

National Registry of Food Safety Professionals



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Incident Report Form

Test Administrator's Name _____ Administrator's Number _____

Proctor's Name(s) _____

Test Date _____ Location _____

Please check one of the following incidents:

- | | |
|---|---|
| <input type="checkbox"/> Suspected Cheating | <input type="checkbox"/> Illness or Injury |
| <input type="checkbox"/> Disruption of Test | <input type="checkbox"/> Not Completing the Test |
| <input type="checkbox"/> Late Arrival | <input type="checkbox"/> Other (Please note): _____ |

Candidate's Name _____

Time of Incident _____ Materials Confiscated (If any) _____

Administrator's description of incident:

Proctor and/or Witness Comments:

Test Administrator's Signature Date

Proctor's Signature Date

Candidate's Signature Date

Witness' Signature Date

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