

National Registry of Food Safety Professionals

INCIDENT REPORT FORM



Test Administrator/Proctor's Name _____

Test Administrator/Proctor's Number _____

2nd Test Administrator/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 one of the following incidents:

_____ Suspected Cheating _____ Illness or Injury _____ Failure to provide ID

_____ Disruption of Examination _____ Not Completing the Test _____ Late Arrival

_____ Circled answers in Exam Booklet Other (Please note): _____

Examinee's Name _____

Time of Incident _____ Materials Confiscated (If any) _____

Test Administrator/Proctor's description of incident:

2nd Test Administrator/Proctor and/or Witness Comments:

Test Administrator/Proctor's Signature Date

2nd 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.

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