

Sensory Evaluation Score Sheet

Evaluator Details:

Name: _____

Date: _____

Contact: _____

Sample Details:

Product Name: _____

Sample Code: _____

Scoring Categories (Rate from 1-10):

Attribute	Score (1-10)	Comments
Appearance		
Aroma		
Texture		
Flavor		
Overall Acceptability		

Additional Observations:

Overall Product Score (Average of Scores):

Recommendations for Improvement:

Evaluator Signature:
