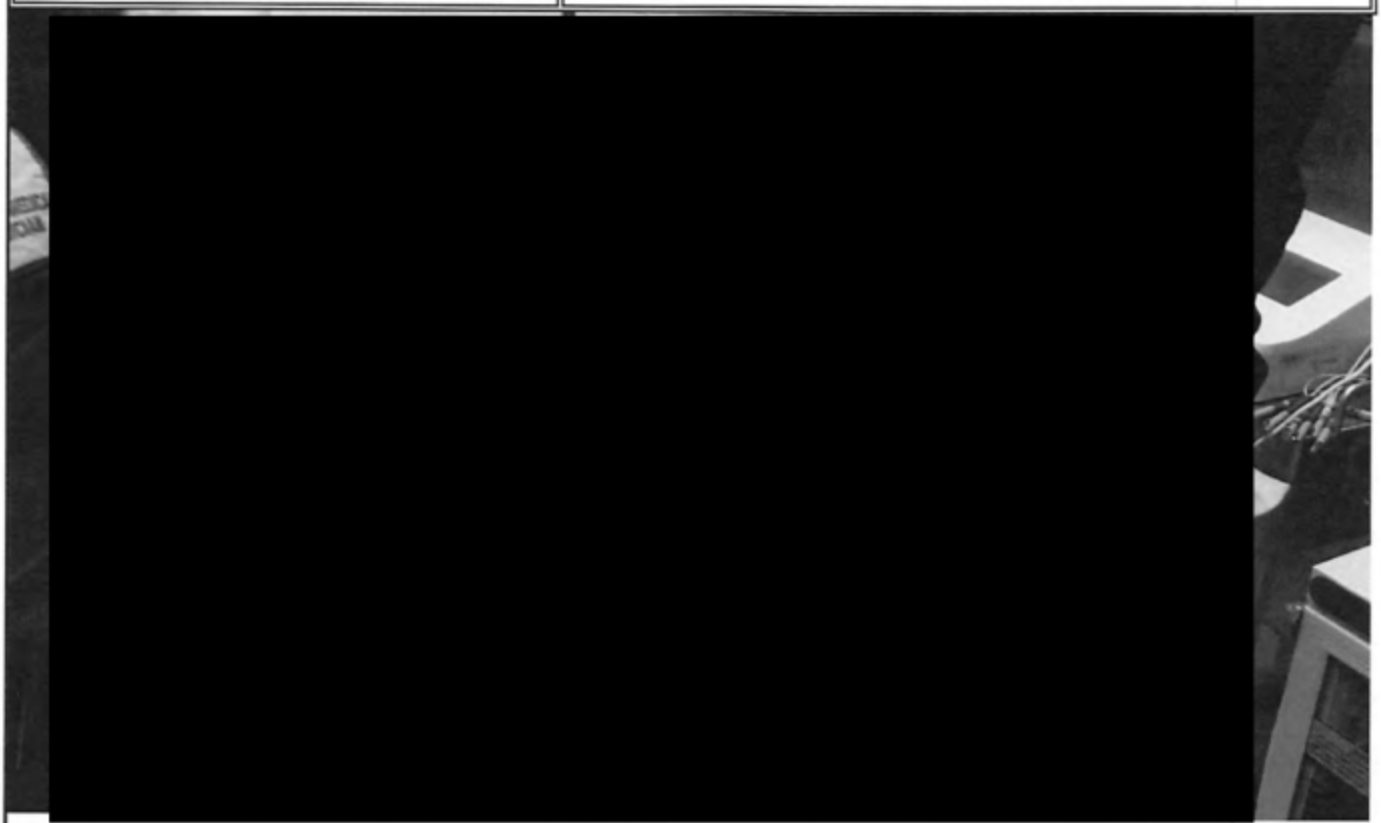
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8/10/19


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8/10/19

Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

Type of Incident	*INMATE SUICIDE*
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COPY

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Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
Lieutenant's Office

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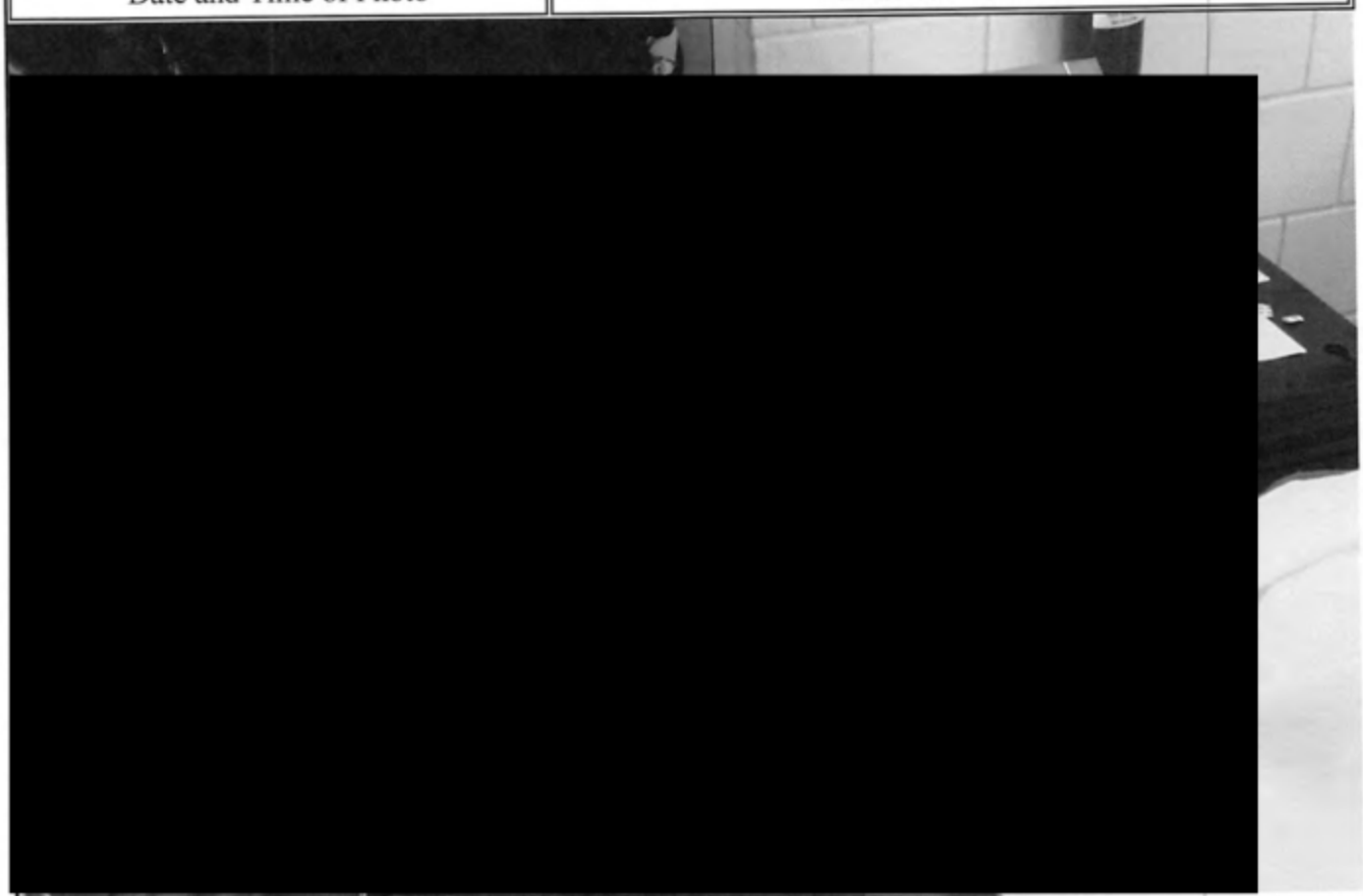


COPY
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Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
Photo Sheet
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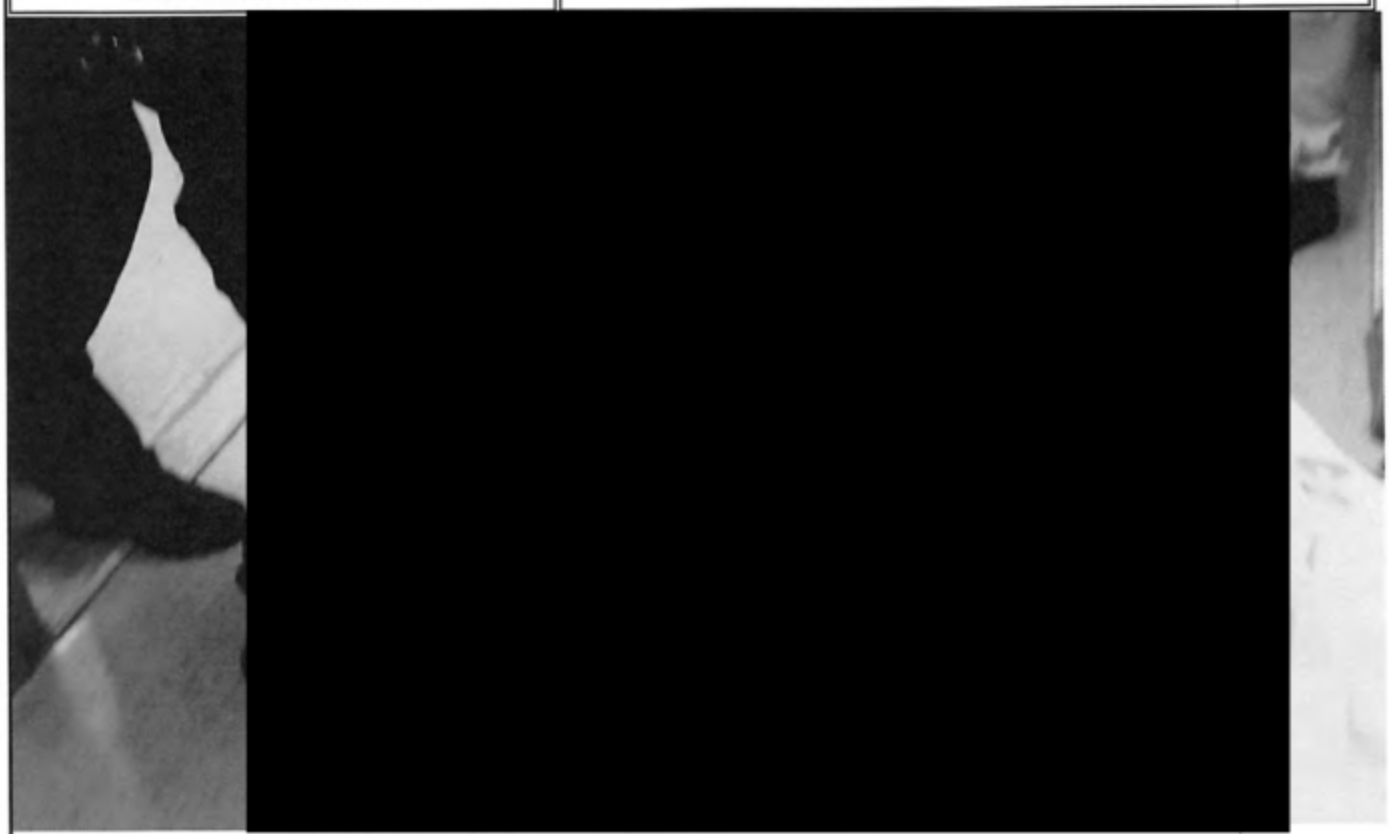


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Lieutenant's Office

Metropolitan Correctional Center New York, N.Y.
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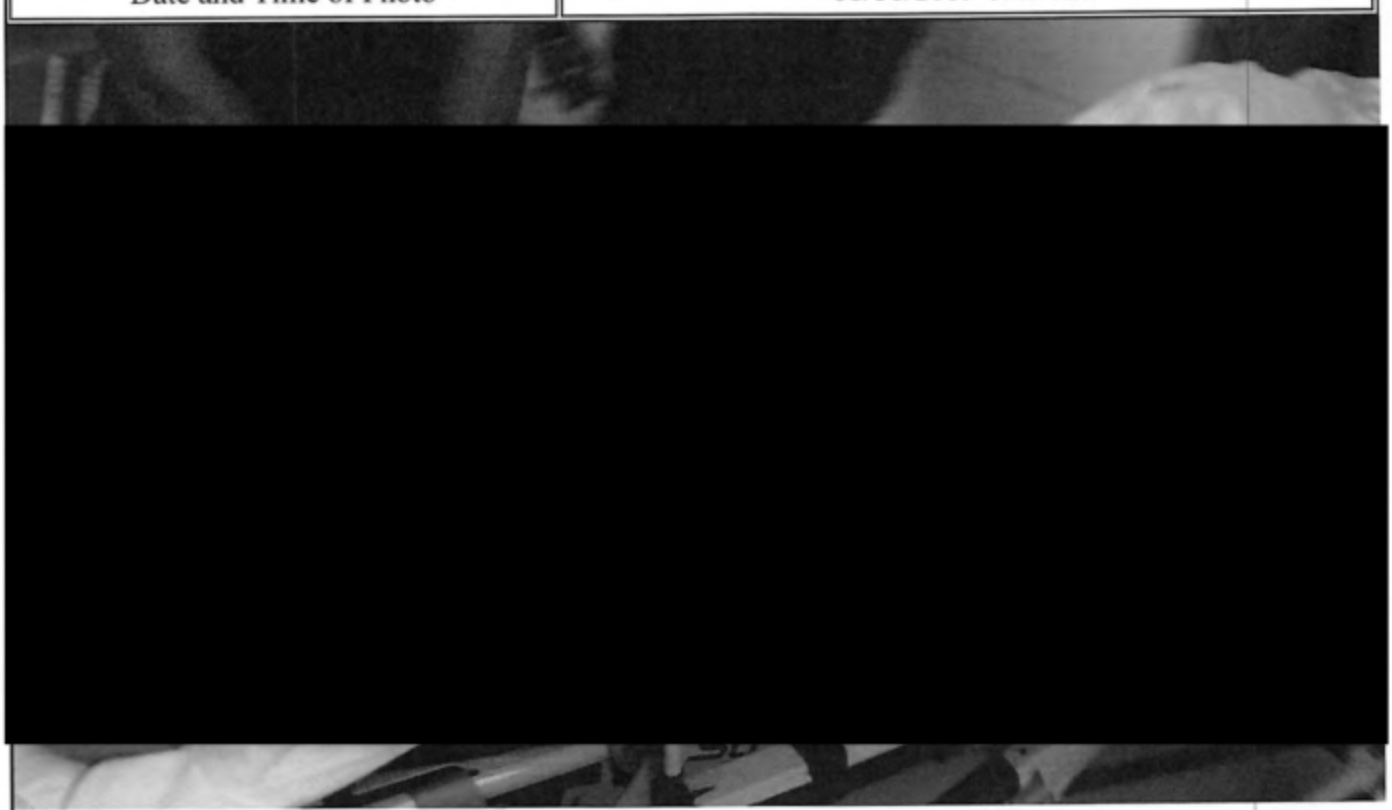


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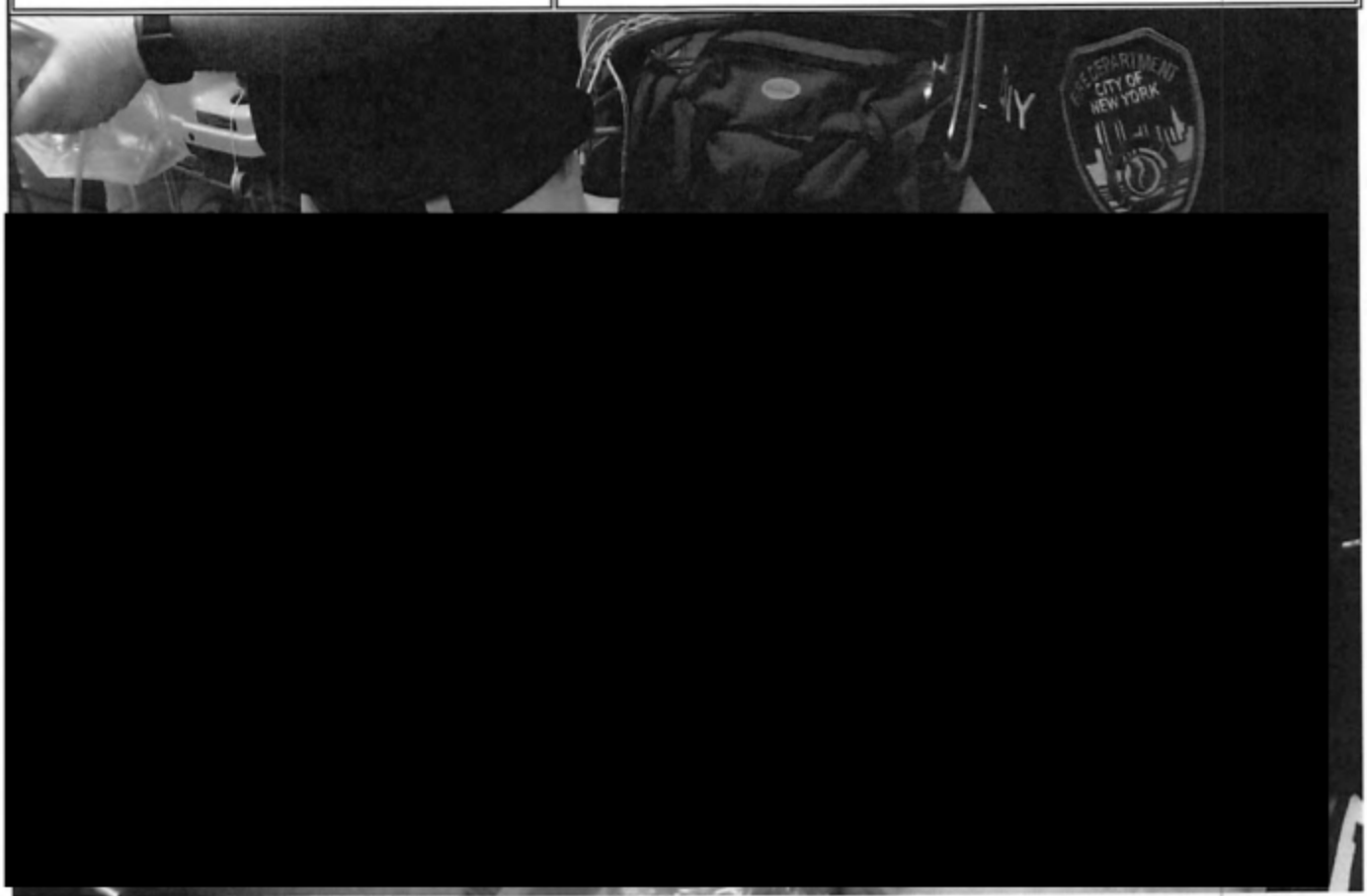


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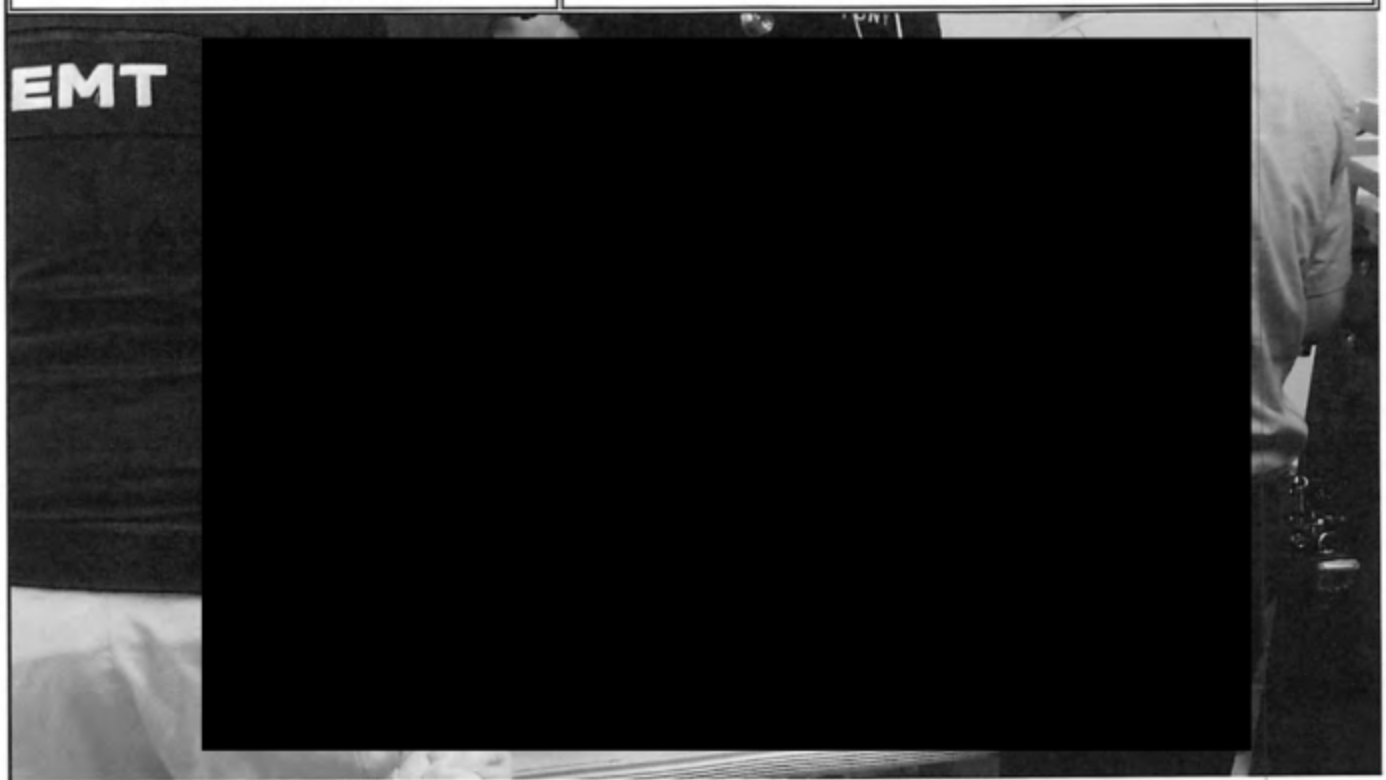


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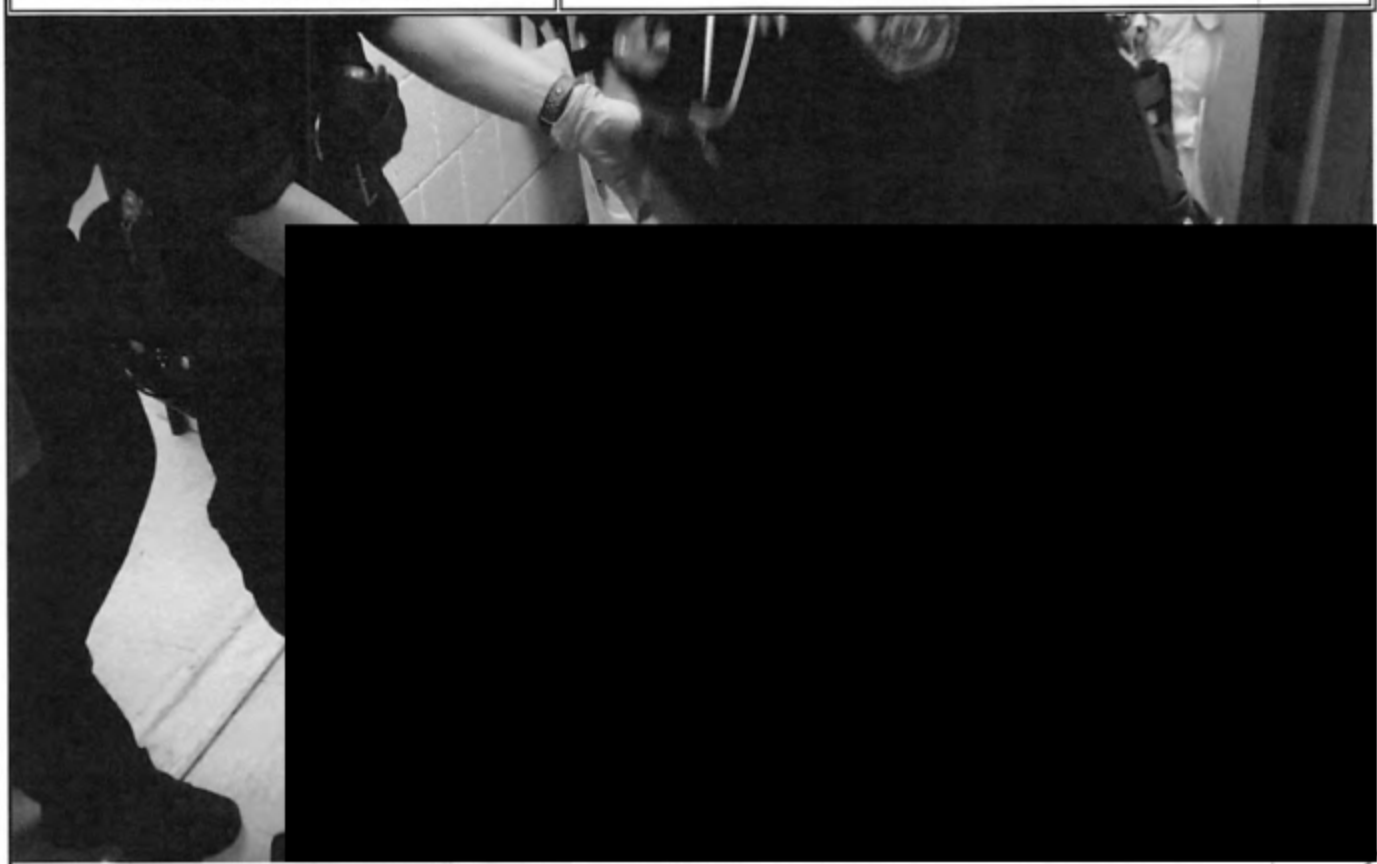


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8/10/19

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Metropolitan Correctional Center New York, N.Y.
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COPY

8/10/19

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Inmate Name / Reg. No.	*EPSTEIN, JEFFERY REG#76318-054*
Location of Incident	*ZA*
Photograph(s) by	[redacted]
Date and Time of Photo	*08/10/2019 6:49 AM*

[redacted]



COPY
8/10/19

Federal Bureau of Prisons
TRUVIEW
Outside Person Center Report
Sensitive But Unclassified

Money Sent

Transaction Date	Loc	Trans Type	Amount	Reg #	Inmate Nm	Address	City	St	Zip	Phone
8/7/2019 12:04:46 PM	NYM	Western Union	$200.00	85993054	REYES, EFRAIN	675 AVE Z	BK	NY	11223	2122274530
8/7/2019 12:04:45 PM	NYM	Western Union	$200.00	76318054	EPSTEIN, JEFFREY	675 AVE Z	BK	NY	11223	2122274530

EFTA00050762

Federal Bureau of Prisons
TRUVIEW
Outside Person Center Report
Sensitive But Unclassified

Money Sent

Transaction Date	Loc	Trans Type	Amount	Reg #	Inmate Nm	Address	City	St	Zip	Phone
7/8/2019 10:04:21 AM	NYM	Western Union	$200.00	76318054	EPSTEIN, JEFFREY	130 EAST 75TH STREET	NEW YORK	NY	10021	9174147584
7/8/2019 10:04:20 AM	NYM	Western Union	$200.00	76220054	RUGARD, RUBEN	130 EAST 75TH STREET	NEW YORK	NY	10021	9174147584

EFTA00050763

SALES INVOICE --S.B.U.--

NEW YORK MCC

MAIN

ACCOUNT No. 76318054 TF57709

EPSTEIN, JEFFREY EDWARD

08/08/2019 Time 07:58:28 TX ID 2691063

Receipt# 33

BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is $640.12

QTY	DESCRIPTION	PRICE
1	AAA POWERCELL BATTERIES	$1.00
.1	ADVIL/ 24 PK	$5.05
.1	ANTI FUNGAL CREAM	$1.60
1	CHAPSTICK	$2.30
1	DOVE	$2.15
1	JVC HEADPHONE	$9.95
1	PALMERS COCOA BUTTER LOTION	$6.25
1	Q-TIPS	$1.10
1	RADIO AM/FM	$39.95
1	TONE SOAP	$1.25
.1	VITAMIN C 24IC	$3.25
	# ITEMS SOLD: 11	
	CHARGE 76318054	$73.85

ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is $566.27

Signature

SALES INVOICE --S.B.U.--

NEW YORK MCC

MAIN

ACCOUNT No. 76318054 TF57709

EPSTEIN, JEFFREY EDWARD

08/01/2019 Time 11:48:27 TX ID 2688174

Receipt# 42

BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is $498.42

QTY	DESCRIPTION	PRICE
1	AA POWERCELL BATTERIES	$1.00
1	AAA POWERCELL BATTERIES	$1.00
1	CHAPSTICK	$2.30
.1	DAILY VITAMIN (ADVANCE)	$4.20
1	DOVE	$2.15
.1	HALLS 40IC	$0.95
1	Q-TIPS	$1.10
1	RADIO AM/FM	$39.95
1	TONE SOAP	$1.25
.2	TYLENOL	$4.40
	# ITEMS SOLD: 11	
	CHARGE 76318054	$58.30

ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is $440.12

Signature

SALES INVOICE --S.B.U.--

NEW YORK MCC

MAIN

ACCOUNT No. 76318054 TF60012

EPSTEIN, JEFFREY EDWARD

07/18/2019 Time 08:13:22 TX ID 2682969

Receipt# 61

BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is $198.42

QTY	DESCRIPTION	PRICE
1	AA POWERCELL BATTERIES	$1.00
2	DOVE	$4.30
.1	HALLS 40IC	$0.95
.1	HYDROCORTISONE	$1.55
1	NB SHOWER SHOES	$19.50
2	TONE SOAP	$2.50
.1	VITAMIN C 24IC	$3.25
	# ITEMS SOLD: 9	
	CHARGE 76318054	$33.05

ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is $165.37

Signature

SALES INVOICE --S.B.U.--
NEW YORK MCC
MAIN
ACCOUNT No. 76318054 TF60012
EPSTEIN, JEFFREY EDWARD
07/11/2019 Time 07:52:26 TX ID 2680437
Receipt# 62

BEGINNING BALANCES:
Available Balance is N/A
Spending Limit Balance is N/A
Account Balance is $200.00

QTY	DESCRIPTION	PRICE
.1	HALLS 40IC	$0.95
.1	SINGLE ENVELOPE	$0.63
	# ITEMS SOLD: 2	
	CHARGE 76318054	$1.58

ENDING BALANCES:
Available Balance is N/A
Spending Limit Balance is N/A
Account Balance is $198.42

Signature

BP-A0308
JAN 17

ADMINISTRATIVE DETENTION ORDER

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

NEWYORK MCC
Institution

Date/Time: 07-10-2019

TO: Special Housing Unit Officer

FROM: [redacted] LIEUTENANT, (Name/Title)

SUBJECT : Placement of EPSTEIN, JEFFERY, Reg. No. 7-10-2019, in Administrative Detention

_____(a) Is pending an investigation for a violation of Bureau regulations;

_____(b) Is pending an SIS investigation.

_____(c) Is pending investigation or trial for a criminal act;

_____(d) Is to be admitted to Administrative Detention

_____(1) Since the inmate has requested admission for protection;

I hereby request placement in Administrative Detention for my own protection.

Inmate Signature/Register No.: _____

Staff Witness Printed Name Signature: _____

_____(2) Since a serious threat exists to individual's safety as perceived by staff, although person has not requested admission; referral of the necessary information will be forwarded for an appropriate hearing by the SRO.

_____(e) Is pending transfer or is in holdover status during transfer.

__✓__(f) Is pending classification; or

_____(g) Is terminating confinement in Disciplinary Segregation and has been ordered into Administrative Detention by the Warden's designee.

It is this Correctional Supervisor's decision based on all the circumstances that the above named inmate's continued presence in the general population poses a serious threat to life, property, self, staff, other inmates, or to the security or orderly running of the institution because*

PENDING CLASSIFICATION

Therefore, the above named inmate is to be placed in Administrative Detention until further notice. The inmate received a copy of this Order on

(date / time) 7-10-19

Staff Witness Signature/Printed Name [redacted] Date 7-10-19

Supervisor 24 hour review of placement: Signature/Prin [redacted]

* In the case of DHO action, reference to that order is sufficient. In other cases, the Correctional supervisor will make an independent review and decision, which is documented here.

Record Copy - Inmate Concerned (not necessary if placement is a result of holdover status); Copy - Captain; Copy - Unit Manager; Copy - Operation Supervisor - Administrative Detention Unit; Copy – Psychology; Copy - Central File

COPY
7-23-19
B

PDF

Prescribed by P5270

(Replaces BP-A0308 of JAN 88.)

NYMHM 531.01 * INMATE HISTORY * 08-14-2019
PAGE 001 OF 001 * QUARTERS * 10:19:57

REG NO..: 76318-054 NAME....: EPSTEIN, JEFFREY EDWARD
CATEGORY: QTR FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
NYM	Z04-206LAD	HOUSE Z/RANGE 04/BED 206L AD	08-10-2019 0734	08-10-2019 0736
NYM	Z04-206LAD	HOUSE Z/RANGE 04/BED 206L AD	07-29-2019 1221	08-10-2019 0747
NYM	H01-001L	HOUSE H/RANGE 01/BED 001L	07-23-2019 0324	07-29-2019 1221
NYM	Z05-124LAD	HOUSE Z/RANGE 05/BED 124L AD	07-10-2019 1526	07-23-2019 0324
NYM	H01-001L	HOUSE H/RANGE 01/BED 001L	07-08-2019 1803	07-10-2019 1526
NYM	Z02-201LAD	HOUSE Z/RANGE 02/BED 201L AD	07-08-2019 1749	07-08-2019 1803
NYM	Z02-201LAD	HOUSE Z/RANGE 02/BED 201L AD	07-07-2019 1920	07-08-2019 0920
NYM	E06-547U	HOUSE E/RANGE 06/BED 547U	07-06-2019 2136	07-07-2019 1920
NYM	R01-001L	HOUSE R/RANGE 01/BED 001L	07-06-2019 2124	07-06-2019 2136



G0000 TRANSACTION SUCCESSFULLY COMPLETED

Federal Bureau of Prisons
TRUVIEW
Inmate Detail Report
Sensitive But Unclassified



Reg #:	76318054
Inmate Last Name:	EPSTEIN
Inmate First Name:	JEFFREY
DOB:	1/20/1953
Sex:	
Race:	
Ethnicity:	
Alpha Code:	NYM
Unit:	NYM-Z-A
Quarters:	Z04-206LAD
Status:	Inactive
Location Code:	NYM
Account Creation Date:	7/6/2019
TRUFACS Balance:	$566.27
TRUFONE Balance:	$0.00
TRULINCS Balance:	$0.00

EFTA00050770

Federal Bureau of Prisons
TRUVIEW
Inmate Detail Report
Sensitive But Unclassified

AKAs/Nicknames

Name Type	Last Name	First Name
No Data		

Security Threat Groups

Assignment	Description
No Data	

Current Charges

Charge
No Data

ARS History

Facility	Assignment	Assignment Description	Start Date	Stop Date
No Data				

EFTA00050771

Federal Bureau of Prisons
TRUVIEW
Inmate Center Report
Sensitive But Unclassified

Reg #: 76318054 Start Dt: 1/1/2017 End Dt: 8/13/2019

☑ Money Received ☐ Money Sent ☐ Contact List ☐ Addresses ☐ Phone List ☐ Calls
☐ Email List ☐ Messages ☐ Visitor List ☐ Visits ☐ Timeline

Money Received

Transaction Date	Loc	Trans Type	Amount	Sender Nm	Address	City	St	Zip	Phone
8/7/2019 12:04:45 PM	NYM	Western Union	$200.00	TALI, GULNORA	675 AVE Z	BK	NY	11223	2122274530
7/31/2019 9:04:12 AM	NYM	Western Union	$300.00	INDYKE, DARRENK	6030 LE LAC ROAD	BOCA RATON	FL	33496	9739089233
7/8/2019 10:04:21 AM	NYM	Western Union	$200.00	KAHN, RICHARD	130 EAST 75TH STREET	NEW YORK	NY	10021	9174147584

EFTA00050772

NYMHM 531.01 * INMATE HISTORY * 08-10-2019
PAGE 001 OF 001 * ADM-REL * 10:40:24

REG NO..: 76318-054 NAME....: EPSTEIN, JEFFREY EDWARD
CATEGORY: ARS FUNCTION: DIS FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
NYM	L HOSP USM	ESC TRP TO LOC HOSP W/RETN-USM	08-10-2019 0747	CURRENT
NYM	A-PRE	PRE-SENT ADMIT, ADULT	07-08-2019 1749	08-10-2019 0747
NYM	COURT	COURT APPEARANCE W/SCHED RETRN	07-08-2019 0920	07-08-2019 1749
NYM	A-PRE	PRE-SENT ADMIT, ADULT	07-06-2019 2124	07-08-2019 0920

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

EFTA00050773

NYMHM 531.01 * INMATE HISTORY * 08-10-2019
PAGE 001 OF 001 * QUARTERS * 10:41:01

REG NO..: 76318-054 NAME....: EPSTEIN, JEFFREY EDWARD
CATEGORY: QTR FUNCTION: DIS FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
NYM	Z04-206LAD	HOUSE Z/RANGE 04/BED 206L AD	07-29-2019 1221	08-10-2019 0747
NYM	H01-001L	HOUSE H/RANGE 01/BED 001L	07-23-2019 0324	07-29-2019 1221
NYM	Z05-124LAD	HOUSE Z/RANGE 05/BED 124L AD	07-10-2019 1526	07-23-2019 0324
NYM	H01-001L	HOUSE H/RANGE 01/BED 001L	07-08-2019 1803	07-10-2019 1526
NYM	Z02-201LAD	HOUSE Z/RANGE 02/BED 201L AD	07-08-2019 1749	07-08-2019 1803
NYM	Z02-201LAD	HOUSE Z/RANGE 02/BED 201L AD	07-07-2019 1920	07-08-2019 0920
NYM	E06-547U	HOUSE E/RANGE 06/BED 547U	07-06-2019 2136	07-07-2019 1920
NYM	R01-001L	HOUSE R/RANGE 01/BED 001L	07-06-2019 2124	07-06-2019 2136

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

EFTA00050774

NYMHM 535.07 * CIM CLEARANCE AND SEPARATEE DATA * 08-10-2019
PAGE 001 OF 001 * * 10:31:37

REGISTER NO: 76318-054 NAME: EPSTEIN, JEFFREY EDWARD

REGISTER NUMBER	LAST NAME	FIRST NAME	ARS ARS FCL ASSIGN	ARS DATE	ARS QTR TIME ASSIGN
76318-054	EPSTEIN	JEFFREY	NYM L HOSP USM	08-10-2019	0747

***** FOI EXEMPT

P0011 THIS INMATE HAS NO CMC ASSIGNMENTS

EFTA00050775

NYMHM 535.03 * INMATE PROFILE * 08-10-2019
PAGE 001 OF 001 09:28:51

76318-054 REG

REGNO: 76318-054 FUNCTION: PRT DOB/AGE.: 01-20-1953 / 66
NAME.: EPSTEIN, JEFFREY EDWARD R/S/ETH.: W/M/O WALSH: YES
RSP..: NYM-NEW YORK MCC MILEAGE.: 5 MILES
PHONE: 646-836-6300 FAX: 646-836-7751
ARS ASSIGNMENT..: ESC TRP TO LOC HOSP W/RETN-USM FBI NO..:
ARS DATE/TIME...: 08-10-2019/0747 INS NO..:
PROJ REL METHOD: UNKNOWN SSN.....: 090443348
PROJ REL DATE..: UNKNOWN PSYCH: NO DETAINER: NO CMC..: NO

- - - - - - - - - - RELEASE DESTINATION - - - - - - - - - -

AGENCY.....:
DST ASSIGNMENT.....:
ADDRESS.....: NYPH 170 WILLIAMS STREET
NEW YORK, NEW YORK 10038

OFFN/CHG RMKS: SEX TRAFFICKING CONSP.
OFFN/CHG RMKS: SEX TRAFFICKING OF MINORS

FACL	CATEGORY	- - - - -	CURRENT ASSIGNMENT - - - - - -	EFF DATE	TIME
NYM	ADM-REL	L HOSP USM	ESC TRP TO LOC HOSP W/RETN-USM	08-10-2019	0747
NYM	CARE LEVEL	CARE1-MH	CARE1-MENTAL HEALTH	07-08-2019	0934
NYM	CASE MGT	CFSA	CERT FOOD SINCERITY APPROVAL	07-19-2019	1209
NYM	CUSTODY	IN	IN CUSTODY	07-06-2019	2124
NYM	EDUC INFO	GED UNK	GED STATUS UNKNOWN	07-06-2019	2124
NYM	FIN RESP	UNASSG	FINANC RESP-UNASSIGNED	07-06-2019	2124
NYM	LEVEL	UNASSG	UNASSIGNED	07-06-2019	2124
NYM	MED DY ST	NOT MED CL	NOT MEDICALLY CLEARED	07-06-2019	2124
NYM	RELIGION	UNKNOWN	RELIGION UNKNOWN	07-06-2019	2124
NYM	SECUR THRT	RAPE H	HISTORY OF COMMITTING RAPE	07-10-2019	1455

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMHM 600.00 * SECURITY/DESIGNATION * 08-10-2019
PAGE 001 OF 001 * DATA * 09:29:48

REGNO: 76318-054 NAME: EPSTEIN, JEFFREY EDWARD ORG:
RC/SEX/AGE: W/M/66 FORM D/T: RES: NEW YORK, NY 10021
OFFN/CHG..: SEX TRAFFICKING CONSP.
SEX TRAFFICKING OF MINORS
CUSTODY..: IN BIL: CITIZENSHP: UNITED STATES OF AMERICA
CIM CONS.: USM:
JUDGE....: RECFACL/PGM: VOLSUR:
VS DT/LOC: MOS REL: SEVERITY:
CHP/CHS/S: VIOLENCE: ESCAPES.:
DETAINER.: AGE: EDUC LV: HGC:
DRUG/ALC.: TOTAL: SEC LVL:
PUB SAFTY: CAR MD/MH: OMDT REF:
CCM RMKS.:

P5110 DESIGNATION RECORD DOES NOT EXIST FOR THIS INMATE

EFTA00050777

NYMHM * INMATE DISCIPLINE DATA * 08-10-2019
PAGE 001 OF 001 * CHRONOLOGICAL DISCIPLINARY RECORD * 09:30:45

REGISTER NO: 76318-054 NAME..: EPSTEIN, JEFFREY EDWARD
FUNCTION...: DIS FORMAT: CHRONO LIMIT TO ___ MOS PRIOR TO 08-10-2019
RSP OF: NYM-NEW YORK MCC

G5463 NO ENTRIES EXIST IN CHRONOLOGICAL LOG FOR TIME PERIOD REQUESTED

EFTA00050778

NYMHM * INMATE DISCIPLINE DATA * 08-10-2019

PAGE 001 OF 001 * PENDING REPORTS * 09:30:56

REGISTER NO: 76318-054 NAME..: EPSTEIN, JEFFREY EDWARD

FUNCTION...: DIS FORMAT: PENDING LIMIT TO ___ MOS PRIOR TO 08-10-2019

RSP OF: NYM-NEW YORK MCC

G5464 NO PENDING INCIDENT REPORTS EXIST FOR ABOVE INMATE

NYMHM 540.23 * SENTENCE MONITORING * 08-10-2019
PAGE 001 OF 001 * COMPUTATION DATA * 09:31:27
AS OF 08-10-2019

REGNO..: 76318-054 NAME: EPSTEIN, JEFFREY EDWARD
COMP NO: ALL CURR COMPS(Y/N): Y ALL PRIOR COMPS(Y/N): Y
FUNC...: PRT

S0057 INMATE HAS NO CURRENT OR PRIOR SENTENCE DATA

NYMHM 533*01 * DEPARTMENT OF JUSTICE * 08-10-2019
PAGE 001 * ASSIGNMENT HISTORY REPORT * 09:31:50

REG NO: 76318-054 NAME: EPSTEIN JEFFREY EDWARD

ADM-REL RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	ESC TRP TO LOC HOSP W/RETN-USM	08-10-2019 0747	CURRENT
NEW YORK MCC	PRE-SENT ADMIT, ADULT	07-08-2019 1749	08-10-2019
NEW YORK MCC	COURT APPEARANCE W/SCHED RETRN	07-08-2019 0920	07-08-2019
NEW YORK MCC	PRE-SENT ADMIT, ADULT	07-06-2019 2124	07-08-2019

CARE LEVEL RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	CARE1-MENTAL HEALTH	07-08-2019 0934	CURRENT

COR COUNSL RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	VACANT	10-19-2019 1805	07-22-2019
NEW YORK MCC	UNASSIGNED ADMISSION	07-08-2019 1749	10-19-2019

CASE MGT RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	CERT FOOD SINCERITY APPROVAL	07-19-2019 1209	CURRENT

CASEWORKER RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	UNASSIGNED ADMISSION	07-08-2019 1749	07-22-2019

CUSTODY RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE

EDUC INFO RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE

FIN RESP RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	FINANC RESP-UNASSIGNED	07-06-2019 2124	CURRENT

LEVEL RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE

MED DY ST RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	SUICIDE WATCH	07-23-2019 0140	07-24-2019

OUTCOUNT RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	ATTORNEY VISIT	08-09-2019 1455	08-09-2019
NEW YORK MCC	ATTORNEY VISIT	08-08-2019 1514	08-08-2019
NEW YORK MCC	ATTORNEY VISIT	08-07-2019 1527	08-07-2019
NEW YORK MCC	ATTORNEY VISIT	08-06-2019 1537	08-06-2019
NEW YORK MCC	ATTORNEY VISIT	08-05-2019 1518	08-05-2019

G0002 MORE PAGES TO FOLLOW . . .

OUTCOUNT

RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	ATTORNEY VISIT	08-04-2019 1557	08-04-2019
NEW YORK MCC	ATTORNEY VISIT	08-04-2019 0957	08-04-2019
NEW YORK MCC	ATTORNEY VISIT	08-03-2019 1555	08-03-2019
NEW YORK MCC	ATTORNEY VISIT	08-03-2019 0926	08-03-2019
NEW YORK MCC	ATTORNEY VISIT	08-02-2019 1522	08-02-2019
NEW YORK MCC	ATTORNEY VISIT	08-01-2019 1550	08-01-2019
NEW YORK MCC	ATTORNEY VISIT	07-31-2019 1534	07-31-2019
NEW YORK MCC	COURT-SOUTHERN DISTRICT N.Y.	07-31-2019 0926	07-31-2019
NEW YORK MCC	ATTORNEY VISIT	07-30-2019 1523	07-30-2019
NEW YORK MCC	ATTORNEY VISIT	07-29-2019 1607	07-29-2019
NEW YORK MCC	ATTORNEY VISIT	07-28-2019 1551	07-28-2019
NEW YORK MCC	ATTORNEY VISIT	07-28-2019 0938	07-28-2019
NEW YORK MCC	HOSPITAL	07-28-2019 0934	07-28-2019
NEW YORK MCC	ATTORNEY VISIT	07-27-2019 1456	07-27-2019
NEW YORK MCC	ATTORNEY VISIT	07-27-2019 0934	07-27-2019
NEW YORK MCC	ATTORNEY VISIT	07-26-2019 1508	07-26-2019
NEW YORK MCC	ATTORNEY VISIT	07-25-2019 1524	07-25-2019
NEW YORK MCC	ATTORNEY VISIT	07-24-2019 1537	07-24-2019
NEW YORK MCC	ATTORNEY VISIT	07-23-2019 1528	07-23-2019
NEW YORK MCC	ATTORNEY VISIT	07-22-2019 1551	07-22-2019
NEW YORK MCC	ATTORNEY VISIT	07-21-2019 1536	07-21-2019
NEW YORK MCC	ATTORNEY VISIT	07-21-2019 0947	07-21-2019
NEW YORK MCC	ATTORNEY VISIT	07-20-2019 1445	07-20-2019
NEW YORK MCC	ATTORNEY VISIT	07-20-2019 0900	07-20-2019
NEW YORK MCC	ATTORNEY VISIT	07-19-2019 1442	07-19-2019
NEW YORK MCC	ATTORNEY VISIT	07-18-2019 1537	07-18-2019
NEW YORK MCC	COURT-SOUTHERN DISTRICT N.Y.	07-18-2019 0859	07-18-2019
NEW YORK MCC	ATTORNEY VISIT	07-17-2019 1611	07-17-2019
NEW YORK MCC	ATTORNEY VISIT	07-16-2019 1653	07-16-2019
NEW YORK MCC	ATTORNEY VISIT	07-15-2019 1456	07-15-2019
NEW YORK MCC	COURT-SOUTHERN DISTRICT N.Y.	07-15-2019 0900	07-15-2019
NEW YORK MCC	ATTORNEY VISIT	07-14-2019 1511	07-14-2019
NEW YORK MCC	ATTORNEY VISIT	07-14-2019 0957	07-14-2019
NEW YORK MCC	ATTORNEY VISIT	07-13-2019 1459	07-13-2019
NEW YORK MCC	ATTORNEY VISIT	07-12-2019 1507	07-12-2019
NEW YORK MCC	ATTORNEY VISIT	07-11-2019 1510	07-11-2019
NEW YORK MCC	ATTORNEY VISIT	07-10-2019 1533	07-10-2019
NEW YORK MCC	ATTORNEY VISIT	07-09-2019 1510	07-09-2019
NEW YORK MCC	ATTORNEY VISIT	07-07-2019 1600	07-07-2019

QUARTERS

RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	HOUSE Z/RANGE 04/BED 206L AD	07-29-2019 1221	08-10-2019
NEW YORK MCC	HOUSE H/RANGE 01/BED 001L	07-23-2019 0324	07-29-2019
NEW YORK MCC	HOUSE Z/RANGE 05/BED 124L AD	07-10-2019 1526	07-23-2019
NEW YORK MCC	HOUSE H/RANGE 01/BED 001L	07-08-2019 1803	07-10-2019
NEW YORK MCC	HOUSE Z/RANGE 02/BED 201L AD	07-08-2019 1749	07-08-2019
NEW YORK MCC	HOUSE Z/RANGE 02/BED 201L AD	07-07-2019 1920	07-08-2019

G0002 MORE PAGES TO FOLLOW . . .

NEW YORK MCC	HOUSE R/RANGE 01/BED 001L	07-06-2019 2124 07-08-2019

RELIGION		
RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	STAR. DATE/TIME STOP DATE
NEW YORK MCC	RELIGION UNKNOWN	07-06-2019 2124 CURRENT

SECOND RSP		
RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME STOP DATE

SECUR THRT		
RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME STOP DATE
NEW YORK MCC	HISTORY OF COMMITTING RAPE	07-10-2019 1455 CURRENT

UNIT		
RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME STOP DATE
NEW YORK MCC	UNT MGR. N. REID EXT 6421/6301	07-22-2019 1806 08-10-2019
NEW YORK MCC	N. REID, UNIT MANAGER X 6473	07-08-2019 1749 07-22-2019
NEW YORK MCC	N. REID, UNIT MANAGER X 6473	07-06-2019 2124 07-08-2019

WRK DETAIL		
RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME STOP DATE
NEW YORK MCC	UNASSIGNED WORK DETAIL	07-08-2019 1749 08-10-2019
NEW YORK MCC	UNASSIGNED WORK DETAIL	07-06-2019 2124 07-08-2019

G0000 TRANSACTION SUCCESSFULLY COMPLETED

QUARTERS RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	HOUSE E/RANGE 06/BED 547U	07-06-2019 2136	07-07-2019

QUARTERS

RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	HOUSE E/RANGE 06/BED 547U	07-06-2019 2136	07-07-2019
NEW YORK MCC	HOUSE R/RANGE 01/BED 001L	07-06-2019 2124	07-06-2019

RELIGION

RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	RELIGION UNKNOWN	07-06-2019 2124	CURRENT

SECOND RSP

RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE

SECUR THRT

RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	HISTORY OF COMMITTING RAPE	07-10-2019 1455	CURRENT

UNIT

RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	UNT MGR. N. REID EXT 6421/6301	07-22-2019 1806	08-10-2019
NEW YORK MCC	N. REID, UNIT MANAGER X 6473	07-08-2019 1749	07-22-2019
NEW YORK MCC	N. REID, UNIT MANAGER X 6473	07-06-2019 2124	07-08-2019

WRK DETAIL

RESPONSIBILITY OF:	- - - - -ASSIGNMENTS - - - -	START DATE/TIME	STOP DATE
NEW YORK MCC	UNASSIGNED WORK DETAIL	07-08-2019 1749	08-10-2019
NEW YORK MCC	UNASSIGNED WORK DETAIL	07-06-2019 2124	07-08-2019

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Thorax:

Contour Normal: Yes
Increased AP Diameter: No
Asymmetrical Expansion: No
Lungs Clear: Yes
Wheezes: No
Crackles: No
Rhonchi: No
Rales: No
Accessory Muscle Use: No
Comments:

Spine:

Deformity: No
Full ROM: Yes
Tenderness: No
Comments:

Cardiovascular:

RRR: Yes
Normal S1/S2: Yes
Murmurs: No
Carotid Bruits: No
JVD: No

Arteries:	Right	Left
Radial:		
Femoral:		
Dorsalis Pedis:		
Post. Tibialis:		

Comments:

EFTA00050786

Abdomen:

Normal Contour: Yes
Scaphoid: No
Obese: No
Gravid: No
Hernias: No
Bruits: No
Masses: No
Scars: No
Tenderness: No
Organomegaly: No
Active Bowel Sounds: Yes
Comments:

Extremities:

Nails Clubbing: No
Nails Cyanosis: No
Lower Extremity Edema - Right: None
Lower Extremity Edema - Left: None
Atrophy: No
Amputations: No
Other Deformities: No
Varicosities: No
Calf Tenderness: No
Pulse Deficit: No

Strength:	**Right**	**Left**
Arm:		
Leg:		

Full ROM:	**Right**	**Left**
Arm:	Yes	Yes
Leg:	Yes	Yes

Comments:

EFTA00050787

Reflexes:

	Right	Left
Biceps:		
Patellar:		
Brachioradialis:		
Achilles:		

Sensation:

Vibratory: Yes
Light Touch: Yes
Pin Prick: Yes

Comments:

GU:

Chaperoned By:

Rectum: Not Done

Comments: Refused.

Male Genitalia: Not Done

Comments: Refused.

Skin:

Normal: Yes
Rash: No
Redness: No
Abnormal Pigmentation: No
Abnormal Lesions/Growths: No

Comments:

Lymphatics:

Adenopathy: No

Comments:

Potential Items For Follow-up:

Item
Travel Outside US
Other Infectious Disease History
Rectum Not Done
Male Genitalia Not Done
PPD Administration Not Performed

Comments:
Patient has a history of constipation.

EFTA00050788

Cleared For Food Services: Yes

Health Problems Newly Identified During This Encounter:

Health Problem

Constipation, unspecified - Current -

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Bisacodyl E.C. Tablet	07/09/2019 12:35	5 mg Orally at bedtime PRN x 10 day(s)

Indication: Constipation, unspecified

Disposition:

Follow-up at Sick Call as Needed

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by [redacted]. MLP on 07/09/2019 13:03

Requested to be cosigned by [redacted] MD.

Cosign documentation will be displayed on the following page.

EFTA00050789

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Sex:	M	Reg #:	76318-054
Date of Birth:	01/20/1953	Provider:	[redacted]. MLP	Race:	WHITE
Encounter Date:	07/09/2019 12:35			Facility:	NYM

Cosigned by [redacted] MD on 07/11/2019 22:41.

Bureau of Prisons
Health Services
Inmate Local Hospital

Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

SENSITIVE BUT UNCLASSIFIED -- This information is confidential and must be appropriately safeguarded.

Transfer To: _____ Transfer Date: 08/10/2019

Health Problems

Health Problem	Status
Hyperlipidemia, unspecified HYPERTRIGLYCERIDEMIA	Current
Sleep apnea	Current
Essential (primary) hypertension BY HX.	Current
Constipation, unspecified	Current
Low back pain	Current
Neuralgia and neuritis, unspecified	Current
No Diagnosis	Current
Prediabetes	Current
Injury, unspecified R/O self inflicted injuries.	Current
Body mass index (BMI) 27.0-27.9, adult	Current

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.
Bolded drugs required for transport.

Docusate Sodium 100 MG Cap Exp: 08/11/2019 SIG: Take one capsule (100 MG) by mouth twice daily for 30 days
Docusate Sodium 100 MG Cap Exp: 01/22/2020 SIG: Take one capsule (100 MG) twice daily by mouth with plenty of water
Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML Exp: 10/28/2019 SIG: shake well take 10ml by mouth twice daily AS NEEDED
Omega 3 (Vascepa) 1 GM Capsule Exp: 01/13/2020 SIG: Take two capsules (2 GM) twice daily by mouth with food

OTCs: Listing of all known OTCs this inmate is currently taking.
None

Pending Appointments

Date	Time	Activity	Provider
07/24/2019	00:00	Clinical Encounter	Optometrist
01/07/2020	00:00	Chronic Care Visit	Mid-Level Provider
07/01/2020	00:00	Chronic Care Visit	Physician 01
07/09/2020	00:00	PPD Administration	Nurse

Pending Non-Medication Orders:

Order	Order Date	Frequency	Duration	Details
EKG	07/06/2019	One Time		66 y/o male
Fecal Occult Blood	07/06/2019	One Time		3 different stools

TB Clearance: Yes

Last PPD Date: 07/09/2019 Induration: 0mm
Last Chest X-Ray Date: _____ Results: _____
TB Treatment: _____ Sx free for 30 days: Yes
TB Follow-up Recommended: No

Sickle Cell:
Sickle Cell Trait/Disease: No

EFTA00050791

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Limitations/Restrictions/Diets:
Cell: lower bunk — 10/09/2019
Cleared for Food Service: Yes
Other diet restrictions: FISH ALLERGIES. — 07/30/2020

Comments:

Allergies
No Known Allergies

Devices / Equipment
C-Pap

Travel:
Direct Travel: No
Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: NEW YORK MCC Phone Number: 6468366300
Address 1: 150 PARK ROW
Address 2:
City/State/Zip: NEW YORK, New York 10007

Name/Title of Person Completing Form: [redacted] RN Date: 08/10/2019

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054 DOB: 01/20/1953 Sex: M

Bureau of Prisons
Health Services
Vitals All

Begin Date: 07/07/2019 **End Date:** 08/10/2019
Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/24/2019	13:12 NYM	97.8	36.6	Oral	[redacted]. MLP
	Orig Entered: 07/24/2019 13:14 EST				[redacted]. MLP
07/23/2019	06:30 NYM	97.5	36.4	Oral	[redacted]. MLP
	Orig Entered: 07/23/2019 08:33 EST				[redacted]. MLP
07/09/2019	12:49 NYM	97.3	36.3	Oral	[redacted]. MLP
	Orig Entered: 07/09/2019 12:51 EST				[redacted]. MLP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/30/2019	13:02	94			[redacted]obert MD
	Orig Entered: 07/30/2019 13:04 EST		[redacted] MD		
07/30/2019	09:40	88	Via Machine		[redacted]obert MD
	Orig Entered: 07/30/2019 13:04 EST		[redacted] MD		
07/30/2019	09:30	87	Via Machine		[redacted]obert MD
	Orig Entered: 07/30/2019 12:59 EST		[redacted] MD		
07/28/2019	20:28	81			[redacted]eph RN
	Orig Entered: 07/28/2019 20:29 EST		[redacted] RN		
07/28/2019	06:57	82			[redacted]eph RN
	Orig Entered: 07/28/2019 06:58 EST		[redacted] RN		
07/24/2019	13:12	83	Via Machine	Regular	[redacted]. MLP
	Orig Entered: 07/24/2019 13:14 EST		[redacted]. MLP		
07/23/2019	06:30	92	Via Machine	Regular	[redacted]. MLP
	Orig Entered: 07/23/2019 08:33 EST		[redacted]. MLP		
07/09/2019	12:49	82	Via Machine	Regular	[redacted]. MLP
	Orig Entered: 07/09/2019 12:51 EST		[redacted]. MLP		

Respirations:

Date	Time	Rate Per Minute	Provider
07/30/2019	09:30 NYM	12	[redacted] MD
	Orig Entered: 07/30/2019 12:59 EST		[redacted] MD
07/28/2019	20:28 NYM	14	[redacted] RN
	Orig Entered: 07/28/2019 20:29 EST		[redacted] RN
07/28/2019	06:57 NYM	14	[redacted] RN
	Orig Entered: 07/28/2019 06:58 EST		[redacted] RN
07/23/2019	06:30 NYM	16	[redacted]. MLP
	Orig Entered: 07/23/2019 08:33 EST		[redacted]. MLP
07/09/2019	12:49 NYM	16	[redacted]. MLP
	Orig Entered: 07/09/2019 12:51 EST		[redacted]. MLP

EFTA00050793

Begin Date: 07/07/2019 End Date: 08/10/2019
Reg #: 76318-054 Inmate Name: EPSTEIN, JEFFREY EDWARD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/30/2019	13:02 NYM	114/84	Left Arm	Standing		[redacted]ert MD
Orig Entered:	07/30/2019 13:04 EST					[redacted] MD
07/30/2019	09:40 NYM	125/60	Right Arm	Standing		[redacted]ert MD
Orig Entered:	07/30/2019 13:04 EST					[redacted] MD
07/30/2019	09:30 NYM	108/86	Left Arm	Sitting		[redacted]ert MD
Orig Entered:	07/30/2019 12:59 EST					[redacted] MD
07/28/2019	20:28 NYM	157/91				[redacted]h RN
Orig Entered:	07/28/2019 20:29 EST					[redacted] RN
07/28/2019	06:57 NYM	138/80				[redacted]h RN
Orig Entered:	07/28/2019 06:58 EST					[redacted] RN
07/24/2019	13:12 NYM	132/89	Right Arm	Sitting	Adult-regular	[redacted] MLP
Orig Entered:	07/24/2019 13:14 EST					[redacted] MLP
07/23/2019	06:30 NYM	140/85	Right Arm	Sitting	Adult-regular	[redacted] MLP
Orig Entered:	07/23/2019 08:33 EST					[redacted] MLP
07/09/2019	12:49 NYM	117/66	Right Arm	Sitting	Adult-regular	[redacted] MLP
Orig Entered:	07/09/2019 12:51 EST					[redacted] MLP

Blood Glucose:

Date	Time	Value (mg/dl)	Type	Regular Insulin	Provider
08/04/2019	08:30	156	Non-Fasting		[redacted] RN
Orig Entered:	08/04/2019 09:08 EST				[redacted] RN
08/02/2019	06:30	97	Non-Fasting		[redacted] Y. [redacted]LP
Orig Entered:	08/02/2019 08:16 EST				[redacted] MLP
08/01/2019	06:30	103	Non-Fasting		[redacted] Y [redacted]LP
Orig Entered:	08/01/2019 09:00 EST				[redacted] MLP
07/31/2019	06:15	108	Non-Fasting		[redacted] Y. MLP
Orig Entered:	07/31/2019 08:36 EST				[redacted] MLP

SaO2:

Date	Time	Value(%)	Air	Provider
07/30/2019	09:30 NYM	98	Room Air	[redacted] MD
Orig Entered:	07/30/2019 12:59 EST			[redacted] MD
07/28/2019	20:28 NYM	98		[redacted] RN
Orig Entered:	07/28/2019 20:29 EST			[redacted] RN
07/28/2019	06:57 NYM	98		[redacted] RN
Orig Entered:	07/28/2019 06:58 EST			[redacted] RN
07/24/2019	13:12 NYM	96	Room Air	[redacted] MLP
Orig Entered:	07/24/2019 13:14 EST			[redacted] MLP
07/23/2019	06:30 NYM	96	Room Air	[redacted] MLP
Orig Entered:	07/23/2019 08:33 EST			[redacted] MLP
07/09/2019	12:49 NYM	97	Room Air	[redacted] MLP
Orig Entered:	07/09/2019 12:51 EST			[redacted] MLP

Height:

EFTA00050794

Date	Time	Inches	Cm	Provider
07/09/2019	12:49 NYM	70.0	177.8	[redacted]. MLP
	Orig Entered: 07/09/2019 12:51 EST			[redacted]. MLP

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/30/2019	09:30 NYM	194.2	88.1		[redacted] MD
	Orig Entered: 07/30/2019 12:59 EST				[redacted] MD
07/09/2019	12:49 NYM	194.4	88.2		[redacted]. MLP
	Orig Entered: 07/09/2019 12:51 EST				[redacted]. MLP

EFTA00050795

Bureau of Prisons
Health Services
PPDs

Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

Admin:	Location	Provider	Reading:	Induration	Provider
07/06/2019 21:39	Right Forearm	[redacted] PA-C	07/09/2019 12:47	0 mm	[redacted]. MLP
Orig Entered:	07/06/2019 21:43 EST	[redacted] PA-C	Orig Entered:	07/09/2019 12:47 EST	[redacted]. MLP

Total: 1

EFTA00050796

76318-054 EPSTEIN, JEFFREY

Medication Administration Record

JULY 2019

Medication Orders	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 07/30/19 14:21 Exp. Date 07/31/19 10:01 NYM 122148-NYM Beaudouin, Robert MD Inject regular insulin subcutaneously per sliding scale: twice daily ***pill line*** for 7 days Insulin Reg (10 ML) 100 UNITS/ML Inj	PRN																															4
Ord. Date 07/31/19 10:00 Exp. Date 08/07/19 09:59 NYM 122160-NYM Beaudouin, Robert MD Inject regular insulin subcutaneously per sliding scale: each morning for 7 days ***pill line*** Insulin Reg (10 ML) 100 UNITS/ML Inj	PRN																															

Providers: YJ = Joaquin, Y.

Documentation Codes: ORD = Order | NI = Dose Not Indicated

EFTA00050797

76318-054 EPSTEIN, JEFFREY

Medication Administration Record

AUGUST 2019

Medication Orders	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ord. Date 07/31/19 10:00 Exp. Date 08/07/19 09:59 NYM 122160-NYM Beaudouin, Robert MD Inject regular insulin subcutaneously per sliding scale: each morning for 7 days ***pill line*** Insulin Reg (10 ML) 100 UNITS/ML Inj	PRN	10 YJ	10 YJ																													

Providers: YJ = Joaquin, Y.

Documentation Codes: ORD = Order | NI = Dose Not Indicated

Registration #: 76318-054 Pt. Name: EPSTEIN, JEFFREY DOB: 01/20/53

Report information is current as of the date and time of printing: 08/10/2019 11:02 EST

EFTA00050798

Bureau of Prisons
Health Services
Devices and Equipment

Start Date: 07/07/2019 **Stop Date:** 08/10/2019
Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

Device/Equipment	Start Date	Stop Date	Date Returned	Obtained From	Comments
C-Pap					
07/30/2019 14:05 EST [redacted] MD	07/30/2019			Personal	PHILIPS RESPIRONICS SYSTEM ONE CPAP MACHINE. SERIAL #: P11312813B1ED.

Total: 1

EFTA00050799

Bureau of Prisons
Health Services
Pain Management

Begin Date: 07/07/2019 **End Date:** 08/10/2019

Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

Date	Intervention	Pain Quality	Location	Pre	Post	Provider
07/12/2019 13:25	MEDROL DOSE PACK	Shooting	Back-Middle	5		[redacted] MD

Orig Entered: 07/12/2019 13:28 EST [redacted] MD

EFTA00050800

Bureau of Prisons
Health Services
Modified Diet Request

Types of Diets:

___	Clear Liquid	Exp Date:
___	Low Fat	Exp Date:
___	Mechanical Soft	Exp Date:
___	Low Cholesterol	Exp Date:
___	Low Triglyceride	Exp Date:
___	Renal	Exp Date:
___	Full Liquid	Exp Date:
___	Sodium Controlled	Exp Date:
___	Snack	Exp Date:
___	Diabetic	Exp Date:
___	Calorie Controlled	Exp Date:
X	Other: FISH ALLERGIES.	Exp Date: 07/30/2020

Comments:

[redacted] MD
Health Service Staff

EPSTEIN, JEFFREY EDWARD
Inmate Name

76318-054
Reg#

07/30/2019
Date

EFTA00050801

Bureau of Prisons
Health Services
Allergies

Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

Allergy	Date Noted	Reaction
No Known Allergies	07/06/2019	

Orig Entered: 07/06/2019 21:40 EST [redacted] PA-C

Total: 1

EFTA00050802

Bureau of Prisons
Health Services
Patient Education Assessments & Topics

Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

Assessments

Assessment	Learns Best By	Primary Language	Years of Education	Barriers To Education	Provider
07/09/2019	Speaking/Listening	English	12	None	[redacted]
	Orig Entered: 07/09/2019 12:52 EST [redacted]				

Total: 1

Topics

Date Initiated	Format	Handout/Topic	Outcome	Provider
07/30/2019	Counseling	Access to Care	Verbalizes Understanding	[redacted]
	Orig Entered: 07/30/2019 13:33 EST [redacted]			
07/30/2019	Counseling	Plan of Care	Verbalizes Understanding	[redacted]
	Orig Entered: 07/30/2019 13:34 EST [redacted]			
07/28/2019	Counseling	Plan of Care	Verbalizes Understanding	[redacted]
	Orig Entered: 07/28/2019 07:22 EST [redacted]			
07/28/2019	Counseling	Plan of Care	Verbalizes Understanding	[redacted]
	Orig Entered: 07/28/2019 20:30 EST [redacted]			
07/24/2019	Counseling	Access to Care	Verbalizes Understanding	[redacted]
	Orig Entered: 07/24/2019 13:23 EST [redacted]			
07/24/2019	Counseling	Preventive Health	Verbalizes Understanding	[redacted]
	Orig Entered: 07/24/2019 13:23 EST [redacted]			
07/23/2019	Counseling	Access to Care	Verbalizes Understanding	[redacted]
	Orig Entered: 07/23/2019 09:04 EST [redacted]			
07/23/2019	Counseling	Plan of Care	Verbalizes Understanding	[redacted]
	Orig Entered: 07/23/2019 09:04 EST [redacted]			
07/14/2019	Counseling	Diagnosis	Verbalizes Understanding	[redacted]
	Orig Entered: 07/14/2019 18:11 EST [redacted]			
07/12/2019	Counseling	Diagnosis	Verbalizes Understanding	[redacted]

EFTA00050803

Topics

Date Initiated	Format	Handout/Topic	Outcome	Provider
Orig Entered: 07/12/2019 13:33 EST [redacted]				

Total: 10

EFTA00050804

Bureau of Prisons
Health Services
Blood Glucose

Begin Date: 07/07/2019 **End Date:** 08/10/2019
Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

(Reference Range: Random or Fasting 70 - 100, 2 hour post-prandial 70 - 140)

Date	Time	Value	Type	Comments
08/04/2019	08:30 NYM	156	Non-Fasting	
Orig Entered: 08/04/2019 09:08 EST	[redacted]	RN		
08/02/2019	06:30 NYM	97	Non-Fasting	
Orig Entered: 08/02/2019 08:16 EST	[redacted]	MLP		
08/01/2019	06:30 NYM	103	Non-Fasting	
Orig Entered: 08/01/2019 09:00 EST	[redacted]	MLP		
07/31/2019	06:15 NYM	108	Non-Fasting	
Orig Entered: 07/31/2019 08:36 EST	[redacted]	MLP		

Total: 4

EFTA00050805

Bureau of Prisons
Health Services
Health Problems

Reg #: 76318-054 Inmate Name: EPSTEIN, JEFFREY EDWARD

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
Current						
Hyperlipidemia, unspecified						
07/12/2019 13:48 EST [redacted] MD HYPERTRIGLYCERIDEMIA		ICD-10	E785	07/12/2019	Current	
Sleep apnea						
07/12/2019 13:56 EST [redacted] MD		ICD-10	G4730	07/12/2019	Current	
Essential (primary) hypertension						
07/30/2019 13:13 EST [redacted] MD BY HX.		ICD-10	I10	07/30/2019	Current	
Constipation, unspecified						
07/09/2019 12:58 EST [redacted] MLP		ICD-10	K5900	07/09/2019	Current	
Low back pain						
07/12/2019 13:30 EST [redacted] MD		ICD-10	M545	07/12/2019	Current	
Neuralgia and neuritis, unspecified						
07/12/2019 13:30 EST [redacted] MD		ICD-10	M792	07/12/2019	Current	
No Diagnosis						
07/09/2019 10:28 EST [redacted] PhD/Chief Psychologist	I	DSM-IV	No Dx	07/09/2019	Current	
Prediabetes						
07/30/2019 13:26 EST [redacted] MD		ICD-10	R7303	07/30/2019	Current	
Injury, unspecified						
07/23/2019 09:04 EST [redacted] MLP R/O self inflicted injuries.		ICD-10	T1490	07/23/2019	Current	
Body mass index (BMI) 27.0-27.9, adult						
07/30/2019 13:14 EST [redacted] MD		ICD-10	Z6827	07/30/2019	Current	

Total: 10

EFTA00050806

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/12/2019 13:10
Sex: M Race: WHITE
Provider: [redacted] MD
Reg #: 76318-054
Facility: NYM
Unit: Z05

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] MD

Chief Complaint: ENDO/LIPID

Subjective: 66 YR OLD WHITE MALE WITH HX OF HYPERTRIGLYCERIDEMIA X 5 YEARS ON VASCEPA FOR 1 YEAR. STATES TRIGL WAS 800 , NOW 431. STATES HE COULD NOT TOLERATE OTHER ANTI-TRIGLYCERIDE MEDS DUE TO THEIR GI SIDE EFFECTS.
HX OF OBSTRUCTUVE SLEEP APNEA X 5 YEARS FOR WHICH HE USED A CPAP MACHINE. STATES HE HAD HIS CPAP MACHINE WITH HIM WHEN HE ARRESTED.
STATES THE FBI LOKELY HAS
L4 - L5 SEVERE STENOSIS CASUING NUMBNESS AND SHOOTING PAIN IN THE LOWER EXTREMITIES.
SURGICAL HX: NONE
MENTAL HEALTH HX: NONE

Pain: Yes

Pain Assessment

Date:	07/12/2019 13:25
Location:	Back-Middle
Quality of Pain:	Shooting
Pain Scale:	5
Intervention:	MEDROL DOSE PACK
Trauma Date/Year:	
Injury:	
Mechanism:	
Onset:	5+ Years
Duration:	5+ Years
Exacerbating Factors:	NO EXERCISE
Relieving Factors:	MEDROL DOSE PACK
Reason Not Done:	
Comments:	

Seen for clinic(s): Endocrine/Lipid, Pulmonary/Respiratory, Orthopedic/Rheumatology
Added to clinic(s): Endocrine/Lipid, Pulmonary/Respiratory, Orthopedic/Rheumatology

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

No Amendment

Exam:

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits

Musculoskeletal

Tibia / Fibula

No: Edema

Back

Yes: Tenderness

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

See Amendment

ASSESSMENT:

Constipation, unspecified, K5900 - Current

Hyperlipidemia, unspecified, E785 - Current

Low back pain, M545 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Magnesium Hydroxide Susp **Indication:** Constipation, unspecified	07/12/2019 13:10	30 CC Orally - Two Times a Day PRN x 2 day(s)
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab) **Indication:** Neuralgia and neuritis, unspecified	07/12/2019 13:10	AS DIRECTED Orally - daily x 6 day(s)

Disposition:

EFTA00050808

Follow-up at Sick Call as Needed

Other:

WILL CONTINUE NOTES TO ADDRESS THE NFDR AND FOLLOW-UP.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/12/2019	Counseling	Diagnosis	[redacted]	Verbalizes Understanding

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Beaudouin, Robert MD on 07/12/2019 14:20

See Amendment

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD			Reg #: 76318-054
Date of Birth: 01/20/1953	Sex: M	Race: WHITE	Facility: NYM
Encounter Date: 07/12/2019 13:10	Provider: [redacted] MD		Unit: Z05

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] MD

Chief Complaint: ENDO/LIPID

Subjective: 66 YR OLD WHITE MALE WITH HX OF
HYPERTRIGLYCERIDEMIA X 5 YEARS ON VASCEPA FOR 1 YEAR. STATES TRIGL WAS 800 , NOW 431. STATES HE COULD NOT TOLERATE OTHER ANTI-TRIGLYCERIDE MEDS DUE TO THEIR GI SIDE EFFECTS.
HX OF OBSTRUCTUVE SLEEP APNEA X 5 YEARS FOR WHICH HE USED A CPAP MACHINE. STATES HE HAD HIS CPAP MACHINE WITH HIM WHEN HE ARRESTED. STATES THE FBI LOKELY HAS
L4 - L5 SEVERE STENOSIS CASUING NUMBNESS AND SHOOTING PAIN IN THE LOWER EXTREMITIES.
SURGICAL HX: NONE
MENTAL HEALTH HX: NONE

Pain: Yes

Pain Assessment

Date:	07/12/2019 13:25
Location:	Back-Middle
Quality of Pain:	Shooting
Pain Scale:	5
Intervention:	MEDROL DOSE PACK
Trauma Date/Year:	
Injury:	
Mechanism:	
Onset:	5+ Years
Duration:	5+ Years
Exacerbating Factors:	NO EXERCISE
Relieving Factors:	MEDROL DOSE PACK
Reason Not Done:	
Comments:	

Not an Amendment

Seen for clinic(s): Endocrine/Lipid, Pulmonary/Respiratory, Orthopedic/Rheumatology

Added to clinic(s): Endocrine/Lipid, Pulmonary/Respiratory, Orthopedic/Rheumatology

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Exam:

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits

Musculoskeletal

Tibia / Fibula

No: Edema

Back

Yes: Tenderness

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

See Amendment

ASSESSMENT:

Constipation, unspecified, K5900 - Current

Hyperlipidemia, unspecified, E785 - Current

Low back pain, M545 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Magnesium Hydroxide Susp **Indication:** Constipation, unspecified	07/12/2019 13:10	30 CC Orally - Two Times a Day PRN x 2 day(s)
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab) **Indication:** Neuralgia and neuritis, unspecified	07/12/2019 13:10	AS DIRECTED Orally - daily x 6 day(s)

Disposition:

EFTA00050811

Follow-up at Sick Call as Needed

Other:

WILL CONTINUE NOTES TO ADDRESS THE NFDR AND FOLLOW-UP.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/12/2019	Counseling	Diagnosis	[redacted]	Verbalizes Understanding

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Beaudouin, Robert MD on 07/12/2019 14:20

See Amendment

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/14/2019 17:36			Facility:	NYM

Amendment made to this note by [redacted] MD on 07/14/2019 18:11.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M Race:WHITE	Facility:	NYM
Note Date:	07/12/2019 09:06	Provider:	[redacted] MD	Unit:	Z05

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** [redacted] MD

PATIENT REQUESTED TO HAVE A COLACE RX , INSTEAD OF TEH BISACODYL FOR CONSTIPATION.

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Docusate Sodium Capsule	07/12/2019 09:06	TAKE ONE 100 MG CAP Orally - Two Times a Day x 30 day(s)

Indication: Constipation, unspecified

Discontinued Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
121757-NYM	*Bisacodyl E.C. 5 MG TAB*	*07/12/2019 09:06*	*Take one tablet (5 MG) by mouth at bedtime AS NEEDED for 10 days*

Discontinue Type: *When Pharmacy Processes*

Discontinue Reason: *discontinue*

Indication:

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] MD on 07/12/2019 09:10

EFTA00050814

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M Race:WHITE	Facility:	NYM
Note Date:	07/07/2019 00:17	Provider:	[redacted] MD	Unit:	E06

Cosign Note - Intake Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** [redacted] MD

MED CL:1
NO CCC APPT.

Discontinued Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests-H-Hemoglobin A1C	*One Time*	*08/05/2019 00:00*	*Routine*
Lab Tests-C-CBC w/diff			
Lab Tests-L-Lipid Profile			
Lab Tests-C-Comprehensive Metabolic Profile (CMP)			
Lab Tests-U-Urinalysis w/Reflex to Microscopic			

Additional Information:

66 y/o male, elevated BP

Labs requested to be reviewed by: [redacted] MD

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Chronic Care Clinics-Diabetic-CBC w/diff	One Time	07/25/2019 00:00	Routine
Chronic Care Clinics-Diabetic-Lipid Profile			
Chronic Care Clinics-Diabetic-Hemoglobin A1C			
Lab Tests-H-HIV 1/2			
Lab Tests-R-RPR			
Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile (CMP)			

New Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
General Radiology-Chest-2 Views	One Time		07/25/2019	Routine

Specific reason(s) for request (Complaints and findings):

66 YR OLD MALE WITH NO PMHX , REFERRED FOR ROUITNE CXR.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] MD on 07/07/2019 00:30

EFTA00050815

Bureau of Prisons
Health Services
History & Physical

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M Race: WHITE	Facility:	NYM
Encounter Date:	07/09/2019 12:35	Provider:	[redacted] MLP	Unit:	H01

Seizures: Denied

Diabetes: Denied

Cardiovascular: Denied

CVA: Denied

Hypertension: Denied

Respiratory: Denied

Sickle Cell Anemia: Denied

Carcinoma/Lymphoma: Denied

Allergies: Denied

Tuberculosis:

Hx of Previous Disease: No

Blood-tinged Sputum: No

Night Sweats: No

Weight Loss: No

Fever: No

Cough: No

Comments:

Infectious Disease Risk Factors:

IV Drug Use: No

IV Drug Use Needles:

Sexual Partner IV Drug Use: No

Sexual Partner IV Drug Use Needles:

Female Sexual Partners (Last 5 Yrs): 10+

Male Sexual Partners (Last 5 Yrs): 0

Condom Use: Sometimes

Sexual Contact With HIV+ Individual: No

Blood Product Transfusion: No

Travel Outside US: Yes

Tattoos: No

Comments: Born in US
High school diploma
Banker
Traveled to Paris x 3 weeks up until arrest

No tattoos

EFTA00050816

HIV History:

When Tested:	2019
Test Result:	Negative
When Diagnosed AIDS:	
Last CD4:	
Comments:	

Hepatitis: Denied

Other Infectious Diseases:

Syphilis:	No
Syphilis Last Treatment:	N/A
Genital Warts:	No
Chlamydia:	Yes
Gonorrhea:	No
Herpes:	No
Chicken Pox:	Yes
Other:	No

Comments: Chlamydia in 2015, treated
Chicken pox in childhood

Abuse History: Denied

Physical: No

Emotional: No

Sexual: No

Comments: Denies

EFTA00050817

Mental Health:

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Hx of Mental Health Treatment: None

Hx of Head Injury: None

Current Mental Health Treatment: No

Current Mental Health Complaint: No

Hx of Loss of Consciousness: No

Hx of Hearing Voices: No

Past History of Suicide Attempt: No

Current Suicide Ideation: No

Suicide Prevention Initiated: No

Comments:

Substance Use History: Denied

Current Painful Condition: Denied

Other Health Issues:

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Condition: Denied

EFTA00050818

Observations:

Draining Skin Lesions: No

Signs of Lice: No

Signs of Scabies: No

Signs of Recent Trauma: No

Recent Tattoos: No

Needle Marks: No

Signs of Rash: No

Open Sores: No

Wounds: No

Body Deformities: No

Tremors: No

Sweating: No

Comments:

EFTA00050819

Immunizations:

Hepatitis A and B (TwinRx) Series Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Immunization Date:

Provider: [redacted]. MLP

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Measles/Mumps/Rubella Series Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Immunization Date:

Provider: [redacted]. MLP

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Smallpox Series Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Immunization Date:

Provider: [redacted]. MLP

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Tetanus Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

EFTA00050820

Immunization Date:

Provider: [redacted]. MLP

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Varicella Series Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Immunization Date:

Provider: [redacted]. MLP

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/09/2019	12:49 NYM	97.3	36.3	Oral	[redacted]. MLP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/09/2019	12:49	82	Via Machine	Regular	[redacted]. MLP

Respirations:

Date	Time	Rate Per Minute	Provider
07/09/2019	12:49 NYM	16	[redacted]. MLP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/09/2019	12:49 NYM	117/66	Right Arm	Sitting	Adult-regular	[redacted]. MLP

SaO2:

Date	Time	Value(%)	Air	Provider
07/09/2019	12:49 NYM	97	Room Air	[redacted]. MLP

Height:

Date	Time	Inches	Cm	Provider
07/09/2019	12:49 NYM	70.0	177.8	[redacted]. MLP

EFTA00050821

Date	Time	Inches	Cm	Provider

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/09/2019	12:49 NYM	194.4	88.2		[redacted]. MLP

Prosthetic Devices/Equipment: Denied

Tobacco Usage: Denied

General Social History:

Foreign Travel:

Born in USA: Yes

Country of Birth: USA

Patient Education Assessments:

Date	Ed Yrs	Occupation	Learns Best By	Primary Language	Barriers to Education
07/09/2019	12	Banker	Speaking/Listening	English	None

Family History - Father:

Age at Death: 74

Cause of Death: Diabetes complications

Significant Illnesses:

Diabetes

Heart Disease

Comments:

Family History - Mother:

Age at Death: 81

Cause of Death: Kidney Failure

Significant Illnesses:

Heart Disease

Comments:

Family History - Sibling:

Number of Siblings: 1

Significant Illnesses:

Comments:

Past Hospitalization:

Reason	Location	When
Acute Appendicitis	Mount Sinai Hospital	1990

Complications: None

Comments:

Head:

Normal: Yes

Comments:

EFTA00050822

Eyes:

EOMI: Yes
Icterus: No
Conjunctival Inflammation: No
Pupils PERRLA: Yes
Pupil Size Rt:
Pupil Size Lt:
Pupils Comments:
Fundi Vessels Nicking: No
Fundi Vessels Discs Flat: Yes
Fundi Vessels Discs Sharp Margins: Yes
Fundi Vessels Grounds Abnormal: No
Eyes Comments:

Vision Screen 07/09/2019 12:52

				With Corrective		
Blindness:						
Distance Vision:	OD: 100	OS: 70	OU:	OD:	OS	OU:
Near Vision:	OD:	OS:	OU:	OD:	OS:	OU:

Ishihara Color Test:

Tonometry: L: R:

Comments: Needs evaluation with optometrist.

Ears:

Right Ear: Canal patent
Left Ear: Canal patent
Ears Comments:

Nose:

Nares Patent: Yes
Septum Midline: Yes
Septum Intact: Yes
Drainage/Discharge: No
Polyps: No
Nose Comments:

EFTA00050823

Mouth

Lesions: No

Oral/Buccal Mucosa: Yes

Gums Normal: Yes

Tonsils Present: Yes

Tonsils Normal: Yes

Pharynx: Normal Color

Teeth Poor Dentition: No

Teeth Count: Mostly Present

Dentures: No

Mouth Comments:

Cranial Nerves:

Intact II-XII: Yes

Cranial Nerves Comments:

Neck:

Full ROM: Yes

Masses/Nodes: No

Trachea: Midline

Thyroid: Normal Size

Comments:

Breasts:

Normal: Yes

Masses: No

Tenderness: No

Scars: No

Dimpling: No

Nipple Discharge: No

Nipple Retraction: No

Instructions for Self Breast Exam Given: No

Comments:

EFTA00050824

Bureau of Prisons
Health Services
Vision Screens

Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

Vision Screen on 07/09/2019 12:52

Blindness:

Distance Vision: OD: 20/100 OS: 20/70 OU:

Near Vision: OD: OS: OU:

With Corrective

Distance Vision: OD: OS: OU:

Near Vision: OD: OS: OU:

Present Glasses - Distance

	Sphere	Cylinder	Axis	Add
R:				
L:				

Refraction - Distance

	Sphere	Cylinder	Axis	Add
R:				
L:				

Color Test:

Tonometry: R: L:

Comments: Needs evaluation with optometrist.

Orig Entered: 07/09/2019 12:54 EST [redacted] MLP

EFTA00050825

Bureau of Prisons
Health Services
Immunizations

Begin Date: 07/07/2019 **End Date:** 08/10/2019

Reg #: 76318-054 **Inmate Name:** EPSTEIN, JEFFREY EDWARD

Immunization	Immunization Date	Administered	Location	Dosage	Drug Mfg.	Lot #	Exp Date
Hepatitis A and B (TwinRx)		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	[redacted]. MLP					
Measles/Mumps/Rubella Series		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	[redacted]. MLP					
Smallpox Series		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	[redacted]. MLP					
Tetanus		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	[redacted]. MLP					
Varicella Series		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	[redacted]. MLP					

Total: 5

EFTA00050826

Bureau of Prisons
Health Services
Medical Duty Status

Reg #: 76318-054 Inmate Name: EPSTEIN, JEFFREY EDWARD

Housing Status

__ confined to the living quarters except __meals __pill line __treatments Exp. Date: _____

__ on complete bed rest: __bathroom privileges only Exp. Date: _____

X cell: __cell on first floor __single cell X lower bunk __airborne infection isolation Exp. Date: 10/09/2019

__ other: _____ Exp. Date: _____

Physical Limitation/Restriction

__ all sports Exp. Date: _____

__ weightlifting: __upper body __lower body Exp. Date: _____

__ cardiovascular exercise: __running __jogging __walking __softball Exp. Date: _____

__football __basketball __handball __stationary equipment

__ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
C-Pap PHILIPS RESPIRONICS SYSTEM ONE CPAP MACHINE. SERIAL #: P11312813B1ED.	07/30/2019		

Work Restriction / Limitation:

Cleared for Food Service: Yes

X No Restrictions

Comments: N/A

[redacted] MD 07/30/2019

Health Services Staff Date

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054 Quarters: Z04

ALL EXPIRATION DATES ARE AT 24:00

EFTA00050827

Bureau of Prisons
Health Services
Medical Duty Status

Reg #: 76318-054 Inmate Name: EPSTEIN, JEFFREY EDWARD

Housing Status

__ confined to the living quarters except __meals __pill line __treatments Exp. Date: _____

__ on complete bed rest: __bathroom privileges only Exp. Date: _____

X cell: __cell on first floor __single cell X lower bunk __airborne infection isolation Exp. Date: 10/09/2019

__ other: _____ Exp. Date: _____

Physical Limitation/Restriction

__ all sports Exp. Date: _____

__ weightlifting: __upper body __lower body Exp. Date: _____

__ cardiovascular exercise: __running __jogging __walking __softball Exp. Date: _____

__football __basketball __handball __stationary equipment

__ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Work Restriction / Limitation:

Cleared for Food Service: Yes

X No Restrictions

Comments: N/A

[redacted] MLP 07/09/2019

Health Services Staff Date

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054 Quarters: Z04

ALL EXPIRATION DATES ARE AT 24:00

EFTA Privilege Log

Bureau of Prisons
Health Services
Medication Summary
Historical

Complex: NYM--NEW YORK MCC **Begin Date:** 07/07/2019 **End Date:** 08/10/2019
Inmate: EPSTEIN, JEFFREY EDWARD **Reg #:** 76318-054 **Quarter:** Z04-206LAD

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Bisacodyl E.C. 5 MG TAB
Take one tablet (5 MG) by mouth at bedtime AS NEEDED for 10 days
Rx#: 121757-NYM **Doctor:** [redacted] MLP
Start: 07/09/19 **Exp:** 07/19/19 **D/C:** 07/12/19 **Pharmacy Dispensings:** 10 TAB in 32 days

Docusate Sodium 100 MG Cap
Take one capsule (100 MG) by mouth twice daily for 30 days
Rx#: 121823-NYM **Doctor:** [redacted] MD
Start: 07/12/19 **Exp:** 08/11/19 **Pharmacy Dispensings:** 60 CAP in 29 days

Docusate Sodium 100 MG Cap
Take one capsule (100 MG) twice daily by mouth with plenty of water
Rx#: 122084-NYM **Doctor:** [redacted] MD
Start: 07/26/19 **Exp:** 01/22/20 **Pharmacy Dispensings:** 30 CAP in 15 days

Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML
shake well take 2 tablespoonful twice daily by mouth
Rx#: 121835-NYM **Doctor:** [redacted] MD
Start: 07/12/19 **Exp:** 07/14/19 **Pharmacy Dispensings:** 473 ML in 29 days

Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML
shake well take 10ml by mouth twice daily AS NEEDED
Rx#: 122150-NYM **Doctor:** [redacted] MD
Start: 07/30/19 **Exp:** 10/28/19 **Pharmacy Dispensings:** 473 ML in 11 days

methylPREDNISolone 4 MG Tab (21 count Pack)
Take the tablet by mouth as directed
Rx#: 121836-NYM **Doctor:** [redacted] MD
Start: 07/12/19 **Exp:** 07/18/19 **Pharmacy Dispensings:** 21 tab in 29 days

methylPREDNISolone 4 MG Tab (21 count Pack)
Take the tablet by mouth as directed
Rx#: 122149-NYM **Doctor:** [redacted] MD
Start: 07/30/19 **Exp:** 08/05/19 **Pharmacy Dispensings:** 21 tab in 11 days

EFTA00050829

Active Prescriptions

Omega 3 (Vascepa) 1 GM Capsule
Take two capsules (2 GM) twice daily by mouth with food
Rx#: 121885-NYM **Doctor:** [redacted] MD
Start: 07/17/19 **Exp:** 01/13/20 **Pharmacy Dispensings:** 180 Cap in 24 days

Insulin Reg (10 ML) 100 UNITS/ML Inj
Inject regular insulin subcutaneously per sliding scale: twice daily ***pill line*** for 7 days ***pill line***
Rx#: 122148-NYM **Doctor:** [redacted] MD
Start: 07/30/19 **Exp:** 08/06/19 **D/C:** 07/31/19 **Pharmacy Dispensings:** 0 ML in 11 days

Insulin Reg (10 ML) 100 UNITS/ML Inj
Inject regular insulin subcutaneously per sliding scale: each morning for 7 days ***pill line*** ***pill line***
Rx#: 122160-NYM **Doctor:** [redacted] MD
Start: 07/31/19 **Exp:** 08/07/19 **Pharmacy Dispensings:** 0 ML in 10 days

EFTA00050830

Bureau of Prisons
Health Services
Dental Health History Screen

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Facility:	NYM
Encounter Date:	07/26/2019 07:54	Unit:	H01
Sex:	M Race: WHITE		
Provider:	[redacted] DDS		

ASSESSMENTS:

Health Problems as of Dental Health History Encounter date: 07/26/2019 07:54

Health Problems

Health Problem	Status
Hyperlipidemia, unspecified HYPERTRIGLYCERIDEMIA	Current
Sleep apnea	Current
Constipation, unspecified	Current
Low back pain	Current
Neuralgia and neuritis, unspecified	Current
No Diagnosis	Current
Injury, unspecified R/O self inflicted injuries.	Current

Medical History as of Dental Health History Encounter date: 07/26/2019 07:54

Medical History:

Allergies:	Denied
Seizures:	Denied
Diabetes:	Denied
Cardiovascular:	Denied
CVA:	Denied
Hypertension:	Denied
Respiratory:	Denied
Sickle Cell Anemia:	Denied
Carcinoma/Lymphoma:	Denied
HIV History:	
When Tested:	2019
Test Result:	Negative
When Diagnosed AIDS:	
Last CD4:	
Comments:	
Hepatitis:	Denied

EFTA00050831

Other Infectious Diseases:

Syphilis:	No
Syphilis Last Treatment:	N/A
Genital Warts:	No
Chlamydia:	Yes
Gonorrhea:	No
Herpes:	No
Chicken Pox:	Yes
Other:	No

Comments: Chlamydia in 2015, treated
Chicken pox in childhood

Other Health Issues:

Other Medical Conditions And Treatment: sleep apnea

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Observations as of Dental Health History Encounter date: 07/26/2019 07:54

History:	
Alcohol:	No
Methamphetamine:	No
Tobacco products:	No
Other drugs:	No
Sensitive teeth:	No
Bleeding gums:	Yes
Food impaction:	Yes
Pain around ear:	No
Toothache:	No
Wear partial dentures:	No
Unusual sounds while eating:	No
Snoring:	Yes
Blisters on lips or mouth:	No
Clenching or grinding:	Yes
Swelling or lumps in mouth/throat:	No
Burning tongue:	No
Bad breath:	No
Decayed teeth:	No
Loose teeth:	No
Wear dentures:	No
None:	No

Comments:

EFTA00050832

Cardiac Condition Requiring Prophylaxis: No

Prosthetic joint(s): No

Radiation history of head or neck: No

Excessive bleeding: No

Bisphosphonates: No

Comments:

Medications as of Dental Health History Encounter date: 07/26/2019 07:54

Medications:

Docusate Sodium 100 MG Cap Exp: 08/11/2019 SIG: Take one capsule (100 MG) by mouth twice daily for 30 days
Omega 3 (Vascepa) 1 GM Capsule Exp: 01/13/2020 SIG: Take two capsules (2 GM) twice daily by mouth with food

OTCs: Listing of all known OTCs this inmate is currently taking.

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] DDS on 07/26/2019 07:59

EFTA00050833

Bureau of Prisons
Health Services
Dental A&O Exam

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:.	76318-054
Date of Birth:	01/20/1953	Sex: M	Race: WHITE	Facility:	NYM
Encounter Date:	07/26/2019 07:47	Provider:	[redacted] DDS	Unit:	H01

Reviewed Health Status: Yes
Occlusion: Class I
Oral Hygiene: Fair
CPITN:

3	2	3
3	2	3

Hard and soft tissue examination performed and documented on BP618 form: Yes
Head & Neck/Soft Tissue within normal limits? No
Comments: moderate to advanced upper posterior gingival recession

Decayed:	Missing:	Filled:
0	1	14

Comments: Lower anterior crowding
Approved for hygiene appointment and radiographs: Yes
Instructed inmate how to obtain routine and emergency dental care. Oral hygiene instructions given: Yes

Dental A&O Screening Exam findings entered on EPSTEIN, JEFFREY EDWARD by [redacted] DDS on 07/26/2019 07:47.

EFTA00050834

Bureau of Prisons
Health Services
Dental Soap/Admin Encounter

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M Race: WHITE	Facility:	NYM
Encounter Date:	07/18/2019 13:48	Provider:	[redacted] Dental Asst	Unit:	Z05

Screening encounter at Dental Clinic.

Reason Not Done: Unavailable

Comments: Patient has had several call outs for his Dental A & O screening but has not been escorted to the dental clinic.

Cosign Required: No

Completed by [redacted] Dental Asst on 07/19/2019 13:49.

Federal Bureau of Prisons

U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY	**Facility** MCC New York	**Collected** 07/09/2019 13:34
Reg # 76318-054	**Order Unit** E06-547U	**Received** 07/10/2019 10:44
DOB 01/20/1953	**Provider** [redacted], MD	**Reported** 07/10/2019 14:46
Sex M		**LIS ID** 188191004

CHEMISTRY

Sodium		137	137-148	mmol/L
Potassium		4.7	3.5-5.0	mmol/L
Chloride		99	99-114	mmol/L
CO2		27	22-30	mmol/L
BUN		17	7-22	mg/dL
Creatinine		1.05	0.66-1.25	mg/dL
eGFR (IDMS)		>60		
GFR units measured as mL/min/1.73 m^2. If African American multiply by 1.210. A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.				
Calcium		9.8	8.5-10.9	mg/dL
Glucose		102	70-110	mg/dL
AST	H	57	11-55	U/L
ALT		62	11-66	U/L
Alkaline Phosphatase		64	41-133	U/L
Bilirubin, Total		1.1	0.2-1.3	mg/dL
Total Protein		7.3	6.0-8.2	g/dL
Albumin		4.4	3.6-5.1	g/dL
Globulin		2.9	2.0-3.7	g/dL
Alb/Glob Ratio		1.50	1.00-2.30	
Anion Gap		10.2	9.0-19.0	
BUN/Creat Ratio		16.1	5.0-30.0	
Cholesterol	H	216	<200	mg/dL
Triglycerides	H	413	10-150	mg/dL
Calculation of LDL is not appropriate for samples with a triglyceride greater than 400 mg/dL. Therefore the LDL is not calculated.				
HDL Cholesterol	L	31	40-60	mg/dL
Chol/HDL Ratio	H	6.9	0.0-4.0	

HEMATOLOGY

WBC		7.6	4.3-11.1	K/uL
NRBC%		0.0		%
RBC		5.42	4.46-5.78	M/uL
Hemoglobin		15.6	13.6-17.6	g/dL
Hematocrit		47.8	40.2-51.4	%
MCV		88.2	82.5-96.5	fL
MCH		28.8	27.1-34.9	pg
MCHC	L	32.6	33.0-37.0	g/dL
RDW-CV		12.8	12.0-14.0	%
Platelet		338	130-374	K/uL

FLAG LEGEND L=Low Lf=Low Critical H=High Hf=High Critical A=Abnormal Af =Abnormal Critical

EFTA00050836

Federal Bureau of Prisons

U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY	Facility MCC New York	Collected 07/09/2019 13:34
Reg # 76318-054	Order Unit E06-547U	Received 07/10/2019 10:44
DOB 01/20/1953	Provider [redacted] MD	Reported 07/10/2019 14:46
Sex M		LIS ID 188191004

HEMATOLOGY

MPV		10.4	6.9-10.5	fL
Neutrophils %		58.7		%
Therapeutic decision making should be based on absolute values, rather than percentages				
Lymphocytes %		25.0		%
Monocytes %		11.1		%
Eosinophils %		4.1		%
Basophils %		0.8		%
Immature Granulocytes %		0.3		%
Neutrophils #		4.4	0.0-5.0	K/uL
Lymphocytes #		1.9	1.9-6.7	K/uL
Monocytes #		0.8	1.3-3.7	K/uL
Eosinophils #		0.3	0.3-1.1	K/uL
Basophils #		0.1	0.0-0.5	K/uL
Immature Granulocytes #		0.02	0.0-0.1	K/uL
			0.00-0.50	10^3/uL

HEMOGLOBIN A1C

Hemoglobin A1C	H	6.3	<5.7	%
5.7 - 6.4 Increased Risk > 6.4 Diabetes				

SEROLOGY

RPR		Non-Reactive	Non-Reactive
Results may be affected in patients with severely advanced immunosuppression.			

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI =Abnormal Critical

EFTA00050837

Federal Bureau of Prisons

U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY	**Facility** MCC New York	**Collected** 07/09/2019 13:34
Reg # 76318-054	**Order Unit** E06-547U	**Received** 07/10/2019 10:44
DOB 01/20/1953	**Provider** [redacted] MD	**Reported** 07/10/2019 14:46
Sex M		**LIS ID** 188191004

HIV

HIV 1/2	Negative	Negative

Screening test - See confirmatory testing for Reactive results

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI =Abnormal Critical

EFTA00050838

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/10/2019 16:58	Provider:	Lab Result Receive	Facility:	NYM

Cosigned by [redacted] **MD on 07/14/2019 18:12.**

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[redacted]

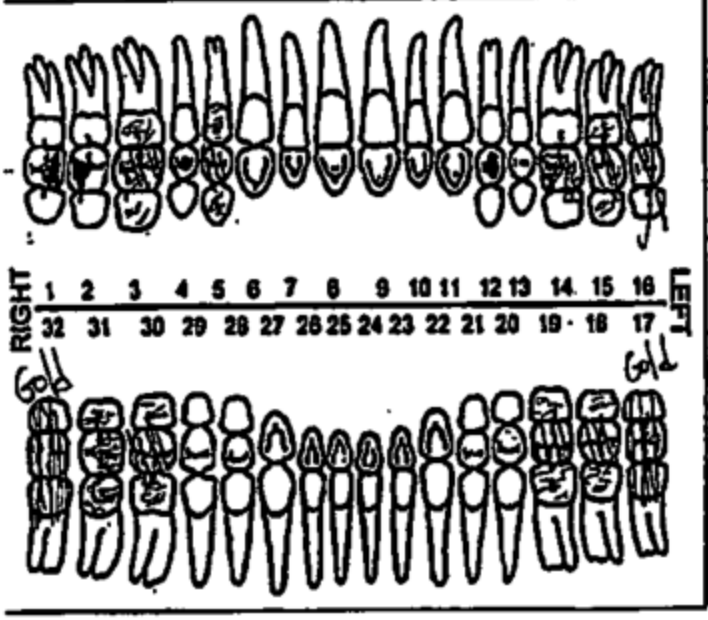
Patient's Signature — Date

NYM--NEW YORK MCC

BP-A0618
JUN 16
U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION
(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS



Occlusion:			
Oral Hygiene:	Good	Fair ✓	Poor
CPITN:	3	2	3
	3	2	3
Head & Neck / Soft Tissue:			

D: 0
M: 1
F: 14

Classification: CL I

Pain Scale: /10

Dental Prostheses at Intake:
Yes
(No)
Type:
Age:
Condition:

Comments: mod to advanced ~~moderate~~ gingival recession observed. Lower anterior crowding observed

Intra-oral Photos Taken:
Yes
(No)

Radiographs Taken: (Document findings on A&O encounter)
Yes
(No)

Instructed how to obtain urgent and non-urgent dental care: Yes: ✓ No:

Treatment Priorities: None:

Non-urgent: non-urgent

Urgent: Referred to Sick Call:

Radiographs authorized:
PAs: _____
BWs: _____
Panorex: _____

Prophylaxis authorized: Yes ✓ No
(Approval valid 18 months from examination date)

Patient Name: Epstein, Jeffrey E

Register Number: 76318-054

Institution: MCC NEW YORK

[redacted]

PDF

Prescribed by P6400

Replaces BP-A0618 of JUN 10

EFTA00050841

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 20:25
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: H01

Nursing - Follow up encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] RN

Chief Complaint: Neuropathy - Tingling/Numbness of Extremity(ies)

Subjective: Inmate seen for F/U after returning from attorney conference offers no new complaints or worsening S/S stats " My R hand still has pins and needles sometimes" No change in appearance from previous exam.

Pain: No

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/28/2019	20:28	81			[redacted] RN

Respirations:

Date	Time	Rate Per Minute	Provider
07/28/2019	20:28 NYM	14	[redacted] RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/28/2019	20:28 NYM	157/91				[redacted] RN

SaO2:

Date	Time	Value(%)	Air	Provider
07/28/2019	20:28 NYM	98		[redacted] RN

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Nutrition

Yes: Within Normal Limits

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Disposition:

To be Evaluated by Provider

Follow-up in 12-24 Hours

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/28/2019	Counseling	Plan of Care	[redacted]	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by [redacted] RN on 07/28/2019 20:30

Requested to be cosigned by [redacted] MD.

Cosign documentation will be displayed on the following page.

EFTA00050843

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/28/2019 20:25	Provider:	[redacted] RN	Facility:	NYM

Cosigned by [redacted] **MD on 07/28/2019 20:50.**

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 06:51
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: H01

Nursing - Triage Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] RN

Chief Complaint: Neuropathy - Tingling/Numbness of Extremity(ies)
Subjective: " I woke up and I had no control over my Right arm for a few minutes it was just doing what it wanted to do"
Pain: No

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/28/2019	06:57	82			[redacted] RN

Respirations:

Date	Time	Rate Per Minute	Provider
07/28/2019	06:57 NYM	14	[redacted] RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/28/2019	06:57 NYM	138/80				[redacted] RN

SaO2:

Date	Time	Value(%)	Air	Provider
07/28/2019	06:57 NYM	98		[redacted] RN

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic
No: Facial Asymmetry, Battle's Sign, Raccoon Eyes, Deformity

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Face

General

Yes: Symmetric

Exam:

No: Ecchymosis, Numbness, Swelling, Periorbital Edema

Neck

General

Yes: Abrasion(s)

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress, Tachypnea, Hyperventilation

Cardiovascular

Observation

Yes: Normal Rate

Musculoskeletal

Shoulder

Yes: Full Range of Motion R, Symmetric R

No: Swelling R, Inflammation R

Humerus

Yes: Within Normal Limits R

Elbow

Yes: Normal Exam R, Full Range of Motion R, Non-Tender on Palpation R

Radius / Ulna

Yes: Normal Exam R, Full Range of Motion R

Wrist/Hand/Fingers

Yes: Full Range of Motion R, Non-Tender on Palpation R, Swelling R

No: Inflammation R, Ecchymosis R, Erythema R, Tenderness R, Laceration(s) R, Abrasion(s) R, Contusion(s) R

ROS Comments

Received inmate AAOX3 in no acute distress, speaking in full sentenced ambulating independently C/O Right arm numbness after waking up from "sleeping on my side" that has since subsided. inmate interviewed in psyc obs through the slot. V/S noted WNL, RR even and unlabored, no neurological deficits noted, no facial droop slurred speech or dysphagia, Inmate with Full ROM to all extremities with 4/4 strength bilaterally, slight swelling noted to right phalanges when compared to left, no edema, erythema or ecchymosis noted. Denies any pain numbness or tingling at this time. Denies any Chest pain, Headache, Dizziness, SOB or Blurred vision. Eyes PERRLA. MD on Call notified, Re-evaluate this evening or sooner if S/S persist.

ASSESSMENT:

Alteration in comfort

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Notify Medical Duty Officer

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/28/2019	Counseling	Plan of Care	Columbo, Joseph	Verbalizes Understanding

EFTA00050846

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 06:51
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: H01

Date Initiated	Format	Handout/Topic	Provider	Outcome

Copay Required: No
Cosign Required: Yes
Telephone/Verbal Order: No
Completed by [redacted] RN on 07/28/2019 07:22
Requested to be cosigned by [redacted] MD.
Cosign documentation will be displayed on the following page.

EFTA00050847

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/28/2019 06:51	Provider:	[redacted] RN	Facility:	NYM

Cosigned by [redacted] MD on 07/28/2019 20:51.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Facility:	NYM
Note Date:	07/26/2019 08:57	Unit:	H01

Sex: M Race: WHITE
Provider: [redacted] MD

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** [redacted] MD

THE MLP NOTIFIED THE OP LT OF THE INMATE STATEMENT REGARDING WHAT HAPPENED TO HIM 2 NIGHTS AGO.

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Docusate Sodium Capsule	07/26/2019 08:57	TAKE ONE 100 MG CAP Orally - Two Times a Day x 180 day(s)

Indication: Constipation, unspecified

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] MD on 07/26/2019 08:58

EFTA00050849

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex: M Race:WHITE	Facility: NYM
Note Date:	07/24/2019 16:10	Provider: [redacted] MD	Unit: H01

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** [redacted] MD

THE MLP NOTIFIED THE OP LT OF THE INMATE STATEMENT REGARDING WHAT HAPPENED TO HIM 2 NIGHTS AGO.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] MD on 07/24/2019 16:12

See Amendment

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex: M Race: WHITE	Facility: NYM
Note Date:	07/24/2019 16:10	Provider: [redacted] MD	Unit: H01

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** [redacted] MD

THE MLP NOTIFIED THE OP LT OF THE INMATE STATEMENT REGARDING WHAT HAPPENED TO HIM 2 NIGHTS AGO.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] MD on 07/24/2019 16:12

See Amendment

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Sex:	M	Reg #:	76318-054
Date of Birth:	01/20/1953			Race:	WHITE
Encounter Date:	07/26/2019 08:57			Facility:	NYM

Amendment made to this note by [redacted] MD on 07/26/2019 08:58.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex: M Race:WHITE	Facility: NYM
Note Date:	07/24/2019 15:10	Provider: [redacted] MD	Unit: H01

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** [redacted] MD

PATIENT WAS OFFERED TO HAVE AN OPTOMETRIST EVALUATION. HE REFUSED. REFUSAL FORM SIGNED.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] MD on 07/24/2019 15:17

EFTA00050853

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/24/2019 13:08
Sex: M Race: WHITE
Provider: [redacted] MLP
Reg #: 76318-054
Facility: NYM
Unit: H01

Mid Level Provider - Follow up Visit encounter performed at Receiving & Discharge.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] MLP

Chief Complaint: Other Problem

Subjective: I still do not want to talk about. But, between you and me. I think my room mate had to do with what happened to me. Do not ask me. I am not going to say anything.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/24/2019	13:12 NYM	97.8	36.6	Oral	[redacted] MLP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/24/2019	13:12	83	Via Machine	Regular	[redacted] MLP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/24/2019	13:12 NYM	132/89	Right Arm	Sitting	Adult-regular	[redacted] MLP

SaO2:

Date	Time	Value(%)	Air	Provider
07/24/2019	13:12 NYM	96	Room Air	[redacted] MLP

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain

Exam Comments

Follow up evaluation done for inmate Epstein.
He does not look in any pain or distress.
He still has the erythema around his neck. Central part of this erythema has some abrasion. Patient does not complaint of any respiratory problem or distress. He still does not want to explain how the skin injury on his neck happed. he insinuates that injuries on his neck have to do with his room mate. But does not want to talk about it.

ASSESSMENT:

Injury, unspecified, T1490 - Current

PLAN:

Disposition:

EFTA00050854

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/24/2019	Counseling	Access to Care	[redacted].	Verbalizes Understanding
07/24/2019	Counseling	Preventive Health	[redacted].	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by [redacted]. MLP on 07/24/2019 13:24

Requested to be cosigned by [redacted] MD.

Cosign documentation will be displayed on the following page.

EFTA00050855

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/24/2019 13:08	Provider:	[redacted]Y. MLP	Facility:	NYM

Cosigned with New Encounter Note by [redacted]t MD on 07/24/2019 16:10.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/23/2019 06:20
Sex: M Race: WHITE
Provider: [redacted]. MLP
Reg #: 76318-054
Facility: NYM
Unit: H01

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:

INJURY 1 **Provider:** [redacted]. MLP

Date of Injury: 07/23/2019 01:27 **Date Reported for Treatment:** 07/23/2019 08:25

Work Related: No **Work Assignment:** UNASSG

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

Special Housing Unit Z05-Cell 124 L

Cause of Injury (Inmate's Statement of how injury occurred):

"I do not know. Just went to drink a little water and wake up snorting".

Symptoms (as reported by inmate):

None

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/23/2019	06:30 NYM	97.5	36.4	Oral	[redacted]. MLP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/23/2019	06:30	92	Via Machine	Regular	[redacted]. MLP

Respirations:

Date	Time	Rate Per Minute	Provider
07/23/2019	06:30 NYM	16	[redacted]. MLP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/23/2019	06:30 NYM	140/85	Right Arm	Sitting	Adult-regular	[redacted]. MLP

SaO2:

Date	Time	Value(%)	Air	Provider
07/23/2019	06:30 NYM	96	Room Air	[redacted]. MLP

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Lethargic, Dyspneic, Appears in Pain, Pallor, Cyanotic, Diaphoretic, Disheveled,

EFTA00050857

Exam:

Acutely Ill

Pulmonary

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally

No: Crackles, Rhonchi, Wheezing

Exam Comments

Inmate for injury report as requested by Operational Lt.
He is ambulatory, oriented x 3. In not apparent distress, smiling during this clinical encounter. Alleges, that he does not know what happened. Can not explain the marks on his neck. Responded: "I don't know".
He does not want to talk of the events leading to the marks on his neck.
He does not look in any distress or pain.
Has an circular line of erythema at the base of the neck. Reaching 2/3 of the neck circumference, 2 inches wide, sparing the back of the neck. Has one section of this erythema in the front with marks of friction.
No inflammation, no deformities, no hematomas, no lacerations, no tenderness. Patient moving his neck without any restriction. Denies having any pain or discomfort. Denies any respiratory problem.
Has another small erythema on left knee about 2cm in diameter(mild).
As per information from custody staff inmate Epstein was found in his cell with a rope around his neck and sitting on the floor.
Inmate is currently placed on suicide watch.

ASSESSMENT:

Injury, unspecified, T1490 - Current - *R/O self inflicted injuries.*

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Placed on Suicide Watch
Follow-up in 2-4 Hours

Other:

For follow up with psychology service.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/23/2019	Counseling	Access to Care	[redacted].	Verbalizes Understanding
07/23/2019	Counseling	Plan of Care	[redacted].	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No
Completed by [redacted]. MLP on 07/23/2019 09:05
Requested to be cosigned by [redacted] MD.
Cosign documentation will be displayed on the following page.

EFTA00050858

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Sex:	M	Reg #:	76318-054
Date of Birth:	01/20/1953	Provider:	[redacted] MLP	Race:	WHITE
Encounter Date:	07/23/2019 06:20			Facility:	NYM

Cosigned by [redacted] MD on 07/23/2019 15:44.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/14/2019 17:36
Sex: M Race: WHITE
Provider: [redacted] MD
Reg #: 76318-054
Facility: NYM
Unit: Z05

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] MD

Chief Complaint: ENDO/LIPID

Subjective: 66 YR OLD WHITE MALE WITH HX OF HYPERTRIGLYCERIDEMIA X 5 YEARS ON VASCEPA FOR 1 YEAR. STATES TRIGL WAS 800 , NOW 431. STATES HE COULD NOT TOLERATE OTHER ANTI-TRIGLYCERIDE MEDS DUE TO THEIR GI SIDE EFFECTS.
HX OF OBSTRUCTUVE SLEEP APNEA X 5 YEARS FOR WHICH HE USED A CPAP MACHINE. STATES HE HAD HIS CPAP MACHINE WITH HIM WHEN HE ARRESTED.
STATES THE FBI LOKELY HAS
L4 - L5 SEVERE STENOSIS CASUING NUMBNESS AND SHOOTING PAIN IN THE LOWER EXTREMITIES.
SURGICAL HX: NONE
MENTAL HEALTH HX: NONE

Pain: Yes

Pain Assessment

Date:	07/12/2019 13:25
Location:	Back-Middle
Quality of Pain:	Shooting
Pain Scale:	5
Intervention:	MEDROL DOSE PACK
Trauma Date/Year:	
Injury:	
Mechanism:	
Onset:	5+ Years
Duration:	5+ Years
Exacerbating Factors:	NO EXERCISE
Relieving Factors:	MEDROL DOSE PACK
Reason Not Done:	
Comments:	

Seen for clinic(s): Orthopedic/Rheumatology, Pulmonary/Respiratory, Endocrine/Lipid
Added to clinic(s): Orthopedic/Rheumatology, Pulmonary/Respiratory, Endocrine/Lipid

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears In Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

EFTA00050860

Exam:

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits

Musculoskeletal

Tibia / Fibula

No: Edema

Back

Yes: Tenderness

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

ASSESSMENT:

Constipation, unspecified, K5900 - Current

Hyperlipidemia, unspecified, E785 - Current

Low back pain, M545 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Omega 3 (Vascepa) 1 GM Capsule	07/14/2019 17:36	TAKE 2 CAPS Orally - Two Times a Day x 180 day(s) -- TAKE WITH FOOD.

Indication: Hyperlipidemia, unspecified

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests-H-Hemoglobin A1C	One Time	10/10/2019 00:00	Routine
Lab Tests-L-Lipid Profile			

Additional Information:

EFTA00050861

FASTING.			
Lab Tests-H-Hep B surface Ab Lab Tests-H-Hep B surface Ag Lab Tests-H-Hep C Ab Lab Tests-H-Hepatic Profile	One Time	08/08/2019 00:00	Routine

Schedule:

Activity	Date Scheduled	Scheduled Provider
Clinical Encounter	07/24/2019 00:00	Optometrist
66 YR OLD MALE FOR ROUTINE SCREENING.		
Chronic Care Visit	01/07/2020 00:00	Mid-Level Provider
6 MONTH F/U.		
Chronic Care Visit	07/01/2020 00:00	Physician 01

Other:

PENDING EKG AND FOBT. CXR WAS REFUSED.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/14/2019	Counseling	Diagnosis	Beaudouin, Robert	Verbalizes Understanding

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] MD on 07/14/2019 18:11

EFTA00050862

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054 , refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[redacted]

Patient's Signature — Date

NYM–NEW YORK MCC

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-10-2019
Date

I, JEFFREY EPSTEIN 76318-054 , refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

66 YR OLD MALE WITH NO PMHX , REFERRED FOR ROUITNE CXR.

The following treatment(s) was/were recommended:

CHEST X-RAY

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

WORSENING THE CONDITION IF THERE IS ANY FINDINGS

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[redacted]

7-10-2019
Date

7-10-19
Date

Patient's Signature

Date

NYM--NEW YORK MCC

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054 , refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[redacted]

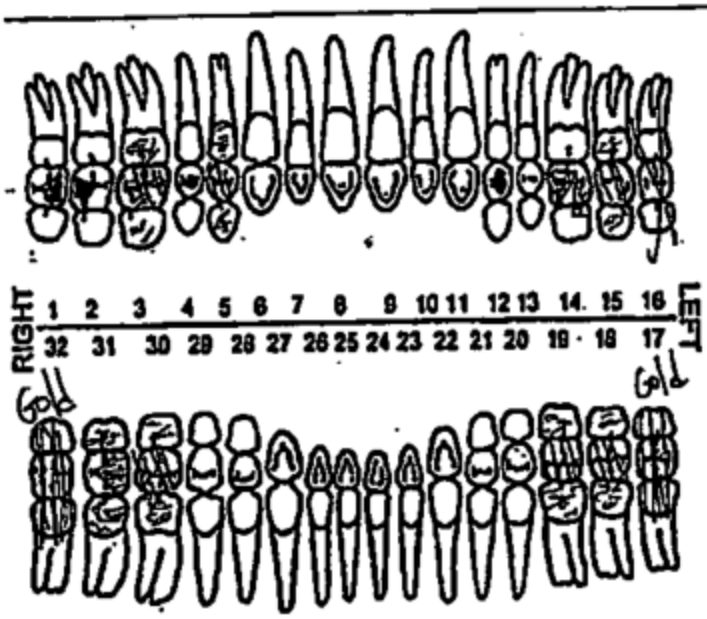
Patient's Signature — Date

NYM--NEW YORK MCC

BP-A0618
JUN 16
U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION
(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS



Occlusion:			
Oral Hygiene:	Good	Fair ✓	Poor
CPITN:	3	2	3
	3	2	3
Head & Neck / Soft Tissue:			

D: 0
M: 1
F: 14

Classification: CL I

Pain Scale: /10

Dental Prostheses at Intake:
Yes (No)
Type:
Age:
Condition:

Comments: mild to advanced ~~moderate~~ gingival recession observed. Lower anterior crowding observed

Intra-oral Photos Taken:
Yes
(No)

Radiographs Taken: (Document findings on A&O encounter)
Yes
(No)

Instructed how to obtain urgent and non-urgent dental care: Yes: ✓ No:

Treatment Priorities:	None:	Non-urgent: non-urgent	Urgent: Referred to Sick Call:

Radiographs authorized:
PAs: _____
BWs: _____
Panorex: _____

Prophylaxis authorized: Yes ✓ No
(Approval valid 18 months from examination date)

Patient Name: Epstein, Jeffrey E

Register Number: 76318-054

Institution: MCC NEW YORK

[redacted]

PDF

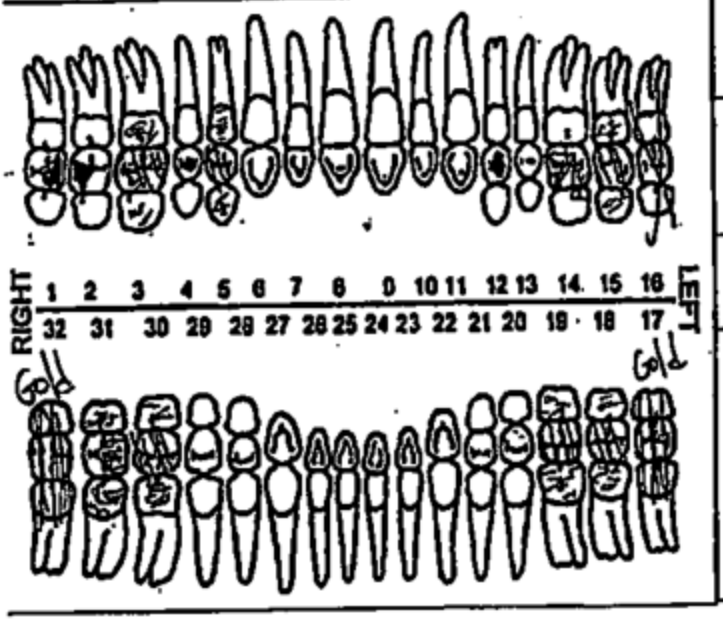
Prescribed by P6400

Replaces BP-A0618 of JUN 10

BP-A0618
JUN 16
U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION
(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS



Occlusion:			
Oral Hygiene:	Good	Fair ✓	Poor
CPITN:	3	2	3
	3	2	3

Head & Neck / Soft Tissue:

D: 0
M: 1
F: 14

Classification: CL I

Pain Scale: /10

Dental Prostheses at Intake:
Yes
No
Type:
Age:
Condition:

Comments: MOd to advanced ~~moderate~~ gingival recession observed. Lower anterior crowding observed

Intra-oral Photos Taken:
Yes
No

Radiographs Taken: (Document findings on A&O encounter)
Yes
No

Instructed how to obtain urgent and non-urgent dental care: Yes: ✓ No:

Treatment Priorities: None:

Non-urgent: non-urgent

Urgent: Referred to Sick Call:

Radiographs authorized:
PAs: _____
BWs: _____
Panorex: _____

Prophylaxis authorized: Yes ✓ No
(Approval valid 18 months from examination date)

Patient Name: Epstein, Jeffrey E

Dentist Signature: [redacted]

Register Number: 76318-054

Institution: MCC NEW YORK

Date: 7-26-19.

Signature Block/Stamp: [redacted]

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054 , refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[redacted] MD 7-24-2019
Counseled by Date

Patient's Signature Date

[redacted]

NYM–NEW YORK MCC

Federal Bureau of Prisons

U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY	**Facility** MCC New York	**Collected** 07/09/2019 13:34
Reg # 76318-054	**Order Unit** E06-547U	**Received** 07/10/2019 10:44
DOB 01/20/1953	**Provider** [redacted] MD	**Reported** 07/10/2019 14:46
Sex M		**LIS ID** 188191004

HIV

HIV 1/2	Negative	Negative

Screening test - See confirmatory testing for Reactive results

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI =Abnormal Critical

EFTA00050869

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/10/2019 16:58	Provider:	Lab Result Receive	Facility:	NYM

Cosigned by [redacted] MD on 07/14/2019 18:12.

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054 , refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[redacted] MD 7-24-2019
Counseled by Date

Patient's Signature Date

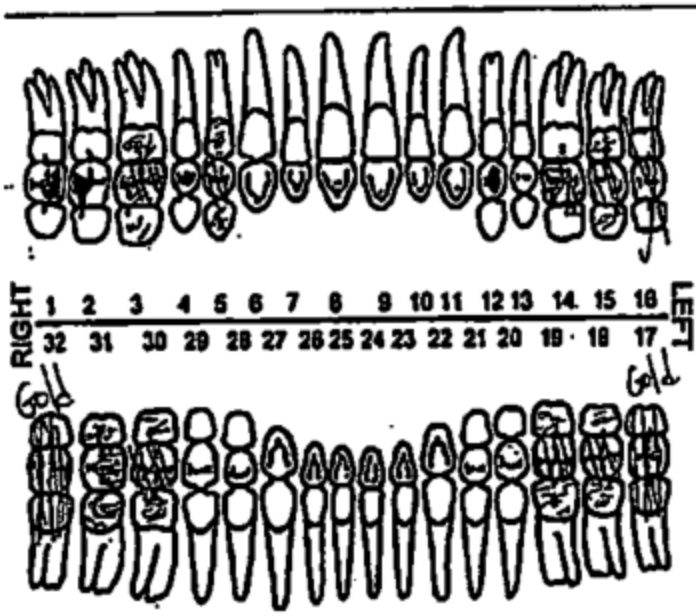
[redacted]

NYM--NEW YORK MCC

BP-A0618
JUN 16
U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION
(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS



Occlusion:			
Oral Hygiene:	Good	Fair ✓	Poor
CPITN:	3	2	3
	3	2	3
Head & Neck / Soft Tissue:			

D: 0
M: 1
F: 14

Classification: CL I

Pain Scale: /10

Dental Prostheses at Intake: Yes (No) Type: Age: Condition:	Comments: MOD to advanced gingival recession observed. Lower anterior crowding observed
Intra-oral Photos Taken: Yes (No)	Radiographs Taken: (Document findings on A&O encounter) Yes (No)
Instructed how to obtain urgent and non-urgent dental care: Yes: ✓	No:
Treatment Priorities: / None:	Non-urgent: non-urgent / Urgent: Referred to Sick Call:
Radiographs authorized: PAs: BWs: Panorex:	Prophylaxis authorized: Yes ✓ No (Approval valid 18 months from examination data)
Patient Name: Epstein, Jeffrey E	Dental Signature: [redacted]
Register Number: 76318-054 / Institution: MCC NEW YORK	Date: 7-26-19. / Signature/Stamp: [redacted]

EFTA00050872

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054 , refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[redacted] 7-24-2019
Counseled by Date

Patient's Signature Date

[redacted]

NYM–NEW YORK MCC

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

7-10-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

66 YR OLD MALE WITH NO PMHX , REFERRED FOR ROUITNE CXR.

The following treatment(s) was/were recommended:

CHEST X-RAY

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

WORSENING THE CONDITION IF THERE IS ANY FINDINGS

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

ESGUERRA, S. X-RAY 7-10-2019
Counseled by Date

Patient's Signature Date

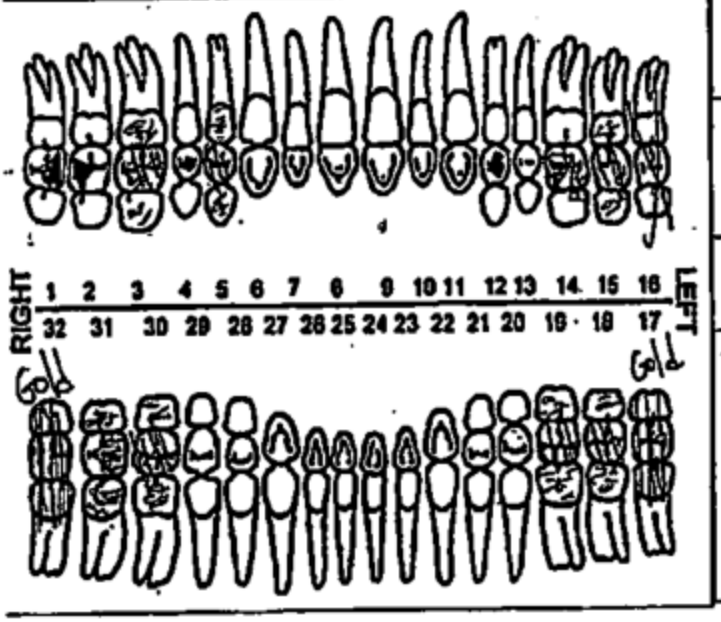
[redacted] 7-10-19
Signature of Witness Date

NYM–NEW YORK MCC

BP-A0618
JUN 16
U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION
(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS



Occlusion:

Oral Hygiene:	Good	Fair	Poor
		✓	

CPITN:			
	3	2	3
	3	2	3

Head & Neck / Soft Tissue:

D: 0
M: 1
F: 14

Classification: CL I

Pain Scale: /10

Dental Prostheses at Intake:
Yes
(No)
Type:
Age:
Condition:

Comments: mild to advanced ~~moderate~~ gingival recession observed. Lower anterior crowding observed

Intra-oral Photos Taken:
Yes
(No)

Radiographs Taken: (Document findings on A&O encounter)
Yes
(No)

Instructed how to obtain urgent and non-urgent dental care: Yes: ✓ No:

Treatment Priorities: None:

Non-urgent: non-urgent

Urgent: Referred to Sick Call:

Radiographs authorized:
PAs: _____
BWs: _____
Panorex: _____

Prophylaxis authorized: Yes ✓ No
(Approval valid 18 months from examination date)

Patient Name: Epstein, Jeffrey E

Dentist Signature: [redacted]

Register Number: 76318-054

Institution: MCC NEW YORK

Date: 7-26-19.

Signature Block/Stamp: [redacted]
Chief Dental Officer
MCC New York

PDF

Prescribed by P6400

Replaces BP-A0618 of JUN 10

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 08/10/2019 07:25
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: Z04

Emergency Code - Resuscitation Event encounter performed at Special Housing Unit.

SUBJECTIVE:

Emergency Note Provider: [redacted] RN

Team Members:

Provider	Role
[redacted] RN	Team/Code Leader

Code Events:

Type	Value	Date
CPR	Compressions	08/10/2019 06:35
EKG/Monitor	Lifepak	08/10/2019 06:39
No shock advised		
CPR	Compressions	08/10/2019 06:40
Oxygen	15 L	08/10/2019 06:47
IV Access	Peripheral IV	08/10/2019 06:48
18 g Left AC		
Airway	Endotracheal Tube	08/10/2019 07:08
ET Tube 7.5 24CM to L Lip line Placed by Paramedics		
Medications	Epinephrine 1mg IV	08/10/2019 07:10
Epinephrine 3 doses and Sodium bicarb 2 doses administered by paramedics		
CPR	Compressions	08/10/2019 07:11
Medications	Sodium Bicarbonate 1 mEa/kg IV	08/10/2019 07:11
IV Fluids	Normal Saline 0.9% 1000 ml	08/10/2019 07:12
Medications	Epinephrine 1mg IV	08/10/2019 07:13
CPR	Compressions	08/10/2019 07:14
Medications	Sodium Bicarbonate 1 mEa/kg IV	08/10/2019 07:14
Medications	Epinephrine 1mg IV	08/10/2019 07:16
CPR	Compressions	08/10/2019 07:17

Comments:

Responded to a body alarm at 0635 for medical emergency on 9S, Upon arrival Inmate was received on the floor of his cell unresponsive with CPR in progress by correctional officers, Inmate was Cold, with circumferential Bruising around the neck and posterior mottling, Pupils Fixed and dilated, No Palpable pulses, Call place for EMS, CPR Continued, AED Placed No shock advised, CPR Continued, Inmate transported to HSU treatment room with CPR in progress, 18g hep lock to L AC, O2 15 Lt ViA BVM, Pulse Check NO SHOCK advised. EMS and Paramedics arrived 0656, Placed on cardiac monitor asystole Resumed CPR, Inmate was intubated by Medics, 3 Rounds of Epinephrine administered, Pulse Check asystole, Inmate was transported to Local ER with CPR in progress.

OBJECTIVE:

Exam:

General

Appearance

Yes: Unconscious

EFTA00050876

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 08/10/2019 07:25
Sex: M Race: WHITE
Provider: [redacted] RN
Reg #: 76318-054
Facility: NYM
Unit: Z04

Exam:

ASSESSMENT:

Cardiac Arrest

PLAN:

New Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Emergency Room	08/10/2019	08/10/2019	Emergent	No	

Subtype:

AMBULANCE

Reason for Request:

Cardiac arrest with CPR in progress

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by [redacted] RN on 08/10/2019 08:10

Requested to be cosigned by [redacted] MD.

Cosign documentation will be displayed on the following page.

EFTA00050877

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 15:58
Sex: M Race: WHITE
Provider: [redacted] MD
Reg #: 76318-054
Facility: NYM
Unit: Z01

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] MD

Chief Complaint: Other Problem

Subjective: PATIENT WAS REFERRED BY THE WARDEN FOR EVALUATION.
PATIENT REPORTS HE HAS BEEN WITHOUT HIS MEDS FOR ABOUT 1 WEEK. HE ALSO REPORTS NUMBNESS IN HIS RIGHT ARM FOR A FEW MINUTES 3 DAYS AGO. STATES THE NUMBNESS WENT AWAY ON ITS OWN, BUT WAS VERY CONCERNING. HE DENIES RIGHT SIDED WEAKNESS, DIPLOPIA, FACIAL DROOP, DIFFICULTY SPEAKING OR SWALLOWING.
HE REPORTS NOCTURIA OF ABOUT 5 TIMES,. HE DENIES DYSURIA.
HE REPORTS H OF KIDNEY STONES, HX OF HTN FOR WHICH HE WAS TAKING TOPROL.
HE AHS A HX OF SLEEP APNEA AND STATED HE HAS NOT SLEPT FOR 3 WEEKS ISNCE HE HASB EEN HERE SINCE HE DIE NOT HAVE ACCESS T HI CPAP MACHINE. I INFORME DHIM THAT WE RECEIVED HIS CPAP MACHINE AND IT WILL BE GIVEN TO HIM TONIGHT..
HE REPORT OTHER NON-MEDICAL ISSUES.
STATES HE FEELS OTHERWISE FINE.

Pain: Not Applicable

Seen for clinic(s): Pulmonary/Respiratory, Orthopedic/Rheumatology, Endocrine/Lipid

OBJECTIVE:

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears In Pain, Writhing In Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Musculoskeletal

Tibia / Fibula

No: Edema

Neurologic

Exam:

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

Motor System-Strength

Yes: Normal Muscular Strength

ASSESSMENT:

Body mass index (BMI) 27.0-27.9, adult, Z6827 - Current

Constipation, unspecified, K5900 - Current

Essential (primary) hypertension, I10 - Current - *BY HX.*

Hyperlipidemia, unspecified, E785 - Current

Low back pain, M545 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Prediabetes, R7303 - Current

Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	INsulin REG - Human	07/30/2019 15:58	SLIDING SCALE Subcutaneously each morning x 7 day(s) Pill Line Only

Indication: Prediabetes

Discontinued Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
122148-NYM	*Insulin Reg (10 ML) 100 UNITS/ML Inj*	*07/30/2019 15:58*	*Inject regular insulin subcutaneously per sliding scale: twice daily ***pill line*** for 7 days*

Discontinue Type: *When Pharmacy Processes*
Discontinue Reason: *new order written*
Indication:

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Completed by [redacted] MD on 07/30/2019 16:12

EFTA00050879

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12
Sex: M Race: WHITE
Provider: [redacted] MD
Reg #: 76318-054
Facility: NYM
Unit: Z01

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] MD

Chief Complaint: Other Problem

Subjective: PATIENT WAS REFERRED BY THE WARDEN FOR EVALUATION.
PATIENT REPORTS HE HAS BEEN WITHOUT HIS MEDS FOR ABOUT 1 WEEK. HE ALSO REPORTS NUMBNESS IN HIS RIGHT ARM FOR A FEW MINUTES 3 DAYS AGO. STATES THE NUMBNESS WENT AWAY ON ITS OWN, BUT WAS VERY CONCERNING. HE DENIES RIGHT SIDED WEAKNESS, DIPLOPIA, FACIAL DROOP, DIFFICULTY SPEAKING OR SWALLOWING.
HE REPORTS NOCTURIA OF ABOUT 5 TIMES,. HE DENIES DYSURIA.
HE REPORTS H OF KIDNEY STONES, HX OF HTN FOR WHICH HE WAS TAKING TOPROL.
HE AHS A HX OF SLEEP APNEA AND STATED HE HAS NOT SLEPT FOR 3 WEEKS ISNCE HE HASB EEN HERE SINCE HE DIE NOT HAVE ACCESS T HI CPAP MACHINE. I INFORME DHIM THAT WE RECEIVED HIS CPAP MACHINE AND IT WILL BE GIVEN TO HIM TONIGHT..
HE REPORT OTHER NON-MEDICAL ISSUES.
STATES HE FEELS OTHERWISE FINE.

Pain: Not Applicable

Seen for clinic(s): Endocrine/Lipid, Orthopedic/Rheumatology, Pulmonary/Respiratory

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/30/2019	13:02	94			Beaudouin, Robert MD
07/30/2019	09:40	88	Via Machine		Beaudouin, Robert MD
07/30/2019	09:30	87	Via Machine		Beaudouin, Robert MD

Respirations:

Date	Time	Rate Per Minute	Provider
07/30/2019	09:30 NYM	12	[redacted] MD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/30/2019	13:02 NYM	114/84	Left Arm	Standing		[redacted] MD
07/30/2019	09:40 NYM	125/60	Right Arm	Standing		[redacted] MD
07/30/2019	09:30 NYM	108/86	Left Arm	Sitting		[redacted] MD

SaO2:

Date	Time	Value(%)	Air	Provider
07/30/2019	09:30 NYM	98	Room Air	[redacted] MD

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider

First Amendment

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12
Sex: M Race: WHITE
Provider: [redacted] MD
Reg #: 76318-054
Facility: NYM
Unit: Z01

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/30/2019	09:30 NYM	194.2	88.1		[redacted] MD

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Musculoskeletal

Tibia / Fibula

No: Edema

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

Motor System-Strength

Yes: Normal Muscular Strength

See Amendment

ASSESSMENT:

Body mass index (BMI) 27.0-27.9, adult, Z6827 - Current

Constipation, unspecified, K5900 - Current

Essential (primary) hypertension, I10 - Current - *BY HX.*

Hyperlipidemia, unspecified, E785 - Current

Low back pain, M545 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Prediabetes, R7303 - Current

Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order

EFTA00050881

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12
Sex: M Race: WHITE
Provider: [redacted] MD
Reg #: 76318-054
Facility: NYM
Unit: Z01

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Magnesium Hydroxide Susp conc 800 MG/5ML **Indication:** Constipation, unspecified	07/30/2019 11:12	10 CC Orally - Two Times a Day PRN x 90 day(s)
	INsulin REG - Human **Indication:** Prediabetes	07/30/2019 11:12	SLIDING SCALE Subcutaneously - Two Times a Day x 7 day(s) Pill Line Only

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
121836-NYM	methylPREDNISolone 4 MG Tab (21 count Pack) **Indication:** Neuralgia and neuritis, unspecified	07/30/2019 11:12	Take the tablet by mouth as directed x 6 day(s)

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests - Short List-General-CBC w/diff Lab Tests-P-PSA, Total Lab Tests-U-Uric Acid Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP) Lab Tests-U-Urinalysis w/Reflex to Microscopic	One Time	08/01/2019 00:00	Routine

New Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
General Radiology-Spine / Cervical-General	One Time		08/29/2019	Routine

Specific reason(s) for request (Complaints and findings):

66 YR OLD MALE WITH COMPLAITN OF RIGHT ARM NUIMBNESS FOR 2-3 MINUTES 3 DAYS AGO. PLEASE PERFORM C SPINE SERIES

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/30/2019	Counseling	Access to Care	Beaudoin, [redacted]	Verbalizes Understanding
07/30/2019	Counseling	Plan of Care	[redacted]	Verbalizes Understanding

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Completed by [redacted] MD on 07/30/2019 14:05

See Amendment

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12
Sex: M Race: WHITE
Provider: [redacted] MD
Reg #: 76318-054
Facility: NYM
Unit: Z01

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] MD

Chief Complaint: Other Problem

Subjective: PATIENT WAS REFERRED BY THE WARDEN FOR EVALUATION.
PATIENT REPORTS HE HAS BEEN WITHOUT HIS MEDS FOR ABOUT 1 WEEK. HE ALSO REPORTS NUMBNESS IN HIS RIGHT ARM FOR A FEW MINUTES 3 DAYS AGO. STATES THE NUMBNESS WENT AWAY ON ITS OWN, BUT WAS VERY CONCERNING. HE DENIES RIGHT SIDED WEAKNESS, DIPLOPIA, FACIAL DROOP, DIFFICULTY SPEAKING OR SWALLOWING.
HE REPORTS NOCTURIA OF ABOUT 5 TIMES,. HE DENIES DYSURIA.
HE REPORTS H OF KIDNEY STONES, HX OF HTN FOR WHICH HE WAS TAKING TOPROL.
HE AHS A HX OF SLEEP APNEA AND STATED HE HAS NOT SLEPT FOR 3 WEEKS ISNCE HE HASB EEN HERE SINCE HE DIE NOT HAVE ACCESS T HI CPAP MACHINE. I INFORME DHIM THAT WE RECEIVED HIS CPAP MACHINE AND IT WILL BE GIVEN TO HIM TONIGHT..
HE REPORT OTHER NON-MEDICAL ISSUES.
STATES HE FEELS OTHERWISE FINE.

Pain: Not Applicable

Seen for clinic(s): Endocrine/Lipid, Orthopedic/Rheumatology, Pulmonary/Respiratory

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/30/2019	13:02	94			[redacted] MD
07/30/2019	09:40	88	Via Machine		Beaudouin, Robert MD
07/30/2019	09:30	87	Via Machine		Beaudouin, Robert MD

Respirations:

Date	Time	Rate Per Minute	Provider
07/30/2019	09:30 NYM	12	[redacted] MD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/30/2019	13:02 NYM	114/84	Left Arm	Standing		[redacted] MD
07/30/2019	09:40 NYM	125/60	Right Arm	Standing		[redacted] MD
07/30/2019	09:30 NYM	108/86	Left Arm	Sitting		[redacted] MD

SaO2:

Date	Time	Value(%)	Air	Provider
07/30/2019	09:30 NYM	98	Room Air	[redacted] MD

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider

Not an Amendment

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/30/2019	09:30 NYM	194.2	88.1		[redacted] MD

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Musculoskeletal

Tibia / Fibula

No: Edema

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

Motor System-Strength

Yes: Normal Muscular Strength

See Amendment

ASSESSMENT:

Body mass index (BMI) 27.0-27.9, adult, Z6827 - Current

Constipation, unspecified, K5900 - Current

Essential (primary) hypertension, I10 - Current - *BY HX.*

Hyperlipidemia, unspecified, E785 - Current

Low back pain, M545 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Prediabetes, R7303 - Current

Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order

EFTA00050884

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12
Sex: M Race: WHITE
Provider: [redacted] MD
Reg #: 76318-054
Facility: NYM
Unit: Z01

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Magnesium Hydroxide Susp conc 800 MG/5ML **Indication:** Constipation, unspecified	07/30/2019 11:12	10 CC Orally - Two Times a Day PRN x 90 day(s)
	INsulin REG - Human **Indication:** Prediabetes	07/30/2019 11:12	SLIDING SCALE Subcutaneously - Two Times a Day x 7 day(s) Pill Line Only

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
121836-NYM	methylPREDNISolone 4 MG Tab (21 count Pack) **Indication:** Neuralgia and neuritis, unspecified	07/30/2019 11:12	Take the tablet by mouth as directed x 6 day(s)

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests - Short List-General-CBC w/diff Lab Tests-P-PSA, Total Lab Tests-U-Uric Acid Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP) Lab Tests-U-Urinalysis w/Reflex to Microscopic	One Time	08/01/2019 00:00	Routine

New Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
General Radiology-Spine / Cervical-General	One Time		08/29/2019	Routine

Specific reason(s) for request (Complaints and findings):

66 YR OLD MALE WITH COMPLAITN OF RIGHT ARM NUIMBNESS FOR 2-3 MINUTES 3 DAYS AGO. PLEASE PERFORM C SPINE SERIES

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/30/2019	Counseling	Access to Care	Beaudouin, Robert	Verbalizes Understanding
07/30/2019	Counseling	Plan of Care	[redacted]	Verbalizes Understanding

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Completed by [redacted] MD on 07/30/2019 14:05

See Amendment

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Sex:	M	Reg #:	76318-054
Date of Birth:	01/20/1953			Race:	WHITE
Encounter Date:	07/30/2019 15:58			Facility:	NYM

Amendment made to this note by [redacted] MD on 07/30/2019 16:12.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/23/2019 06:20
Sex: M Race: WHITE
Provider: [redacted]
Reg #: 76318-054
Facility: NYM
Unit: H01

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:

INJURY 1 **Provider:** [redacted], MLP

Date of Injury: 07/23/2019 01:27 **Date Reported for Treatment:** 07/23/2019 08:25

Work Related: No **Work Assignment:** UNASSG

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

Special Housing Unit Z05-Cell 124 L

Cause of Injury (Inmate's Statement of how injury occurred):

"I do not know. Just went to drink a little water and wake up snorting".

COPY 7-23-19

Symptoms (as reported by inmate):

None

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/23/2019	06:30 NYM	97.5	36.4	Oral	[redacted], MLP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/23/2019	06:30	92	Via Machine	Regular	[redacted], MLP

Respirations:

Date	Time	Rate Per Minute	Provider
07/23/2019	06:30 NYM	16	[redacted], MLP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/23/2019	06:30 NYM	140/85	Right Arm	Sitting	Adult-regular	[redacted], MLP

SaO2:

Date	Time	Value(%)	Air	Provider
07/23/2019	06:30 NYM	96	Room Air	[redacted], MLP

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Lethargic, Dyspneic, Appears in Pain, Pallor, Cyanotic, Diaphoretic, Disheveled,

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Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/23/2019 06:20
Sex: M Race: WHITE
Provider: [redacted]
Reg #: 76318-054
Facility: NYM
Unit: H01

Exam:

Acutely Ill

Pulmonary

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally

No: Crackles, Rhonchi, Wheezing

Exam Comments

Inmate for injury report as requested by Operational Lt.
He is ambulatory, oriented x 3. In not apparent distress, smiling during this clinical encounter. Alleges, that he does not know what happened. Can not explain the marks on his neck. Responded: "I don't know".
He does not want to talk of the events leading to the marks on his neck.
He does not look in any distress or pain.
Has an circular line of erythema at the base of the neck. Reaching 2/3 of the neck circumference, 2 inches wide, sparing the back of the neck. Has one section of this erythema in the front with marks of friction.
No inflammation, no deformities, no hematomas, no lacerations, no tenderness. Patient moving his neck without any restriction. Denies having any pain or discomfort. Denies any respiratory problem.
Has another small erythema on left knee about 2cm in diameter(mild).
As per information from custody staff inmate Epstein was found in his cell with a rope around his neck and sitting on the floor.
Inmate is currently placed on suicide watch.

ASSESSMENT:

Injury, unspecified, T1490 - Current - *R/O self inflicted injuries.*

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Placed on Suicide Watch
Follow-up in 2-4 Hours

Other:

For follow up with psychology service.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/23/2019	Counseling	Access to Care	[redacted]	Verbalizes Understanding
07/23/2019	Counseling	Plan of Care	[redacted]	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No
Completed by [redacted]
Requested to be [redacted]
Cosign documer [redacted]

COPY

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333 IN

CDR ...? DISPLAY / DIALED-NUMBER=003

--- CDR Data ---

RECORD NUMBER: 1	TIME STAMP: 9 -AUG-2019 13:25	
Start Date 8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time 13:25:54	Answer Time	End Time 13:25:56
Caller Station 6225		Selected Trunk Group
Caller Circuit 03-08-11		Selected Circuit
Caller COS 14		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 820		Call Type ONE LINE
Conference Audit		Call Status BARGE REQUEST
Access Code		Queue Status NULL QUEUE
Code Validation		Queue Time
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 2	TIME STAMP: 9 -AUG-2019 13:26	
Start Date 8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time 13:26:40	Answer Time	End Time 13:26:42
Caller Station 6225		Selected Trunk Group
Caller Circuit 03-08-11		Selected Circuit
Caller COS 14		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 826		Call Type ONE LINE
Conference Audit		Call Status BARGE REQUEST
Access Code		Queue Status NULL QUEUE
Code Validation		Queue Time
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 3	TIME STAMP: 9 -AUG-2019 13:43	
Start Date 8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time 13:43:14	Answer Time	End Time 13:43:15
Caller Station 6225		Selected Trunk Group
Caller Circuit 03-08-11		Selected Circuit
Caller COS 14		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 945		Call Type ONE LINE

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333 IN

CDR ...? DISPLAY / DIALED-NUMBER=003

--- CDR Data ---

RECORD NUMBER: 1	TIME STAMP: 9 -AUG-2019 13:25	
Start Date 8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time 13:25:54	Answer Time	End Time 13:25:56
Caller Station 6225		Selected Trunk Group
Caller Circuit 03-08-11		Selected Circuit
Caller COS 14		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 820		Call Type ONE LINE
Conference Audit		Call Status BARGE REQUEST
Access Code		Queue Status NULL QUEUE
Code Validation		Queue Time
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 2	TIME STAMP: 9 -AUG-2019 13:26	
Start Date 8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time 13:26:40	Answer Time	End Time 13:26:42
Caller Station 6225		Selected Trunk Group
Caller Circuit 03-08-11		Selected Circuit
Caller COS 14		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 826		Call Type ONE LINE
Conference Audit		Call Status BARGE REQUEST
Access Code		Queue Status NULL QUEUE
Code Validation		Queue Time
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 3	TIME STAMP: 9 -AUG-2019 13:43	
Start Date 8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time 13:43:14	Answer Time	End Time 13:43:15
Caller Station 6225		Selected Trunk Group
Caller Circuit 03-08-11		Selected Circuit
Caller COS 14		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 945		Call Type ONE LINE

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	333 IN		
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 4	TIME STAMP: 9 -AUG-2019 13:43		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	13:43:54	Answer Time	End Time 13:43:55
Caller Station	6269	Selected Trunk Group	
Caller Circuit	03-13-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	950	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 5	TIME STAMP: 9 -AUG-2019 13:43		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	13:43:58	Answer Time	End Time 13:43:59
Caller Station	6225	Selected Trunk Group	
Caller Circuit	03-08-11	Selected Circuit	
Caller COS	14	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	952	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 6	TIME STAMP: 9 -AUG-2019 13:44		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	13:44:01	Answer Time	End Time 13:44:03
Caller Station	6269	Selected Trunk Group	

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333 IN

Caller Circuit	03-13-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	953	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 7 TIME STAMP: 9 -AUG-2019 13:44

Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	13:44:07	Answer Time	End Time 13:44:10
Caller Station	6229	Selected Trunk Group	
Caller Circuit	03-13-13	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	954	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 8 TIME STAMP: 9 -AUG-2019 13:46

Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	13:46:05	Answer Time	End Time 13:46:07
Caller Station	6264	Selected Trunk Group	
Caller Circuit	04-05-07	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	964	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

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RECORD NUMBER: 9	TIME STAMP: 9 -AUG-2019 13:46		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	13:46:33	Answer Time	End Time 13:46:34
Caller Station	6202	Selected Trunk Group	
Caller Circuit	03-01-05	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	967	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 10	TIME STAMP: 9 -AUG-2019 13:49		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	13:49:52	Answer Time	End Time 13:49:54
Caller Station	6240	Selected Trunk Group	
Caller Circuit	03-13-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	992	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 11	TIME STAMP: 9 -AUG-2019 13:55		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	13:55:08	Answer Time	End Time 13:55:14
Caller Station	6240	Selected Trunk Group	
Caller Circuit	03-13-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	1044	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		

EFTA00050894

| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 12 TIME STAMP: 9 -AUG-2019 13:59

| Start Date 8/ 9/19 | Answer Date | End Date 8/ 9/19
| Start Time 13:59:21 | Answer Time | End Time 13:59:22

| Caller Station 6240 | Selected Trunk Group
| Caller Circuit 03-13-08 | Selected Circuit
| Caller COS 4 | Selected COS
| Caller Routing Class 4 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility
| Record Audit 1105 | Call Type ONE LINE
| Conference Audit | Call Status BARGE REQUEST
| Access Code | Queue Status NULL QUEUE
| Code Validation | Queue Time

| Dialed Number 003
| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 13 TIME STAMP: 9 -AUG-2019 14:0

| Start Date 8/ 9/19 | Answer Date | End Date 8/ 9/19
| Start Time 14:00:25 | Answer Time | End Time 14:00:27

| Caller Station 6229 | Selected Trunk Group
| Caller Circuit 03-13-13 | Selected Circuit
| Caller COS 4 | Selected COS
| Caller Routing Class 4 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility
| Record Audit 1121 | Call Type ONE LINE
| Conference Audit | Call Status BARGE REQUEST
| Access Code | Queue Status NULL QUEUE
| Code Validation | Queue Time

| Dialed Number 003
| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 14 TIME STAMP: 9 -AUG-2019 14:7

| Start Date 8/ 9/19 | Answer Date | End Date 8/ 9/19
| Start Time 14:07:22 | Answer Time | End Time 14:07:24

| Caller Station 6229 | Selected Trunk Group
| Caller Circuit 03-13-13 | Selected Circuit
| Caller COS 4 | Selected COS
| Caller Routing Class 4 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility

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333 IN

Record Audit	1204	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 15 TIME STAMP: 9 -AUG-2019 14:7

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	14:07:46	Answer Time		End Time	14:07:47
Caller Station	6307	Selected Trunk Group			
Caller Circuit	04-05-16	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	1209	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 16 TIME STAMP: 9 -AUG-2019 14:20

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	14:20:07	Answer Time		End Time	14:20:09
Caller Station	6229	Selected Trunk Group			
Caller Circuit	03-13-13	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	1370	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 17 TIME STAMP: 9 -AUG-2019 14:25

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	14:25:51	Answer Time		End Time	14:25:51

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333 IN

Caller Station	6467	Selected Trunk Group	
Caller Circuit	03-03-04	Selected Circuit	
Caller COS	11	Selected COS	
Caller Routing Class	1	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	1428	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 18 TIME STAMP: 9 -AUG-2019 14:28

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	14:28:18	Answer Time		End Time	14:28:19
Caller Station	6467	Selected Trunk Group			
Caller Circuit	03-03-04	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	1450	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 19 TIME STAMP: 9 -AUG-2019 14:34

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	14:34:11	Answer Time		End Time	14:34:13
Caller Station	6264	Selected Trunk Group			
Caller Circuit	04-05-07	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	1504	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

EFTA00050897

RECORD NUMBER: 20	TIME STAMP: 9 -AUG-2019 14:36		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	14:36:10	Answer Time	End Time 14:36:10
Caller Station	6127	Selected Trunk Group	
Caller Circuit	02-08-07	Selected Circuit	
Caller COS	136	Selected COS	
Caller Routing Class	3	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	1529	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 21	TIME STAMP: 9 -AUG-2019 14:39		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	14:39:54	Answer Time	End Time 14:39:56
Caller Station	6376	Selected Trunk Group	
Caller Circuit	03-13-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	1553	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 22	TIME STAMP: 9 -AUG-2019 14:40		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	14:40:32	Answer Time	End Time 14:40:34
Caller Station	6269	Selected Trunk Group	
Caller Circuit	03-13-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	1557	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

EFTA00050898

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 23		TIME STAMP: 9 -AUG-2019 15:4			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	15:04:42	Answer Time		End Time	15:04:44
Caller Station	6202	Selected Trunk Group			
Caller Circuit	03-01-05	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	1729	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 24		TIME STAMP: 9 -AUG-2019 15:6			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	15:06:54	Answer Time		End Time	15:06:56
Caller Station	6264	Selected Trunk Group			
Caller Circuit	04-05-07	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	1744	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 25		TIME STAMP: 9 -AUG-2019 15:7			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	15:07:17	Answer Time		End Time	15:07:18
Caller Station	6202	Selected Trunk Group			
Caller Circuit	03-01-05	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			

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		333 IN	
Caller ANI		Selected Facility	
Record Audit	1747	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 26		TIME STAMP: 9 -AUG-2019 15:19			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	15:19:49	Answer Time		End Time	15:19:50
Caller Station	6270	Selected Trunk Group			
Caller Circuit	02-06-12	Selected Circuit			
Caller COS	14	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	1805	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 27		TIME STAMP: 9 -AUG-2019 15:43			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	15:43:16	Answer Time		End Time	15:43:17
Caller Station	6229	Selected Trunk Group			
Caller Circuit	03-13-13	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	1911	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 28		TIME STAMP: 9 -AUG-2019 15:44			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	15:44:00	Answer Time		End Time	15:44:02

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Caller Station	6294	Selected Trunk Group	
Caller Circuit	03-13-15	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	1914	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 29 TIME STAMP: 9 -AUG-2019 15:44

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	15:44:06	Answer Time		End Time	15:44:07

Caller Station	6294	Selected Trunk Group	
Caller Circuit	03-13-15	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	5450	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 30 TIME STAMP: 9 -AUG-2019 15:44

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	15:44:26	Answer Time		End Time	15:44:27

Caller Station	6269	Selected Trunk Group	
Caller Circuit	03-13-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	1916	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

EFTA00050901

RECORD NUMBER: 31	TIME STAMP: 9 -AUG-2019 16:1		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	16:01:06	Answer Time	End Time 16:01:08
Caller Station	6240	Selected Trunk Group	
Caller Circuit	03-13-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2005	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 32	TIME STAMP: 9 -AUG-2019 16:1		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	16:01:54	Answer Time	End Time 16:01:56
Caller Station	6269	Selected Trunk Group	
Caller Circuit	03-13-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2010	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 33	TIME STAMP: 9 -AUG-2019 16:2		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	16:02:37	Answer Time	End Time 16:02:40
Caller Station	6426	Selected Trunk Group	
Caller Circuit	02-04-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2014	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

EFTA00050902

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 34 TIME STAMP: 9 -AUG-2019 16:5

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	16:05:31	Answer Time		End Time	16:05:32
Caller Station	6269	Selected Trunk Group			
Caller Circuit	03-13-09	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2028	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 35 TIME STAMP: 9 -AUG-2019 16:7

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	16:07:04	Answer Time		End Time	16:07:05
Caller Station	6381	Selected Trunk Group			
Caller Circuit	04-01-01	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2033	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 36 TIME STAMP: 9 -AUG-2019 16:14

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	16:14:52	Answer Time		End Time	16:14:54
Caller Station	6307	Selected Trunk Group			
Caller Circuit	04-05-16	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			

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333 IN

Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2069	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 37 TIME STAMP: 9 -AUG-2019 16:16

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	16:16:10	Answer Time		End Time	16:16:12
Caller Station	6307	Selected Trunk Group			
Caller Circuit	04-05-16	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2080	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 38 TIME STAMP: 9 -AUG-2019 16:17

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	16:17:38	Answer Time		End Time	16:17:39
Caller Station	6381	Selected Trunk Group			
Caller Circuit	04-01-01	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2087	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 39 TIME STAMP: 9 -AUG-2019 16:18

Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19

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Start Time	16:18:32	Answer Time		End Time	16:18:35
Caller Station	6240	Selected Trunk Group			
Caller Circuit	03-13-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2099	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 40	TIME STAMP: 9 -AUG-2019 16:20				
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	16:20:24	Answer Time		End Time	16:20:26
Caller Station	6229	Selected Trunk Group			
Caller Circuit	03-13-13	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2105	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 41	TIME STAMP: 9 -AUG-2019 16:22				
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	16:22:39	Answer Time		End Time	16:22:41
Caller Station	6225	Selected Trunk Group			
Caller Circuit	03-08-11	Selected Circuit			
Caller COS	14	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2110	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

EFTA00050905

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 42	TIME STAMP: 9 -AUG-2019 16:28		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	16:28:14	Answer Time	End Time 16:28:16
Caller Station	6225	Selected Trunk Group	
Caller Circuit	03-08-11	Selected Circuit	
Caller COS	14	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2138	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 43	TIME STAMP: 9 -AUG-2019 16:38		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	16:38:11	Answer Time	End Time 16:38:12
Caller Station	6269	Selected Trunk Group	
Caller Circuit	03-13-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2177	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 44	TIME STAMP: 9 -AUG-2019 16:45		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	16:45:20	Answer Time	End Time 16:45:21
Caller Station	6229	Selected Trunk Group	
Caller Circuit	03-13-13	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2198	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE

EFTA00050906

333 IN

Code Validation	Queue Time

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 45 TIME STAMP: 9 -AUG-2019 17:36

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	17:36:10	Answer Time		End Time	17:36:11
Caller Station	6259	Selected Trunk Group			
Caller Circuit	04-05-10	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2403	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 46 TIME STAMP: 9 -AUG-2019 17:44

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	17:44:57	Answer Time		End Time	17:44:58
Caller Station	6271	Selected Trunk Group			
Caller Circuit	03-13-11	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2441	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 47 TIME STAMP: 9 -AUG-2019 17:59

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	17:59:26	Answer Time		End Time	17:59:27
Caller Station	6361	Selected Trunk Group			
Caller Circuit	03-09-05	Selected Circuit			
Caller COS	4	Selected COS			

EFTA00050907

333 IN

Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2492	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	48	TIME STAMP: 9 -AUG-2019	18:0		
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:42	Answer Time		End Time	18:00:42
Caller Station	6314	Selected Trunk Group			
Caller Circuit	04-09-03	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2498	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	49	TIME STAMP: 9 -AUG-2019	18:0		
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:52	Answer Time		End Time	18:00:52
Caller Station	6495	Selected Trunk Group			
Caller Circuit	03-03-11	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2499	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	50	TIME STAMP: 9 -AUG-2019	18:0

EFTA00050908

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:52	Answer Time		End Time	18:00:53
Caller Station	6470	Selected Trunk Group			
Caller Circuit	04-03-04	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2501	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 51 TIME STAMP: 9 -AUG-2019 18:0

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:52	Answer Time		End Time	18:00:53
Caller Station	6261	Selected Trunk Group			
Caller Circuit	03-09-03	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2502	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 52 TIME STAMP: 9 -AUG-2019 18:0

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:52	Answer Time		End Time	18:00:54
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2500	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

EFTA00050909

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	53	TIME STAMP: 9 -AUG-2019	18:0		
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:53	Answer Time		End Time	18:00:54
Caller Station	6366	Selected Trunk Group			
Caller Circuit	03-09-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2503	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	54	TIME STAMP: 9 -AUG-2019	18:0		
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:53	Answer Time		End Time	18:00:55
Caller Station	6426	Selected Trunk Group			
Caller Circuit	02-04-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2504	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	55	TIME STAMP: 9 -AUG-2019	18:0		
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:56	Answer Time		End Time	18:00:56
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	5450	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		

EFTA00050910

		333 IN	
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 56		TIME STAMP: 9 -AUG-2019 18:0			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:57	Answer Time		End Time	18:00:59
Caller Station	6367	Selected Trunk Group			
Caller Circuit	03-09-09	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2505	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 57		TIME STAMP: 9 -AUG-2019 18:1			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:00:59	Answer Time		End Time	18:01:02
Caller Station	6379	Selected Trunk Group			
Caller Circuit	03-09-11	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2506	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 58		TIME STAMP: 9 -AUG-2019 18:1			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:01:07	Answer Time		End Time	18:01:10
Caller Station	6296	Selected Trunk Group			
Caller Circuit	03-09-04	Selected Circuit			

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333 IN

Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2509	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 59 TIME STAMP: 9 -AUG-2019 18:19

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:19:03	Answer Time		End Time	18:19:04
Caller Station	6381	Selected Trunk Group			
Caller Circuit	04-01-01	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2567	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 60 TIME STAMP: 9 -AUG-2019 18:21

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:21:05	Answer Time		End Time	18:21:06
Caller Station	6269	Selected Trunk Group			
Caller Circuit	03-13-09	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2577	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 61 TIME STAMP: 9 -AUG-2019 18:23

EFTA00050912

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:23:12	Answer Time		End Time	18:23:14
Caller Station	6381	Selected Trunk Group			
Caller Circuit	04-01-01	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2590	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 62 TIME STAMP: 9 -AUG-2019 18:27

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:27:30	Answer Time		End Time	18:27:32
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2611	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 63 TIME STAMP: 9 -AUG-2019 18:27

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:27:35	Answer Time		End Time	18:27:36
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2612	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					

EFTA00050913

| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 64	TIME STAMP: 9 -AUG-2019 18:31		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	18:31:27	Answer Time	End Time 18:31:29
Caller Station	6426	Selected Trunk Group	
Caller Circuit	02-04-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2618	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 65	TIME STAMP: 9 -AUG-2019 18:36		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	18:36:08	Answer Time	End Time 18:36:10
Caller Station	6229	Selected Trunk Group	
Caller Circuit	03-13-13	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2620	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 66	TIME STAMP: 9 -AUG-2019 18:51		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	18:51:02	Answer Time	End Time 18:51:04
Caller Station	6229	Selected Trunk Group	
Caller Circuit	03-13-13	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2678	Call Type	ONE LINE

EFTA00050914

		333 IN	
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	67	TIME STAMP: 9 -AUG-2019	18:53		
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:53:01	Answer Time		End Time	18:53:02
Caller Station	6240	Selected Trunk Group			
Caller Circuit	03-13-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2683	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	68	TIME STAMP: 9 -AUG-2019	18:54		
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	18:54:18	Answer Time		End Time	18:54:20
Caller Station	6240	Selected Trunk Group			
Caller Circuit	03-13-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2686	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	69	TIME STAMP: 9 -AUG-2019	19:1		
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	19:01:38	Answer Time		End Time	19:01:40
Caller Station	6361	Selected Trunk Group			

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333 IN

Caller Circuit	03-09-05	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2710	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 70 TIME STAMP: 9 -AUG-2019 19:1

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	19:01:39	Answer Time		End Time	19:01:40

Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2713	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 71 TIME STAMP: 9 -AUG-2019 19:1

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	19:01:42	Answer Time		End Time	19:01:42

Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	5450	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

EFTA00050916

RECORD NUMBER: 72	TIME STAMP: 9 -AUG-2019 19:2		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	19:02:06	Answer Time	End Time 19:02:08
Caller Station	6426	Selected Trunk Group	
Caller Circuit	02-04-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2715	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 73	TIME STAMP: 9 -AUG-2019 19:2		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	19:02:27	Answer Time	End Time 19:02:28
Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2716	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 74	TIME STAMP: 9 -AUG-2019 19:2		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	19:02:30	Answer Time	End Time 19:02:31
Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2717	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		

EFTA00050917

| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 75 TIME STAMP: 9 -AUG-2019 19:15

| Start Date 8/ 9/19 | Answer Date | End Date 8/ 9/19
| Start Time 19:15:30 | Answer Time | End Time 19:15:34

| Caller Station 6347 | Selected Trunk Group
| Caller Circuit 03-13-07 | Selected Circuit
| Caller COS 4 | Selected COS
| Caller Routing Class 4 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility
| Record Audit 2752 | Call Type ONE LINE
| Conference Audit | Call Status BARGE REQUEST
| Access Code | Queue Status NULL QUEUE
| Code Validation | Queue Time

| Dialed Number 003
| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 76 TIME STAMP: 9 -AUG-2019 19:29

| Start Date 8/ 9/19 | Answer Date | End Date 8/ 9/19
| Start Time 19:29:56 | Answer Time | End Time 19:29:58

| Caller Station 6363 | Selected Trunk Group
| Caller Circuit 03-09-06 | Selected Circuit
| Caller COS 4 | Selected COS
| Caller Routing Class 4 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility
| Record Audit 2789 | Call Type ONE LINE
| Conference Audit | Call Status BARGE REQUEST
| Access Code | Queue Status NULL QUEUE
| Code Validation | Queue Time

| Dialed Number 003
| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 77 TIME STAMP: 9 -AUG-2019 19:30

| Start Date 8/ 9/19 | Answer Date | End Date 8/ 9/19
| Start Time 19:30:00 | Answer Time | End Time 19:30:01

| Caller Station 6363 | Selected Trunk Group
| Caller Circuit 03-09-06 | Selected Circuit
| Caller COS 4 | Selected COS
| Caller Routing Class 4 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility

EFTA00050918

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                                        333 IN
| Record Audit              2790      | Call Type       ONE LINE
| Conference Audit                    | Call Status     BARGE REQUEST
| Access Code                         | Queue Status    NULL QUEUE
| Code Validation                     | Queue Time
|-------------------------------------------------------------------------
| Dialed Number       003
| Account Code
| Authorization Code
-------------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-------------------------------------------------------------------------
| RECORD NUMBER:   78     TIME STAMP: 9 -AUG-2019  19:32
|-------------------------------------------------------------------------
| Start Date      8/ 9/19 | Answer Date             | End Date       8/ 9/19
| Start Time     19:32:10 | Answer Time             | End Time      19:32:12
|-------------------------------------------------------------------------
| Caller Station            6259      | Selected Trunk Group
| Caller Circuit            04-05-10  | Selected Circuit
| Caller COS                4         | Selected COS
| Caller Routing Class      4         | Selected Routing Class
| Caller Switch ID          001       | Selected Route Pattern
| Caller ANI                          | Selected Facility
| Record Audit              2795      | Call Type       ONE LINE
| Conference Audit                    | Call Status     BARGE REQUEST
| Access Code                         | Queue Status    NULL QUEUE
| Code Validation                     | Queue Time
|-------------------------------------------------------------------------
| Dialed Number       003
| Account Code
| Authorization Code
-------------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-------------------------------------------------------------------------
| RECORD NUMBER:   79     TIME STAMP: 9 -AUG-2019  19:32
|-------------------------------------------------------------------------
| Start Date      8/ 9/19 | Answer Date             | End Date       8/ 9/19
| Start Time     19:32:12 | Answer Time             | End Time      19:32:13
|-------------------------------------------------------------------------
| Caller Station            6361      | Selected Trunk Group
| Caller Circuit            03-09-05  | Selected Circuit
| Caller COS                4         | Selected COS
| Caller Routing Class      4         | Selected Routing Class
| Caller Switch ID          001       | Selected Route Pattern
| Caller ANI                          | Selected Facility
| Record Audit              2796      | Call Type       ONE LINE
| Conference Audit                    | Call Status     BARGE REQUEST
| Access Code                         | Queue Status    NULL QUEUE
| Code Validation                     | Queue Time
|-------------------------------------------------------------------------
| Dialed Number       003
| Account Code
| Authorization Code
-------------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-------------------------------------------------------------------------
| RECORD NUMBER:   80     TIME STAMP: 9 -AUG-2019  19:37
|-------------------------------------------------------------------------
| Start Date      8/ 9/19 | Answer Date             | End Date       8/ 9/19
| Start Time     19:37:28 | Answer Time             | End Time      19:37:30
|-------------------------------------------------------------------------
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333 IN

Caller Station	6426	Selected Trunk Group	
Caller Circuit	02-04-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2809	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 81 TIME STAMP: 9 -AUG-2019 19:45

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	19:45:37	Answer Time		End Time	19:45:39
Caller Station	6229	Selected Trunk Group			
Caller Circuit	03-13-13	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2819	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 82 TIME STAMP: 9 -AUG-2019 19:48

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	19:48:37	Answer Time		End Time	19:48:39
Caller Station	6426	Selected Trunk Group			
Caller Circuit	02-04-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2829	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

EFTA00050920

RECORD NUMBER: 83	TIME STAMP: 9 -AUG-2019 19:52		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	19:52:54	Answer Time	End Time 19:52:56
Caller Station	6269	Selected Trunk Group	
Caller Circuit	03-13-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2843	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 84	TIME STAMP: 9 -AUG-2019 19:53		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	19:53:47	Answer Time	End Time 19:53:49
Caller Station	6269	Selected Trunk Group	
Caller Circuit	03-13-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2848	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 85	TIME STAMP: 9 -AUG-2019 19:57		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	19:57:37	Answer Time	End Time 19:57:39
Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2856	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

EFTA00050921

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 86 TIME STAMP: 9 -AUG-2019 19:57

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	19:57:51	Answer Time		End Time	19:57:53
Caller Station	6426	Selected Trunk Group			
Caller Circuit	02-04-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2858	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 87 TIME STAMP: 9 -AUG-2019 19:57

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	19:57:57	Answer Time		End Time	19:57:59
Caller Station	6229	Selected Trunk Group			
Caller Circuit	03-13-13	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2860	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 88 TIME STAMP: 9 -AUG-2019 19:59

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	19:59:40	Answer Time		End Time	19:59:41
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			

EFTA00050922

			333 IN
Caller ANI		Selected Facility	
Record Audit	2864	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 89		TIME STAMP: 9 -AUG-2019 20:2	
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	20:02:42	Answer Time	End Time 20:02:44
Caller Station	6426	Selected Trunk Group	
Caller Circuit	02-04-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2868	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 90		TIME STAMP: 9 -AUG-2019 20:4	
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	20:04:24	Answer Time	End Time 20:04:26
Caller Station	6225	Selected Trunk Group	
Caller Circuit	03-08-11	Selected Circuit	
Caller COS	14	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2873	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 91		TIME STAMP: 9 -AUG-2019 20:7	
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	20:06:58	Answer Time	End Time 20:07:00

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Caller Station	6296	Selected Trunk Group	
Caller Circuit	03-09-04	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2875	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 92 TIME STAMP: 9 -AUG-2019 20:8

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	20:08:25	Answer Time		End Time	20:08:26

Caller Station	6361	Selected Trunk Group	
Caller Circuit	03-09-05	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2876	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 93 TIME STAMP: 9 -AUG-2019 20:30

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	20:30:03	Answer Time		End Time	20:30:04

Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2926	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

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RECORD NUMBER: 94	TIME STAMP: 9 -AUG-2019 20:30		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	20:30:06	Answer Time	End Time 20:30:07
Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2927	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 95	TIME STAMP: 9 -AUG-2019 20:31		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	20:31:36	Answer Time	End Time 20:31:38
Caller Station	6426	Selected Trunk Group	
Caller Circuit	02-04-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2929	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 96	TIME STAMP: 9 -AUG-2019 20:45		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	20:45:54	Answer Time	End Time 20:45:57
Caller Station	6350	Selected Trunk Group	
Caller Circuit	04-01-02	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	2953	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

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Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 97 TIME STAMP: 9 -AUG-2019 20:48

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	20:48:11	Answer Time		End Time	20:48:12
Caller Station	6307	Selected Trunk Group			
Caller Circuit	04-05-16	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2956	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 98 TIME STAMP: 9 -AUG-2019 20:59

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	20:59:23	Answer Time		End Time	20:59:25
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2967	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 99 TIME STAMP: 9 -AUG-2019 20:59

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	20:59:26	Answer Time		End Time	20:59:27
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			

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Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	5450	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 100 TIME STAMP: 9 -AUG-2019 21:0

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	21:00:37	Answer Time		End Time	21:00:39
Caller Station	6426	Selected Trunk Group			
Caller Circuit	02-04-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2970	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 101 TIME STAMP: 9 -AUG-2019 21:1

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	21:01:34	Answer Time		End Time	21:01:36
Caller Station	6361	Selected Trunk Group			
Caller Circuit	03-09-05	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	2975	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 102 TIME STAMP: 9 -AUG-2019 21:19

Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19

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Start Time 21:19:22	Answer Time	End Time 21:19:23
Caller Station 6229	Selected Trunk Group	
Caller Circuit 03-13-13	Selected Circuit	
Caller COS 4	Selected COS	
Caller Routing Class 4	Selected Routing Class	
Caller Switch ID 001	Selected Route Pattern	
Caller ANI	Selected Facility	
Record Audit 3005	Call Type ONE LINE	
Conference Audit	Call Status BARGE REQUEST	
Access Code	Queue Status NULL QUEUE	
Code Validation	Queue Time	
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 103 TIME STAMP: 9 -AUG-2019 21:20		
Start Date 8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time 21:20:07	Answer Time	End Time 21:20:08
Caller Station 6229	Selected Trunk Group	
Caller Circuit 03-13-13	Selected Circuit	
Caller COS 4	Selected COS	
Caller Routing Class 4	Selected Routing Class	
Caller Switch ID 001	Selected Route Pattern	
Caller ANI	Selected Facility	
Record Audit 3006	Call Type ONE LINE	
Conference Audit	Call Status BARGE REQUEST	
Access Code	Queue Status NULL QUEUE	
Code Validation	Queue Time	
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 104 TIME STAMP: 9 -AUG-2019 21:25		
Start Date 8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time 21:25:13	Answer Time	End Time 21:25:15
Caller Station 6307	Selected Trunk Group	
Caller Circuit 04-05-16	Selected Circuit	
Caller COS 4	Selected COS	
Caller Routing Class 4	Selected Routing Class	
Caller Switch ID 001	Selected Route Pattern	
Caller ANI	Selected Facility	
Record Audit 3015	Call Type ONE LINE	
Conference Audit	Call Status BARGE REQUEST	
Access Code	Queue Status NULL QUEUE	
Code Validation	Queue Time	
Dialed Number 003		
Account Code		
Authorization Code		

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Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 105		TIME STAMP: 9 -AUG-2019 21:42			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	21:42:55	Answer Time		End Time	21:42:57
Caller Station	6381	Selected Trunk Group			
Caller Circuit	04-01-01	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3040	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 106		TIME STAMP: 9 -AUG-2019 21:54			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	21:54:39	Answer Time		End Time	21:54:40
Caller Station	6229	Selected Trunk Group			
Caller Circuit	03-13-13	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3068	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 107		TIME STAMP: 9 -AUG-2019 22:28			
Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	22:28:16	Answer Time		End Time	22:28:18
Caller Station	6259	Selected Trunk Group			
Caller Circuit	04-05-10	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3119	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		

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                                        333 IN
| Code Validation                     | Queue Time
|-------------------------------------------------------------------------
| Dialed Number        003
| Account Code
| Authorization Code
-------------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-------------------------------------------------------------------------
| RECORD NUMBER:  108     TIME STAMP: 9 -AUG-2019  22:29
|-------------------------------------------------------------------------
| Start Date      8/ 9/19 | Answer Date                | End Date      8/ 9/19
| Start Time     22:29:40 | Answer Time                | End Time     22:29:42
|-------------------------------------------------------------------------
| Caller Station          6426     | Selected Trunk Group
| Caller Circuit          02-04-08 | Selected Circuit
| Caller COS              4        | Selected COS
| Caller Routing Class    4        | Selected Routing Class
| Caller Switch ID        001      | Selected Route Pattern
| Caller ANI                       | Selected Facility
| Record Audit            3124     | Call Type      ONE LINE
| Conference Audit                 | Call Status    BARGE REQUEST
| Access Code                      | Queue Status   NULL QUEUE
| Code Validation                  | Queue Time
|-------------------------------------------------------------------------
| Dialed Number        003
| Account Code
| Authorization Code
-------------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-------------------------------------------------------------------------
| RECORD NUMBER:  109     TIME STAMP: 9 -AUG-2019  22:31
|-------------------------------------------------------------------------
| Start Date      8/ 9/19 | Answer Date                | End Date      8/ 9/19
| Start Time     22:31:28 | Answer Time                | End Time     22:31:29
|-------------------------------------------------------------------------
| Caller Station          6326     | Selected Trunk Group
| Caller Circuit          04-12-01 | Selected Circuit
| Caller COS              14       | Selected COS
| Caller Routing Class    4        | Selected Routing Class
| Caller Switch ID        001      | Selected Route Pattern
| Caller ANI                       | Selected Facility
| Record Audit            3126     | Call Type      ONE LINE
| Conference Audit                 | Call Status    BARGE REQUEST
| Access Code                      | Queue Status   NULL QUEUE
| Code Validation                  | Queue Time
|-------------------------------------------------------------------------
| Dialed Number        003
| Account Code
| Authorization Code
-------------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-------------------------------------------------------------------------
| RECORD NUMBER:  110     TIME STAMP: 9 -AUG-2019  22:31
|-------------------------------------------------------------------------
| Start Date      8/ 9/19 | Answer Date                | End Date      8/ 9/19
| Start Time     22:31:30 | Answer Time                | End Time     22:31:31
|-------------------------------------------------------------------------
| Caller Station          6361     | Selected Trunk Group
| Caller Circuit          03-09-05 | Selected Circuit
| Caller COS              4        | Selected COS
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333 IN

Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	3127	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 111 TIME STAMP: 9 -AUG-2019 22:32

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	22:32:26	Answer Time		End Time	22:32:28
Caller Station	6259	Selected Trunk Group			
Caller Circuit	04-05-10	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3130	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 112 TIME STAMP: 9 -AUG-2019 22:34

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	22:34:51	Answer Time		End Time	22:34:52
Caller Station	6259	Selected Trunk Group			
Caller Circuit	04-05-10	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3134	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 113 TIME STAMP: 9 -AUG-2019 22:39

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333 IN

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	22:39:07	Answer Time		End Time	22:39:09
Caller Station	6378	Selected Trunk Group			
Caller Circuit	03-09-12	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3140	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 114 TIME STAMP: 9 -AUG-2019 22:58

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	22:58:19	Answer Time		End Time	22:58:20
Caller Station	6450	Selected Trunk Group			
Caller Circuit	04-09-05	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3152	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 115 TIME STAMP: 9 -AUG-2019 22:59

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	22:59:06	Answer Time		End Time	22:59:07
Caller Station	6361	Selected Trunk Group			
Caller Circuit	03-09-05	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3157	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

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Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 116	TIME STAMP: 9 -AUG-2019 23:0		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	23:00:15	Answer Time	End Time 23:00:16
Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	3159	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 117	TIME STAMP: 9 -AUG-2019 23:31		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	23:31:53	Answer Time	End Time 23:31:55
Caller Station	6361	Selected Trunk Group	
Caller Circuit	03-09-05	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	3183	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 118	TIME STAMP: 9 -AUG-2019 23:32		
Start Date	8/ 9/19	Answer Date	End Date 8/ 9/19
Start Time	23:32:08	Answer Time	End Time 23:32:10
Caller Station	6426	Selected Trunk Group	
Caller Circuit	02-04-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	3184	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST

EFTA00050933

		333 IN	
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 119 TIME STAMP: 9 -AUG-2019 23:57

Start Date	8/ 9/19	Answer Date		End Date	8/ 9/19
Start Time	23:57:24	Answer Time		End Time	23:57:26
Caller Station	6240	Selected Trunk Group			
Caller Circuit	03-13-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3201	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 120 TIME STAMP: 10-AUG-2019 0 :0

Start Date	8/ 9/19	Answer Date		End Date	8/10/19
Start Time	23:59:59	Answer Time		End Time	0:00:02
Caller Station	6450	Selected Trunk Group			
Caller Circuit	04-09-05	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3206	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 121 TIME STAMP: 10-AUG-2019 0 :3

Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	0:03:23	Answer Time		End Time	0:03:24
Caller Station	6350	Selected Trunk Group			
Caller Circuit	04-01-02	Selected Circuit			

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                                        333 IN
| Caller COS                4  | Selected COS
| Caller Routing Class      4  | Selected Routing Class
| Caller Switch ID          001| Selected Route Pattern
| Caller ANI                   | Selected Facility
| Record Audit              3211| Call Type       ONE LINE
| Conference Audit             | Call Status     BARGE REQUEST
| Access Code                  | Queue Status    NULL QUEUE
| Code Validation              | Queue Time
|-------------------------------------------------------------------
| Dialed Number        003
| Account Code
| Authorization Code
-----------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-----------------------------------------------------------------------
| RECORD NUMBER:  122     TIME STAMP: 10-AUG-2019  0 :8
|-----------------------------------------------------------------------
| Start Date      8/10/19 | Answer Date              | End Date       8/10/19
| Start Time      0:08:12 | Answer Time              | End Time       0:08:14
|-----------------------------------------------------------------------
| Caller Station            6317    | Selected Trunk Group
| Caller Circuit            04-01-13| Selected Circuit
| Caller COS                1       | Selected COS
| Caller Routing Class      1       | Selected Routing Class
| Caller Switch ID          001     | Selected Route Pattern
| Caller ANI                        | Selected Facility
| Record Audit              3226    | Call Type       ONE LINE
| Conference Audit                  | Call Status     BARGE REQUEST
| Access Code                       | Queue Status    NULL QUEUE
| Code Validation                   | Queue Time
|-----------------------------------------------------------------------
| Dialed Number        003
| Account Code
| Authorization Code
-----------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-----------------------------------------------------------------------
| RECORD NUMBER:  123     TIME STAMP: 10-AUG-2019  0 :8
|-----------------------------------------------------------------------
| Start Date      8/10/19 | Answer Date              | End Date       8/10/19
| Start Time      0:08:29 | Answer Time              | End Time       0:08:31
|-----------------------------------------------------------------------
| Caller Station            6317    | Selected Trunk Group
| Caller Circuit            04-01-13| Selected Circuit
| Caller COS                1       | Selected COS
| Caller Routing Class      1       | Selected Routing Class
| Caller Switch ID          001     | Selected Route Pattern
| Caller ANI                        | Selected Facility
| Record Audit              3227    | Call Type       ONE LINE
| Conference Audit                  | Call Status     BARGE REQUEST
| Access Code                       | Queue Status    NULL QUEUE
| Code Validation                   | Queue Time
|-----------------------------------------------------------------------
| Dialed Number        003
| Account Code
| Authorization Code
-----------------------------------------------------------------------
Use CTRL/Z to CANCEL;  CTRL/S to PAUSE and CTRL/Q to CONTINUE

-----------------------------------------------------------------------
| RECORD NUMBER:  124     TIME STAMP: 10-AUG-2019  0 :8
```


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Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	0:08:46	Answer Time		End Time	0:08:51
Caller Station	6317	Selected Trunk Group			
Caller Circuit	04-01-13	Selected Circuit			
Caller COS	1	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3228	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 125 TIME STAMP: 10-AUG-2019 0 :9

Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	0:09:39	Answer Time		End Time	0:09:41
Caller Station	6381	Selected Trunk Group			
Caller Circuit	04-01-01	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	3229	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 126 TIME STAMP: 10-AUG-2019 21:31

Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	21:31:52	Answer Time		End Time	21:31:55
Caller Station	6229	Selected Trunk Group			
Caller Circuit	03-13-13	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	8291	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					

EFTA00050936

| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 127 TIME STAMP: 10-AUG-2019 22:24			
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	22:24:27	Answer Time	End Time 22:24:29
Caller Station	6307	Selected Trunk Group	
Caller Circuit	04-05-16	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8410	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 128 TIME STAMP: 10-AUG-2019 22:30			
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	22:30:55	Answer Time	End Time 22:30:59
Caller Station	6326	Selected Trunk Group	
Caller Circuit	04-12-01	Selected Circuit	
Caller COS	14	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8430	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 129 TIME STAMP: 10-AUG-2019 22:32			
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	22:32:44	Answer Time	End Time 22:32:46
Caller Station	6426	Selected Trunk Group	
Caller Circuit	02-04-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8438	Call Type	ONE LINE

EFTA00050937

		333 IN	
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 130		TIME STAMP: 10-AUG-2019 22:54	
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	22:54:46	Answer Time	End Time 22:54:47
Caller Station	6381	Selected Trunk Group	
Caller Circuit	04-01-01	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8485	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 131		TIME STAMP: 10-AUG-2019 22:57	
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	22:57:49	Answer Time	End Time 22:57:50
Caller Station	6350	Selected Trunk Group	
Caller Circuit	04-01-02	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8495	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 132		TIME STAMP: 10-AUG-2019 23:21	
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	23:21:56	Answer Time	End Time 23:21:58
Caller Station	6229	Selected Trunk Group	

EFTA00050938

333 IN

Caller Circuit	03-13-13	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8520	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 133 TIME STAMP: 10-AUG-2019 23:28

Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	23:28:03	Answer Time		End Time	23:28:04
Caller Station	6225	Selected Trunk Group			
Caller Circuit	03-08-11	Selected Circuit			
Caller COS	14	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	8523	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 134 TIME STAMP: 10-AUG-2019 23:28

Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	23:28:04	Answer Time		End Time	23:28:05
Caller Station	6261	Selected Trunk Group			
Caller Circuit	03-09-03	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	8525	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

EFTA00050939

RECORD NUMBER: 135	TIME STAMP: 10-AUG-2019 23:28		
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	23:28:04	Answer Time	End Time 23:28:06
Caller Station	6296	Selected Trunk Group	
Caller Circuit	03-09-04	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8526	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 136	TIME STAMP: 10-AUG-2019 23:28		
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	23:28:04	Answer Time	End Time 23:28:06
Caller Station	6365	Selected Trunk Group	
Caller Circuit	03-09-07	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8527	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 137	TIME STAMP: 10-AUG-2019 23:28		
Start Date	8/10/19	Answer Date	End Date 8/10/19
Start Time	23:28:03	Answer Time	End Time 23:28:06
Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8524	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		

EFTA00050940

| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 138 TIME STAMP: 10-AUG-2019 23:28

| Start Date 8/10/19 | Answer Date | End Date 8/10/19
| Start Time 23:28:05 | Answer Time | End Time 23:28:06

| Caller Station 6426 | Selected Trunk Group
| Caller Circuit 02-04-08 | Selected Circuit
| Caller COS 4 | Selected COS
| Caller Routing Class 4 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility
| Record Audit 8529 | Call Type ONE LINE
| Conference Audit | Call Status BARGE REQUEST
| Access Code | Queue Status NULL QUEUE
| Code Validation | Queue Time

| Dialed Number 003
| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 139 TIME STAMP: 10-AUG-2019 23:28

| Start Date 8/10/19 | Answer Date | End Date 8/10/19
| Start Time 23:28:05 | Answer Time | End Time 23:28:07

| Caller Station 6317 | Selected Trunk Group
| Caller Circuit 04-01-13 | Selected Circuit
| Caller COS 1 | Selected COS
| Caller Routing Class 1 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility
| Record Audit 8530 | Call Type ONE LINE
| Conference Audit | Call Status BARGE REQUEST
| Access Code | Queue Status NULL QUEUE
| Code Validation | Queue Time

| Dialed Number 003
| Account Code
| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

| RECORD NUMBER: 140 TIME STAMP: 10-AUG-2019 23:28

| Start Date 8/10/19 | Answer Date | End Date 8/10/19
| Start Time 23:28:04 | Answer Time | End Time 23:28:07

| Caller Station 6378 | Selected Trunk Group
| Caller Circuit 03-09-12 | Selected Circuit
| Caller COS 4 | Selected COS
| Caller Routing Class 4 | Selected Routing Class
| Caller Switch ID 001 | Selected Route Pattern
| Caller ANI | Selected Facility

EFTA00050941

		333 IN	
Record Audit	8528	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 141		TIME STAMP: 10-AUG-2019 23:28			
Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	23:28:07	Answer Time		End Time	23:28:08
Caller Station	6326	Selected Trunk Group			
Caller Circuit	04-12-01	Selected Circuit			
Caller COS	14	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	8531	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 142		TIME STAMP: 10-AUG-2019 23:28			
Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	23:28:08	Answer Time		End Time	23:28:09
Caller Station	6365	Selected Trunk Group			
Caller Circuit	03-09-07	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	5450	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 143		TIME STAMP: 10-AUG-2019 23:28			
Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	23:28:09	Answer Time		End Time	23:28:11

EFTA00050942

333 IN

Caller Station	6379	Selected Trunk Group	
Caller Circuit	03-09-11	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8532	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 144 TIME STAMP: 10-AUG-2019 23:48

Start Date	8/10/19	Answer Date		End Date	8/10/19
Start Time	23:48:45	Answer Time		End Time	23:48:47

Caller Station	6229	Selected Trunk Group	
Caller Circuit	03-13-13	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8562	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 145 TIME STAMP: 11-AUG-2019 0 :8

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	0:08:52	Answer Time		End Time	0:08:54

Caller Station	6294	Selected Trunk Group	
Caller Circuit	03-13-15	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8589	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

EFTA00050943

RECORD NUMBER: 146	TIME STAMP: 11-AUG-2019 0 :14		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	0:14:34	Answer Time	End Time 0:14:35
Caller Station	6381	Selected Trunk Group	
Caller Circuit	04-01-01	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8609	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 147	TIME STAMP: 11-AUG-2019 0 :18		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	0:17:59	Answer Time	End Time 0:18:03
Caller Station	6381	Selected Trunk Group	
Caller Circuit	04-01-01	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8621	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 148	TIME STAMP: 11-AUG-2019 0 :28		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	0:28:26	Answer Time	End Time 0:28:28
Caller Station	6307	Selected Trunk Group	
Caller Circuit	04-05-16	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8662	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

EFTA00050944

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 149 TIME STAMP: 11-AUG-2019 0 :30

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	0:30:46	Answer Time		End Time	0:30:47
Caller Station	6261	Selected Trunk Group			
Caller Circuit	03-09-03	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	8688	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 150 TIME STAMP: 11-AUG-2019 0 :30

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	0:30:47	Answer Time		End Time	0:30:49
Caller Station	6367	Selected Trunk Group			
Caller Circuit	03-09-09	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	8691	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 151 TIME STAMP: 11-AUG-2019 0 :30

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	0:30:48	Answer Time		End Time	0:30:49
Caller Station	6296	Selected Trunk Group			
Caller Circuit	03-09-04	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			

EFTA00050945

		333 IN	
Caller ANI		Selected Facility	
Record Audit	8692	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 152		TIME STAMP: 11-AUG-2019 1 :5	
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	1:05:52	Answer Time	End Time 1:05:54
Caller Station	6261	Selected Trunk Group	
Caller Circuit	03-09-03	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8894	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 153		TIME STAMP: 11-AUG-2019 1 :6	
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	1:06:55	Answer Time	End Time 1:06:56
Caller Station	6365	Selected Trunk Group	
Caller Circuit	03-09-07	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8896	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 154		TIME STAMP: 11-AUG-2019 1 :28	
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	1:28:12	Answer Time	End Time 1:28:14

EFTA00050946

Caller Station	6366	Selected Trunk Group	
Caller Circuit	03-09-08	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8912	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 155 TIME STAMP: 11-AUG-2019 1 :42

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	1:42:05	Answer Time		End Time	1:42:07

Caller Station	6367	Selected Trunk Group	
Caller Circuit	03-09-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8938	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 156 TIME STAMP: 11-AUG-2019 2 :13

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	2:13:35	Answer Time		End Time	2:13:36

Caller Station	6365	Selected Trunk Group	
Caller Circuit	03-09-07	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8949	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

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RECORD NUMBER: 157	TIME STAMP: 11-AUG-2019 2 :57		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	2:57:46	Answer Time	End Time 2:57:47
Caller Station	6367	Selected Trunk Group	
Caller Circuit	03-09-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	8965	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 158	TIME STAMP: 11-AUG-2019 3 :58		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	3:58:52	Answer Time	End Time 3:58:54
Caller Station	6363	Selected Trunk Group	
Caller Circuit	03-09-06	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9011	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 159	TIME STAMP: 11-AUG-2019 4 :49		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	4:49:40	Answer Time	End Time 4:49:42
Caller Station	6367	Selected Trunk Group	
Caller Circuit	03-09-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9026	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	

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Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 160 TIME STAMP: 11-AUG-2019 5 :9

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	5:09:40	Answer Time		End Time	5:09:41
Caller Station	6365	Selected Trunk Group			
Caller Circuit	03-09-07	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9034	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 161 TIME STAMP: 11-AUG-2019 6 :2

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:02:48	Answer Time		End Time	6:02:49
Caller Station	6317	Selected Trunk Group			
Caller Circuit	04-01-13	Selected Circuit			
Caller COS	1	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9136	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 162 TIME STAMP: 11-AUG-2019 6 :2

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:02:50	Answer Time		End Time	6:02:52
Caller Station	6365	Selected Trunk Group			
Caller Circuit	03-09-07	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			

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Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9138	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 163		TIME STAMP: 11-AUG-2019 6 :2			
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:02:50	Answer Time		End Time	6:02:52
Caller Station	6361	Selected Trunk Group			
Caller Circuit	03-09-05	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9139	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 164		TIME STAMP: 11-AUG-2019 6 :2			
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:02:51	Answer Time		End Time	6:02:53
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9140	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 165		TIME STAMP: 11-AUG-2019 6 :2			
Start Date	8/11/19	Answer Date		End Date	8/11/19

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Start Time 6:02:53	Answer Time	End Time 6:02:55
Caller Station 6366	Selected Trunk Group	
Caller Circuit 03-09-08	Selected Circuit	
Caller COS 4	Selected COS	
Caller Routing Class 4	Selected Routing Class	
Caller Switch ID 001	Selected Route Pattern	
Caller ANI	Selected Facility	
Record Audit 9141	Call Type ONE LINE	
Conference Audit	Call Status BARGE REQUEST	
Access Code	Queue Status NULL QUEUE	
Code Validation	Queue Time	
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 166 TIME STAMP: 11-AUG-2019 6 :3		
Start Date 8/11/19	Answer Date	End Date 8/11/19
Start Time 6:03:33	Answer Time	End Time 6:03:34
Caller Station 6367	Selected Trunk Group	
Caller Circuit 03-09-09	Selected Circuit	
Caller COS 4	Selected COS	
Caller Routing Class 4	Selected Routing Class	
Caller Switch ID 001	Selected Route Pattern	
Caller ANI	Selected Facility	
Record Audit 9142	Call Type ONE LINE	
Conference Audit	Call Status BARGE REQUEST	
Access Code	Queue Status NULL QUEUE	
Code Validation	Queue Time	
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 167 TIME STAMP: 11-AUG-2019 6 :41		
Start Date 8/11/19	Answer Date	End Date 8/11/19
Start Time 6:41:27	Answer Time	End Time 6:41:28
Caller Station 6229	Selected Trunk Group	
Caller Circuit 03-13-13	Selected Circuit	
Caller COS 4	Selected COS	
Caller Routing Class 4	Selected Routing Class	
Caller Switch ID 001	Selected Route Pattern	
Caller ANI	Selected Facility	
Record Audit 9229	Call Type ONE LINE	
Conference Audit	Call Status BARGE REQUEST	
Access Code	Queue Status NULL QUEUE	
Code Validation	Queue Time	
Dialed Number 003		
Account Code		
Authorization Code		

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Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 168	TIME STAMP: 11-AUG-2019 6 :47		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	6:47:09	Answer Time	End Time 6:47:10
Caller Station	6495	Selected Trunk Group	
Caller Circuit	03-03-11	Selected Circuit	
Caller COS	11	Selected COS	
Caller Routing Class	1	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9252	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 169	TIME STAMP: 11-AUG-2019 6 :47		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	6:47:07	Answer Time	End Time 6:47:10
Caller Station	6367	Selected Trunk Group	
Caller Circuit	03-09-09	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9251	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 170	TIME STAMP: 11-AUG-2019 6 :47		
Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	6:47:11	Answer Time	End Time 6:47:12
Caller Station	6480	Selected Trunk Group	
Caller Circuit	02-03-05	Selected Circuit	
Caller COS	11	Selected COS	
Caller Routing Class	1	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9254	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE

EFTA00050952

		333 IN	
Code Validation		Queue Time	

Dialed Number	003
Account Code	
Authorization Code	

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 171 TIME STAMP: 11-AUG-2019 6 :47

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:47:13	Answer Time		End Time	6:47:16
Caller Station	6365	Selected Trunk Group			
Caller Circuit	03-09-07	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9255	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 172 TIME STAMP: 11-AUG-2019 6 :47

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:47:15	Answer Time		End Time	6:47:16
Caller Station	6265	Selected Trunk Group			
Caller Circuit	03-11-12	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9258	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 173 TIME STAMP: 11-AUG-2019 6 :47

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:47:14	Answer Time		End Time	6:47:16
Caller Station	6296	Selected Trunk Group			
Caller Circuit	03-09-04	Selected Circuit			
Caller COS	4	Selected COS			

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333 IN

Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9257	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 174 TIME STAMP: 11-AUG-2019 6 :47

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:47:14	Answer Time		End Time	6:47:16
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9256	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 175 TIME STAMP: 11-AUG-2019 6 :47

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:47:23	Answer Time		End Time	6:47:25
Caller Station	6361	Selected Trunk Group			
Caller Circuit	03-09-05	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9259	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 176 TIME STAMP: 11-AUG-2019 6 :47

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Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:47:28	Answer Time		End Time	6:47:29
Caller Station	6454	Selected Trunk Group			
Caller Circuit	04-11-15	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9261	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 177 TIME STAMP: 11-AUG-2019 6 :47

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:47:28	Answer Time		End Time	6:47:30
Caller Station	6378	Selected Trunk Group			
Caller Circuit	03-09-12	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9260	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 178 TIME STAMP: 11-AUG-2019 6 :48

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:47:57	Answer Time		End Time	6:48:01
Caller Station	6317	Selected Trunk Group			
Caller Circuit	04-01-13	Selected Circuit			
Caller COS	1	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9264	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

EFTA00050955

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 179		TIME STAMP: 11-AUG-2019 6 :48			
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:48:33	Answer Time		End Time	6:48:35
Caller Station	6426	Selected Trunk Group			
Caller Circuit	02-04-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9268	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 180		TIME STAMP: 11-AUG-2019 6 :48			
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:48:50	Answer Time		End Time	6:48:52
Caller Station	6385	Selected Trunk Group			
Caller Circuit	02-04-16	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9269	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 181		TIME STAMP: 11-AUG-2019 6 :49			
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:49:12	Answer Time		End Time	6:49:14
Caller Station	6363	Selected Trunk Group			
Caller Circuit	03-09-06	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9275	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		

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		333 IN	
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 182		TIME STAMP: 11-AUG-2019 6 :49			
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:49:15	Answer Time		End Time	6:49:16
Caller Station	6326	Selected Trunk Group			
Caller Circuit	04-12-01	Selected Circuit			
Caller COS	14	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9276	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 183		TIME STAMP: 11-AUG-2019 6 :49			
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:49:15	Answer Time		End Time	6:49:17
Caller Station	6366	Selected Trunk Group			
Caller Circuit	03-09-08	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9277	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 184		TIME STAMP: 11-AUG-2019 6 :49			
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:49:27	Answer Time		End Time	6:49:28
Caller Station	6317	Selected Trunk Group			
Caller Circuit	04-01-13	Selected Circuit			

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		333 IN	
Caller COS	1	Selected COS	
Caller Routing Class	1	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9278	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 185 TIME STAMP: 11-AUG-2019 6 :49

Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	6:49:33	Answer Time	End Time 6:49:33
Caller Station	6460	Selected Trunk Group	
Caller Circuit	02-03-14	Selected Circuit	
Caller COS	11	Selected COS	
Caller Routing Class	1	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9279	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 186 TIME STAMP: 11-AUG-2019 6 :49

Start Date	8/11/19	Answer Date	End Date 8/11/19
Start Time	6:49:33	Answer Time	End Time 6:49:35
Caller Station	6225	Selected Trunk Group	
Caller Circuit	03-08-11	Selected Circuit	
Caller COS	14	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9280	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 187 TIME STAMP: 11-AUG-2019 6 :49

EFTA00050958

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:49:48	Answer Time		End Time	6:49:50
Caller Station	6361	Selected Trunk Group			
Caller Circuit	03-09-05	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9281	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 188 TIME STAMP: 11-AUG-2019 6 :49

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:49:49	Answer Time		End Time	6:49:51
Caller Station	6460	Selected Trunk Group			
Caller Circuit	02-03-14	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9282	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 189 TIME STAMP: 11-AUG-2019 6 :49

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	6:49:51	Answer Time		End Time	6:49:54
Caller Station	6450	Selected Trunk Group			
Caller Circuit	04-09-05	Selected Circuit			
Caller COS	11	Selected COS			
Caller Routing Class	1	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9283	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					

EFTA00050959

| Authorization Code

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 190	TIME STAMP: 11-AUG-2019 6 :49	
Start Date 8/11/19	Answer Date	End Date 8/11/19
Start Time 6:49:55	Answer Time	End Time 6:49:57
Caller Station 6367		Selected Trunk Group
Caller Circuit 03-09-09		Selected Circuit
Caller COS 4		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 5450		Call Type ONE LINE
Conference Audit		Call Status BARGE REQUEST
Access Code		Queue Status NULL QUEUE
Code Validation		Queue Time
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 191	TIME STAMP: 11-AUG-2019 7 :18	
Start Date 8/11/19	Answer Date	End Date 8/11/19
Start Time 7:18:41	Answer Time	End Time 7:18:43
Caller Station 6229		Selected Trunk Group
Caller Circuit 03-13-13		Selected Circuit
Caller COS 4		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 9346		Call Type ONE LINE
Conference Audit		Call Status BARGE REQUEST
Access Code		Queue Status NULL QUEUE
Code Validation		Queue Time
Dialed Number 003		
Account Code		
Authorization Code		

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 192	TIME STAMP: 11-AUG-2019 7 :23	
Start Date 8/11/19	Answer Date	End Date 8/11/19
Start Time 7:23:07	Answer Time	End Time 7:23:09
Caller Station 6296		Selected Trunk Group
Caller Circuit 03-09-04		Selected Circuit
Caller COS 4		Selected COS
Caller Routing Class 4		Selected Routing Class
Caller Switch ID 001		Selected Route Pattern
Caller ANI		Selected Facility
Record Audit 9355		Call Type ONE LINE

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		333 IN	
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	193	TIME STAMP: 11-AUG-2019	7 :32		
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	7:32:07	Answer Time		End Time	7:32:09
Caller Station	6381	Selected Trunk Group			
Caller Circuit	04-01-01	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9379	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	194	TIME STAMP: 11-AUG-2019	7 :52		
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	7:52:54	Answer Time		End Time	7:52:55
Caller Station	6229	Selected Trunk Group			
Caller Circuit	03-13-13	Selected Circuit			
Caller COS	4	Selected COS			
Caller Routing Class	4	Selected Routing Class			
Caller Switch ID	001	Selected Route Pattern			
Caller ANI		Selected Facility			
Record Audit	9425	Call Type	ONE LINE		
Conference Audit		Call Status	BARGE REQUEST		
Access Code		Queue Status	NULL QUEUE		
Code Validation		Queue Time			
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER:	195	TIME STAMP: 11-AUG-2019	7 :54		
Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	7:54:20	Answer Time		End Time	7:54:22
Caller Station	6271	Selected Trunk Group			

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333 IN

Caller Circuit	03-13-11	Selected Circuit	
Caller COS	4	Selected COS	
Caller Routing Class	4	Selected Routing Class	
Caller Switch ID	001	Selected Route Pattern	
Caller ANI		Selected Facility	
Record Audit	9427	Call Type	ONE LINE
Conference Audit		Call Status	BARGE REQUEST
Access Code		Queue Status	NULL QUEUE
Code Validation		Queue Time	
Dialed Number	003		
Account Code			
Authorization Code			

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 196 TIME STAMP: 11-AUG-2019 7 :59

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	7:59:50	Answer Time		End Time	7:59:52
Caller Station		6350	Selected Trunk Group		
Caller Circuit		04-01-02	Selected Circuit		
Caller COS		4	Selected COS		
Caller Routing Class		4	Selected Routing Class		
Caller Switch ID		001	Selected Route Pattern		
Caller ANI			Selected Facility		
Record Audit		9443	Call Type	ONE LINE	
Conference Audit			Call Status	BARGE REQUEST	
Access Code			Queue Status	NULL QUEUE	
Code Validation			Queue Time		
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

RECORD NUMBER: 197 TIME STAMP: 11-AUG-2019 8 :5

Start Date	8/11/19	Answer Date		End Date	8/11/19
Start Time	8:05:42	Answer Time		End Time	8:05:45
Caller Station		6307	Selected Trunk Group		
Caller Circuit		04-05-16	Selected Circuit		
Caller COS		4	Selected COS		
Caller Routing Class		4	Selected Routing Class		
Caller Switch ID		001	Selected Route Pattern		
Caller ANI			Selected Facility		
Record Audit		9457	Call Type	ONE LINE	
Conference Audit			Call Status	BARGE REQUEST	
Access Code			Queue Status	NULL QUEUE	
Code Validation			Queue Time		
Dialed Number	003				
Account Code					
Authorization Code					

Use CTRL/Z to CANCEL; CTRL/S to PAUSE and CTRL/Q to CONTINUE

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