

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:
