**Food Product Evaluation Form**

**Product Details**

* **Product Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Flavor/Variant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Evaluation: //\_\_\_\_**

**Sensory Evaluation**

* **Taste: ☐ Poor ☐ Fair ☐ Good ☐ Excellent**
* **Texture: ☐ Too Soft ☐ Perfect ☐ Too Hard**
* **Aroma: ☐ Weak ☐ Moderate ☐ Strong**
* **Packaging: ☐ Not Durable ☐ Standard ☐ High Quality**

**Overall Satisfaction**

* **Would you repurchase this product? ☐ Yes ☐ No**
* **Would you recommend it to others? ☐ Yes ☐ No**
* **Additional Feedback:**

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