

SPECIAL HOUSING UNIT RECORD

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

		NEW YORK MCC (Institution)	
Inmate Name: EPSTEIN, JEFFREY EDWARD		Reg. No. 76318-054	
Team/caseworker: _____		Regular Unit: 5UNT MGR. [REDACTED]	Cell: 5
Violation or Reason: N/A	Date _____	Time _____	Rec'd: N/A
Admittance Authorized: N/A	Date _____	Time _____	Rel.: N/A
Pertinent Information: N/A			
Separation Information: N/A			
Special Housing Unit Cell Number: Z04-206LAD		Inmate Is In: N/A	DS: N/A AD Status
Is Inmate on Medication: N/A		Medical Department Notified: N/A	

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
08-04-2019	Morn	Y								[REDACTED]
08-04-2019	Day		Y						[REDACTED]	[REDACTED]
08-04-2019	Eve			Y						[REDACTED]
08-05-2019	Morn	Y								[REDACTED]
08-05-2019	Day		Y						[REDACTED]	[REDACTED]
08-05-2019	Eve			Y						[REDACTED]
08-06-2019	Morn	Y								[REDACTED]
08-06-2019	Day		Y							[REDACTED]
08-06-2019	Eve			Y		No				[REDACTED]
08-07-2019	Morn	Y								[REDACTED]
08-07-2019	Day		Y							[REDACTED]
08-07-2019	Eve			Y		No				[REDACTED]
08-08-2019	Morn	Y								[REDACTED]
08-08-2019	Day		Y							[REDACTED]
08-08-2019	Eve			Y						[REDACTED]
08-09-2019	Morn	Y								[REDACTED]
08-09-2019	Day		Y							[REDACTED]
08-09-2019	Eve			Y						[REDACTED]
	Morn									
	Day									
	Eve									

EXPLANATORY NOTES: Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc. Meals/SH: Shower - Yes (Y); No (N); Refused (R) Out-of-Cell Time: (LL) Law Library, (LV) Legal Visit, (U) Unit Team, (P) Psychology, (E) Education, (H) Haircut, (C) Chapel, (R) Recreation, (X) Property Issue, (V) Visit, (M) Medical, (C) Court, (O) Other - Yes (Y) if applicable / Enter Actual Time Period Start and End (i.e., 0930 - 1030 hrs) in Out of Cell Time Block.

Medical: Medical providers will sign the segregation log each shift and the record sheet each time the inmate is seen by a medical provider. At a minimum, the record sheet must be signed at least once each day by the medical provider. Comments: i.e., Conduct, Attitude, etc. Additional comments on reverse side must include date, signature, and title. OIC Signature: OIC must sign all record sheets each shift. (OIC - Unit Officer)