

National Registry of Food Safety Professionals

INCIDENT REPORT FORM



Test Administrator/Proctor's Name _____

Test Administrator/Proctor's Number _____

Additional Proctor Name(s) _____

Examination Date _____ Location _____

***ANY incidents which occur during the administration of the exam that does not follow the policies & procedures listed in the Test Administrator/Proctor Manual will need to be noted on this report form**

Please check any of the following Incident Types:

- Suspected Cheating Illness or Injury Failure to provide ID Disruption of Exam Exams Past Due
 Did Not Complete Exam Circled answers in Exam Booklet Sealed Answer Sheet Inside Exam Envelope
 Other (Please specify): _____

Examinee's Name _____

Time of Incident _____ Materials Confiscated (If any) _____

Test Administrator/Proctor's description of incident:	Additional Test Administrator/Proctor and/or Witness Comments:
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Test Administrator/Proctor's Signature Date

Additional Test Administrator/Proctor Signature Date

Examinee's Signature Date

Witness' Signature Date

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