

APPROVED SERVICE PROVIDER DECLARATION
PEST CONTROL

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Dear Supplier,

As part of **bread**solutions Approved Supplier Program, there is a strong commitment to food safety and quality and that expectation that extends to our suppliers.

By signing this document, the service provider:

- a) Guarantees all services provided comply with the relevant legislative and legal requirements as per contract.
- b) Ensure all pest control technicians issued shall be licensed, competent and sufficiently trained to carry out services and use chemicals as required.
- c) Upon entry on site, pest control contractor will communicate with **bread**solutions representatives.
- d) Will inspect all traps, bait stations and other monitoring equipment and document activity at every scheduled visit. Findings must be communicated to **bread**solutions representative after each inspection.
- e) Notify breadsolutions of any infestation identified and ensure the **bread**solutions representative understands the extent of the issues and corrective actions to be implemented by the pest control contractor.
- f) Shall ensure they have provided current copies of:
 - Pest control business license
 - Liability insurance
 - Pest control technician license for all who may visit the site
 - SDS's for all current and previously used pesticides and chemicals
 - 24/7 contact details for emergency issues
 - Pest control contract for services to be administered on site
- g) Will provide a full and detailed schematic plan indicating positions and type of baits and monitoring equipment available on site.
- h) Shall not use toxic baits in open food processing, storage, maintenance, employee facilities and associated areas. Bulbs used in electric insect control units must be shatterproof.

Please sign below to acknowledge compliance:

Tom's Pest Control PTY LTD

09/07/2025

Company Name

Date

Jesse Liles

Company Representative Name



Signature

Please return by email to mmason@breadsolutions.com.au

breadsolutions office use only:

Reviewed by: _____

Sign: _____

Department: _____

Date: _____