

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: PENDING CLASSIFICATION	Date: 2019-07-29 Time: 12:21
Admittance Authorized: [REDACTED]	Date: _____ Time: _____
Pertinent Information: N/A	Rel.: _____
Separation Information: N/A	
Special Housing Unit Cell Number: Z04-206LAD	Inmate Is In: _____ DS: _____ AD Status
Is Inmate on Medication: Y	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						
	Morn									
	Day									
	Eve									
07-29-2019	Morn	Y								[REDACTED]
	Day									
07-29-2019	Eve			Y	N					[REDACTED]
07-30-2019	Morn	Y								[REDACTED]
07-30-2019	Day		Y		N	Ref		See 2nd page	[REDACTED]	[REDACTED]
07-30-2019	Eve			Y		No				[REDACTED]
07-31-2019	Morn	Y								[REDACTED]
07-31-2019	Day		Y		Y	06:30/07:30 O	02:00	See 2nd page	[REDACTED]	[REDACTED]
07-31-2019	Eve			Y						[REDACTED]
08-01-2019	Morn	Y								[REDACTED]
08-01-2019	Day		Y		N	Ref		See 2nd page	[REDACTED]	[REDACTED]
08-01-2019	Eve			Y		No				[REDACTED]
08-02-2019	Morn	Y								[REDACTED]
08-02-2019	Day		Y		Y	No	01:00	See 2nd page	[REDACTED]	[REDACTED]
08-02-2019	Eve			Y		No				[REDACTED]
08-03-2019	Morn	Y								[REDACTED]
08-03-2019	Day		Y						[REDACTED]	[REDACTED]
08-03-2019	Eve			Y	N	No				

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)

07-30-2019 Day shift comments:
Health: Voices no medical complaints.

07-31-2019 Day shift comments:
Health: Voices no medical complaints.

08-01-2019 Day shift comments:
Health: Voices no medical complaints.

08-02-2019 Day shift comments:
Health: Voices no medical complaints.