

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: UNASSIGNED ADMISSION		Regular Unit: 5UNT MGR. [REDACTED]	Cell: 5
Violation or Reason: PENDING CLASSIFICATION	Date: 2019-07-10	Time: 15:26	
Admittance Authorized: [REDACTED]	Date: [REDACTED]	Time: [REDACTED]	
Pertinent Information: N/A		Rel.: [REDACTED]	
Separation Information: N/A			
Special Housing Unit Cell Number: H01-001L	Inmate Is In: [REDACTED]	DS: AD	AD Status
Is Inmate on Medication: N	Medical Department Notified: Y		

Date	Shift	Meals			SH	Exercise	Out of cell time (Total min/hrs)	Comments	Medical Staff Sign	OIC Signature
		B	D	S						
07-21-2019	Morn	Y								
07-21-2019	Day		Y						[REDACTED]	[REDACTED]
07-21-2019	Eve			Y						[REDACTED]
07-22-2019	Morn	Y								
07-22-2019	Day		Y		Y	No	01:00		[REDACTED]	
07-22-2019	Eve			Y						[REDACTED]
	Morn									
	Day									
	Eve									
	Morn									
	Day									
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	Morn									
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	Eve									
	Morn									
	Day									
	Eve									
	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)