

Food Sensory Evaluation Form PDF

Participant Information:

Name: _____

Date: _____

Contact: _____

Food Sample Details:

Sample Name: _____

Sample Code: _____

Serving Temperature: _____

Tasting Time: _____

Evaluation Criteria (Rate on a Scale of 1-10):

| Criteria | 1 (Poor) | 2 | 3 | 4 | 5 (Average) | 6 | 7 | 8 | 9 | 10 (Excellent) |
|------------|-------------|---|---|---|----------------|---|---|---|---|-------------------|
| Appearance | | | | | | | | | | |
| Aroma | | | | | | | | | | |
| Texture | | | | | | | | | | |
| Flavor | | | | | | | | | | |
| Aftertaste | | | | | | | | | | |

Additional Comments:

Overall Rating (Circle One):

Poor **Fair** **Good** **Very Good** **Excellent**

Participant Signature:
