

PROMETRIC



**Exam Return Form**  
Food Safety Programs

## Exam Return Form

**\*\*All** information on this form is required. Please print all information **clearly**. This document is double sided. Any incomplete sections may result in a delay in processing.

### Proctor Information

Proctor Name: \_\_\_\_\_ Proctor Number: \_\_\_\_\_

Proctor Phone Number: \_\_\_\_\_ Proctor Email: \_\_\_\_\_

### Exam Information

Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

### Results Reporting

#### **Mail certificates and fail letters to (must choose one):**

Address Below  Candidates

#### **Send score reports to (must choose one):**

Address Below  Email to: \_\_\_\_\_

ATTN (person/business name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_





*Please read and sign:*

This test was administered on the date listed above, at the location listed above, by the Proctor and in accordance with the instructions described in the Policy and Procedures Manual for the Food Safety Program. Fees for any exams submitted that did not adhere to the proctor manual policies and procedures are nonrefundable.

**Print Name:** \_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

Exam Inventory \*\*\*Required\*\*\*

Quantity	Test Code/Form	Serial Numbers
<b>Exams Received</b>		to
_____	_____	_____
_____	_____	to
_____	_____	_____
_____	_____	to
_____	_____	_____
_____	_____	to
<b>Used Exams</b>		to
_____	_____	_____
_____	_____	to
_____	_____	_____
_____	_____	to
_____	_____	_____
_____	_____	to
_____	_____	_____
_____	_____	to
<b>Unused Exams</b>		to
_____	_____	_____
_____	_____	to
_____	_____	_____
_____	_____	to
_____	_____	_____
_____	_____	to
<b>Defective exams</b>		to
_____	_____	_____