



American Culinary Federation Practical Exam Incident Report

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Once completed either email to certify@acfchefs.net, mail this form and payment to the address above or fax to number above.

Site Information

Exam Site: _____ Date: _____ Time: _____

Test Site Administrator: _____

Evaluators Present: _____

Individuals Involved

Name	Contact Information	Role (reason for attending exam)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of incident:

Injury Conflict of Interest Conflict (physical/verbal) Other: _____

How did it affect the exam process?

Delayed 1 exam Delayed all exams Stopped 1 exam Stopped all exams No change

Events leading up to Incident:

Details of incident (names, specific actions, time, witnesses, area, etc.):

Resolution:

Is follow up necessary? Yes No

Recommendations for follow-up and/or prevention of future incident:

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I hereby validate that all reported information is accurate and complete to the best of my knowledge. I recognize that I may be contacted for clarification should this incident be further investigated.

Reported By: _____

Signature: _____ Date: _____

Witnessed By: _____

Signature: _____ Date: _____

Witnessed By: _____

Signature: _____ Date: _____