



Specialty Coffee Association of America Coffee Cupping Form

Name: _____

Date: _____ Session: _____ Table No. _____

Quality scale:			
6.00 - Good	7.00 - Very Good	8.00 - Excellent	9.00 - Outstanding
6.25	7.25	8.25	9.25
6.50	7.50	8.50	9.50
6.75	7.75	8.75	9.75

Sample #	Roast Level or sample	Fragrance/Aroma Score: <input type="text"/>	Flavor Score: <input type="text"/>	Acidity Score: <input type="text"/>	Sweetness Score: <input type="text"/>	Body Score: <input type="text"/>	Clean Cup Score: <input type="text"/>	Overall Score: <input type="text"/>	Total Score <input type="text"/>
		 Dry Qualities: Break 	 Aftertaste Score: <input type="text"/>	 Intensity High Low	 Intensity High Low	 Balance Score: <input type="text"/>	 Uniformity Score: <input type="text"/>	Defects (subtract) Taint=2 # cups Intensity Fault=4 <input type="text"/> X <input type="text"/> = <input type="text"/>	
Notes:									Final Score <input type="text"/>

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