

National Registry of Food Safety Professionals

INCIDENT REPORT FORM



Exam Administrator's Name _____

Administrator's Number _____

Proctor's Name(s) _____

Test Date _____ Location _____

Please check one of the following incidents:

Suspected Cheating Illness or Injury Failure to provide ID
 Disruption of Test Not Completing the Test Late Arrival
 Other (Please note): _____

Candidate's Name _____

Time of Incident _____ Materials Confiscated (If any) _____

Administrator's description of incident:

Proctor and/or Witness Comments:

Test Administrator's Signature Date

Proctor's Signature Date

Candidate's Signature Date

Witness' Signature Date

USE THE BACK OF THIS FORM FOR ANY FURTHER EXPLANATION OF THE INCIDENT.

Phone: (800) 446-0257 ■ Email: customer.service@nrfsp.com ■ Fax: (407) 352-3603