

## Cupping & Tasting Evaluation Form

Date:	Time:	Method:      Blind    Open
Initials Taster:	Cupping Purpose:	
Coffee Types / Regions:		

	Nr:	Nr:	Nr:
Fragrance	-         0         +	-         0         +	-         0         +
Aroma	-         0         +	-         0         +	-         0         +
Body	-         0         +	-         0         +	-         0         +
Acidity	-         0         +	-         0         +	-         0         +
Flavour	-         0         +	-         0         +	-         0         +
Preference			
Name Guess			
<b>Outcome</b>			
Type/Region			
Supplier			
Ref. no.			