



Incident Report
Food Safety Programs

Exam Date	Exam City/State
Candidate's Social Security Number	Test Code Number
Candidate's Name	Test Form Number
Witness(es) Printed Name(s)	

Steps for reporting an incident:

1. Complete this form. Describe the incident as completely as possible.
2. Complete the "Seating Chart Form."
3. Return all forms and related information with the exams.

Description of Incident: _____

Proctor Signature

Date