

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.

Examination Date _____ Test Administrator/
Proctor _____

Examination Location _____ Translation _____

Booklet # _____ Examinee Name _____

(Optional)

OFFICE USE ONLY:

Order Number: _____ Product Code: _____

Sequence Number:

Question # _____

Comments:

Question # _____

Comments:

Question # _____

Comments: