

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. N. REID EXT 6421/6301 Cell: 5

Violation or Reason: N/A Date: _____ Time: _____
Rec'd: N/A Rec'd: N/A

Admittance Authorized: N/A Date: _____ Time: _____
Rel.: N/A 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								
08-04-2019	Day		Y							
08-04-2019	Eve			Y						
08-05-2019	Morn	Y								
08-05-2019	Day		Y							
08-05-2019	Eve			Y						
08-06-2019	Morn	Y								
08-06-2019	Day		Y							
08-06-2019	Eve			Y	No					
08-07-2019	Morn	Y								
08-07-2019	Day		Y							
08-07-2019	Eve			Y	No					
08-08-2019	Morn	Y								
08-08-2019	Day		Y							
08-08-2019	Eve			Y						
08-09-2019	Morn	Y								
08-09-2019	Day		Y							
08-09-2019	Eve			Y						
	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)