

National Registry of Food Safety Professionals

Examinee Comment Form



Please complete the following information. Registry staff will review all comments and refer them to our Review Committee as needed. We appreciate your input.

*Test Administrator/Proctor Name: _____ *Exam Date: _____

*Exam Booklet #: _____ *Exam Language: _____

*Exam Location: _____ Examinee Name: _____

(Optional)

NRFSF INTERNAL USE ONLY:

Exam Form: _____

Sequence Number:

Order Number: _____ Product Code: _____

Question # _____

Comments:

Question # _____

Comments:

Question # _____

Comments: