

## TASTE PANEL EVALUATION FORM

Type of Product Being Evaluated: \_\_\_\_\_

Samples Being Evaluated:

Sample A: \_\_\_\_\_

**NAME**

**COST**

Sample B: \_\_\_\_\_

Sample C: \_\_\_\_\_

Sample D: \_\_\_\_\_

**Step 1:** Agree upon the categories that apply to the sample(s).

**Step 2:** Enter the ratings (Use “5” for “Best” and “1” for “Worst”)

Category	Sample:	A	B	C	D
Color/Appearance					
Taste/Flavor					
Odor/Aroma					
Texture/Mouth-feel					
<b>OPTIONAL</b>					
After-taste					
Uniformity/Size					
(Other)					
(Other)					

**Step 3:** Total Points \_\_\_\_\_

**Step 4:** Is the product acceptable? \_\_\_\_\_

**Step 5:** Comments/Explanations

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_