

National Registry of Food Safety Professionals

HACCP INCIDENT REPORT FORM



Test Administrator's Name _____

Test Administrator's Number _____

2nd Test Administrator Name(s) _____

Examination Date _____ Location _____

Please check one of the following incidents:

- Suspected Cheating Illness or Injury Late Arrival
 Disruption of Examination Not Completing the Test No Signature on Exam
 Did Not Sign Back of White Window Envelope Did Not Seal White Window Envelope
 Other (Please note): _____

Candidate's Name _____

Time of Incident _____ Materials Confiscated (If any) _____

Test Administrator's description of incident:

2nd Test Administrator &/or Witness Comments:

Test Administrator's Signature Date

2nd Test Administrator 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

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