HACCP TEST ADMINISTRATOR INVENTORY FORM

- Complete Part A upon Receipt of materials
- Complete Part B prior to return of materials

Examination Date:

Order #



Part A: Audit and Storage (Complete upon receipt of materials)

Examination Form / Version	Quantity	Sequence Shipped	pped Initials	
Total Examinations:	-	-		

I verify that I received the quantities and sequences of examination booklets as described above and have initialed beside each.

I affirm that I am securely storing the examination materials as described until the examination date.

Storage Meth	nod:		
Test Administ	rator:		
Signature:		Date:	

Part B: Return Audit and Shipping (Complete prior to return of materials)

Examination Form	Quantity Used	Sequence Used		Quantity Unused	Sequence Unused	
Total used examination books:		Total completed answer sheets:				

The following people assisted as readers:

Name	Agreement on file	Agreement Attached

I affirm that I am returning the quantities and sequences of examination booklets as described above. I understand they must be returned as a whole via traceable carrier.

Audited By:	Signature:	 Date:	
	•		

Phone: (800) 446-0257 Email: a

Email: customer.service@nrfsp.com

Web: www.NRFSP.com