

Investigative and Enforcement Services

Settlement Agreement

USDA, APHIS, IES
4700 River Road, Unit 85
Riverdale, MD 20737
Phone: (301) 734-8684
Fax: (301) 734-4328

RESPONDENT:1st Address

Suncoast Primate Sanctuary
Foundation, Inc.
4600 Alternate 19
Palm Harbor, FL 34683

2nd AddressRegistered Agent:

Dandar & Dandar, P.A.
P.O. Box 24597
Tampa, Florida 33623-4597

CASE NUMBER FL10227-AC**DUE ON OR BEFORE** July 25, 2011**CONTACT
PHONE****REVISED****DATE****CITATION****DESCRIPTION**

DATE	CITATION	DESCRIPTION
February 12, 2010	9 C.F.R. § 3.80(a)(2)(iii)	<u>Primary Enclosures.</u> A chimpanzee exited an enclosure and injured a handler after the handler failed to securely lock the enclosure in keeping with facility protocol.

PENALTY \$1,286**TERMS**

Titles 7, 15, 19, and 21 of the United States Code authorize the Secretary of Agriculture, after providing notice and opportunity for a hearing, to impose civil penalties and other sanctions to resolve violations.

Prior to the issuance of a formal complaint seeking sanctions under the Act, The Department may enter into a stipulation to resolve the above-described violations. Your payment constitutes a waiver of your right to a hearing.

If you do not pay the specified penalty within the designated time or wish to exercise your right to a hearing, this matter will be forwarded to the Office of the General Counsel for litigation. The penalty offered in this stipulation is not relevant to the sanctions the Department may seek, or that will be assessed, upon issuance of a formal complaint.

I acknowledge that I have been given an opportunity for a hearing and waive such hearing. I admit that a chimpanzee exited an enclosure and injured a handler after the handler failed to adhere to the Sanctuary's mandatory "Two-Person / Two-Door System" and failed to securely lock the enclosure in keeping with facility protocol. I deny that the primary enclosure failed to contain the nonhuman primate securely or was accidentally opened. I agree to pay the civil penalty in full settlement of this matter.

Signature of Respondent:**Date:**

7-20-11

PAYMENT RECORD - FOR IES USE ONLY

Payment Type	Date	Amount	Signature of IES Representative