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| **Centre Number** |  | | **Centre Name** |  | | **Form completed by** |  |
| BCS ID Number | Learner Name | Unit | Invigilator Name | Test Date | Test Start Time | Duration of Test Interruption | Details of Interruption |
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**TEST INTERRUPTIONS LOG FOR BCS LIVE TESTS**

Completed forms are to be retained by the BCS centre for audit purposes.