

Sensory Evaluation Form for Cookies

Evaluator Information

- Name: _____
- Date: _____
- Time: _____

2. Product Information

- Cookie Type: _____
- Batch Number: _____
- Evaluation Location: _____

3. 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

4. Overall Acceptability

- Poor Fair Good Very Good Excellent

5. Comments and Suggestions

- _____
- _____
- _____