

Food Sensory Evaluation Form Online

Evaluator Information

Field	Details
Name	_____
Date	_____
Time	_____

Product Information

Field	Details
Product Name	_____
Batch Number	_____
Evaluation Location	_____

Sensory Attributes

Appearance

- Color: Light Medium Dark
- Uniformity: Uniform Uneven

Texture

- Mouthfeel: Crunchy Chewy Soft

Aroma

- Intensity: Weak Moderate Strong

Flavor

- Sweetness: Low Medium High
- Aftertaste: None Pleasant Unpleasant

Overall Rating

Attribute	Poor	Fair	Good	Very Good	Excellent
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aroma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flavor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aftertaste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Suggestions

- _____
- _____
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