

SPECIAL HOUSING UNIT RECORD

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

(Institution) _____

Inmate Name: _____ Reg. No. _____

Team/Caseworker: _____ Regular Unit: _____ Cell: _____

Violation or Reason: _____ Date Rec'd: _____ Time Rec'd: _____

Admittance Authorized: _____ Date Rel.: _____ Time Rel.: _____

Pertinent Information: _____

Separation Information: _____

Special Housing Unit Cell Number: _____ Inmate Is In: _____ DS: _____ AD Status _____

Is Inmate on Medication: _____ Medical Department Notified: _____

Date	Shift	Meals			SH	Exercise	Medical PA Sign	Comments-Use Reverse Side If Required	OIC Signature
		B	D	S					
	Morn								
	Day								
	Eve								
	Morn								
	Day								
	Eve								
	Morn								
	Day								
	Eve								
	Morn								
	Day								
	Eve								
	Morn								
	Day								
	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)

Ex: Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN)(2:00/2:30 OUT)

Medical: PA will sign the seg log each shift and the record sheet each time the inmate is seen by the PA. At a minimum, the record sheet must be signed at least once each day by the Physician Assistant.

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)