

Name of farm/building identification:	PID#:	
Site Manager:	Person in charge:	Date:
-	-	(yy/mm/dd)

INSTRUCTIONS

Please return the completed and signed document to the requester.

Recipient (Purchaser) of Animal Bedding

Company name:	
Name of contact person:	
Address:	
Phone:	
Fax:	
Email:	
Date:	

Supplier of Animal Bedding

Name of animal litter (bedding) production facility:				
Product(s) (SELECT)	CHIPS	SAWDUST	STRAW	
Address:				
Phone:				

Bedding Containing Wood Chips and/or Sawdust

1.	We.	the	supplier	named	above.	. certif	/ the	followin	na:
	••••		Supplier	nannoa	a. 0 0 0 0 j			10110111	· .

» We are committed to meeting the requirements of on-farm quality programs. We therefore provide wood chips and/or sawdust free from pentachlorophenol, chromated copper arsenate and other wood-preserving agents as these wood-treatment chemicals can leave a residue in animal meat.

YES	NO
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2. We certify that the wood chips and sawdust we produce and store are sold without any pentachlorophenol or other harmful wood-preserving agents.

YES	NO

Name of supplier representative (print):

Signature: ____

Date: