



SQUAXIN ISLAND TRIBE

RESOLUTION NO. 05- 61

of the

SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Tribe, its members, its lands, its enterprises and its agencies by the authority of the Constitution and Bylaws of the Squaxin Island Tribe, as approved and adopted by the General Body and the Secretary of the Interior on July 8, 1965; and

WHEREAS, under the Constitution, Bylaws and inherent sovereignty of the Tribe, the Squaxin Island Tribal Council is charged with the duty of protecting the health, security, education and general welfare of tribal members, and of protecting and managing the lands and treaty resources and rights of the Tribe; and

WHEREAS, the Tribe is a federally-recognized Indian Tribe possessing reserved powers, including the powers of self-government; and

WHEREAS, the Squaxin Island Tribal Council has been entrusted with the creation of ordinances and resolutions in order to fulfill their duty of protecting the health, security, education and general welfare of tribal members, and of protecting and managing the lands and treaty resources of the Tribe; and

WHEREAS, pursuant to the Squaxin Island Tribe's Gaming Compact with the State of Washington, Section XIV, Public Health and Safety, paragraph A, Compliance, states that, with respect to public health and safety, the Tribal gaming operation shall comply with and enforce standards no less stringent than the "public health standards for food and beverage handling in accordance with U.S. Public Health Service requirements";

WHEREAS, the Squaxin Island Tribe's unincorporated Gaming Enterprise dba Little Creek Casino-Hotel believes it to be in the best interests of, and to further enhance, its service to the public to adopt and comply with the U.S. Food and Drug Administration's 2001 Model Food Code; and

WHEREAS, the Squaxin Island Gaming Enterprise also believes that, in addition to adoption of the 2001 Model Food Code, it would be beneficial to its service to the public to enroll in and comply with the FDA's Draft Voluntary National Retail Food Regulatory Program Standards

(Program Standards), to serve as a guide to regulatory retail food program managers in the design and management of a retail food regulatory program and provide a means of recognition for those programs that meet these standards, including publication of the Tribe's name in the National Registry (enrollment/permission form attached);

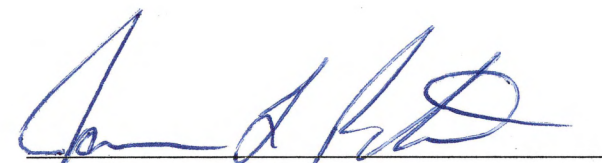
NOW THEREFORE BE IT RESOLVED, that the Squaxin Island Tribal Council hereby approves the adoption of the United States Food and Drug Administration 2001 Model Food Code by the Squaxin Island Gaming Enterprise for use in its Little Creek Casino-Hotel;

BE IT FURTHER RESOLVED, that the Squaxin Island Tribal Council hereby approves the Squaxin Island Gaming Enterprises' enrollment in the United States Food and Drug Administration's Program Standards and authorizes publication of the Tribe's name in the National Registry;

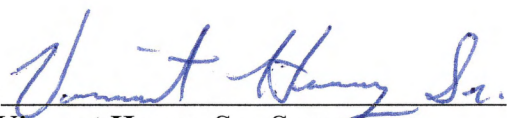
BE IT FINALLY RESOLVED, that any authorized agent of the Squaxin Island Gaming Commission is hereby authorized as signatory.

CERTIFICATION


The Squaxin Island Tribal Council hereby certifies that the foregoing Resolution was adopted at the regular meeting of the Squaxin Island Tribal Council, held on this 23rd day of June, 2005, at which time a quorum was present and was passed by a vote of 6 for and 0 against, with 0 abstentions.



James Peters, Chairman

Attested by: 

Vincent Henry, Sr., Secretary



Andy Whitener, Vice Chairman

FDA National Registry Record

Jurisdiction Reporting Squaxin Island Gaming Enterprise dba Little Creek Casino-Hotel		Address 91 West SR 108	City Shelton	State WA	Zip 98584-9270
To: Sharon Smith FDA Regional Retail Food Specialist				Date	
Enrollment Only: X	Self Assessment: <input type="checkbox"/>	Verification Audit: <input type="checkbox"/>	Baseline Survey: <input type="checkbox"/>		
Standard #	Standard Met	Verification Audit Confirmed	Original: <input type="checkbox"/>		
	Date:	Date:	Update: <input type="checkbox"/>		
1.	<input type="checkbox"/>	<input type="checkbox"/>	Date:		
2.	<input type="checkbox"/>	<input type="checkbox"/>			
3.	<input type="checkbox"/>	<input type="checkbox"/>			
4.	<input type="checkbox"/>	<input type="checkbox"/>			
5.	<input type="checkbox"/>	<input type="checkbox"/>			
6.	<input type="checkbox"/>	<input type="checkbox"/>			
7.	<input type="checkbox"/>	<input type="checkbox"/>			
8.	<input type="checkbox"/>	<input type="checkbox"/>			
Risk Reduction Confirmed				Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Self Assessment Completed by:					
Name (printed)	Signature	Title	Agency		
Verification Audit Completed by:					
Name (printed)	Signature	Title	Agency		
Baseline Survey Completed by:					
Name (printed)	Signature	Title	Agency		
Baseline Survey-Update Completed by:					
Name (printed)	Signature	Title	Agency		
Action Plan Completed by:					
Name	Signature	Title	Agency		
Signed Affidavit of Permission to Publish in National Registry transmitted with this report? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
Program Manager Name: (print)		Signature of Program Manager:		Date	

**RELEASE RECORD AND AGREEMENT
PERMISSION TO PUBLISH IN NATIONAL REGISTRY**

I, the undersigned, am enrolling as participant in the Draft Voluntary National Retail Food Regulatory Program Standards.

I, the undersigned, confirm, that a *Self-Assessment* of the _____ Retail Food Program, has been completed in accordance with the *U.S. Food and Drug Administration (FDA) Draft Voluntary National Retail Food Regulatory Program Standards* on _____ (date).

I, the undersigned, confirm that _____ (Name of Jurisdiction) has completed a baseline survey on the occurrence of foodborne illness risk factors.

I, the undersigned, confirm, that I have:

- Requested _____ (Auditor) perform a *Verification Audit* of the above-named Retail Food Program *Self-assessment*.
- Reviewed and agree with the findings of the *Verification Audit* report dated _____.
- Requested that the *Auditor* forward the *Verification Audit* report, dated _____, to the FDA.

On behalf of the state or local regulatory agency, permission is hereby granted to publish the following in the FDA National Registry of Retail Food Protection Programs via the Internet:

- Enrollment information
- Self-assessment findings
- Baseline survey completion date and trend, if applicable
- Verification audit findings

Signed: _____

Title: _____

Jurisdiction: Squaxin Island Gaming Enterprise

Date: _____