

Incident report form

Reference: 19/4/11/1

Complete for each irregular incident that occurs in the examination room and email back to: WCED.Irregularities@westerncape.gov.za

Indicate the examination incident occur with an X in the appropriate block:

SC May-June	NSC May-J	lune	NSC October- N	ovember
aubiect:		Pai	ner:	
Subject: Date of examination:			Paper:A.M./P.M.	
Examination number:			Time Incident occurred:	
ndicate nature of the irreg	ular examinatio	n incident:		
Candidate arrive at exam	nination venue v	where he/she is	not registered	
Candidate arrive late (wit	hin the first hour	r of examinatio	n)	
Candidate tore page from	n answer book			
Candidate wrote his/her i	name on cover	page of the ar	nswer script	
Power outage / Loadshed	ding			
Smartlock/ Glam Key erro	irs			
Technical problems with e	equipment			
Other (Please supply as m	nuch information	n about the inc	ident as possible)	
Examination Centre:				
declare that the above in	nformation is cor	rect.		
Print-Name of Senior Invigilator	Signature	Date	Contact Number	Email Address
Print-Name of Chief Invigilator	Signature	Date	Contact Number	Email Address
Print-Name of Principal	Signature	Date	Contact Number	Email Address