



Exam Date	Exam City/State
Candidate's Name:	Test Code Number:
Candidate's Phone Number:	Test Form Number:
Candidate's email address:	Witnesses (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 to:

Prometric  
Attn: Food Safety Program  
7941 Corporate Dr.  
Nottingham MD 21236

Description of Incident:

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Signature \_\_\_\_\_ Proctor # \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or concerns please contact us at: [foodsafetyproctors@prometric.com](mailto:foodsafetyproctors@prometric.com)

Thank you for your continued commitment to exam security!