



Specialty Coffee Association Coffee Cupping Form

Name: _____

Date: _____

<u>Quality scale:</u>			
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	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Total Score <input type="text"/>	
		Fragrance/Aroma	Flavor	Acidity	Body	Uniformity	Clean Cup	Overall		
		6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10		
		Dry <input type="checkbox"/>	Qualities: <input type="checkbox"/>	Break <input type="checkbox"/>	Aftertaste	Intensity	Level	Balance	Sweetness	Defects (subtract)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 7 8 9 10	High <input type="checkbox"/>	Heavy <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/>	Taint=2 # cups Intensity
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High <input type="checkbox"/>	Low <input type="checkbox"/>	Thin <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/>	Fault=4 <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:									Final Score <input type="text"/>	

Sample #	Roast Level or sample	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Total Score <input type="text"/>	
		Fragrance/Aroma	Flavor	Acidity	Body	Uniformity	Clean Cup	Overall		
		6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10		
		Dry <input type="checkbox"/>	Qualities: <input type="checkbox"/>	Break <input type="checkbox"/>	Aftertaste	Intensity	Level	Balance	Sweetness	Defects (subtract)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 7 8 9 10	High <input type="checkbox"/>	Heavy <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/>	Taint=2 # cups Intensity
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High <input type="checkbox"/>	Low <input type="checkbox"/>	Thin <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/>	Fault=4 <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:									Final Score <input type="text"/>	

Sample #	Roast Level or sample	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Total Score <input type="text"/>	
		Fragrance/Aroma	Flavor	Acidity	Body	Uniformity	Clean Cup	Overall		
		6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10		
		Dry <input type="checkbox"/>	Qualities: <input type="checkbox"/>	Break <input type="checkbox"/>	Aftertaste	Intensity	Level	Balance	Sweetness	Defects (subtract)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 7 8 9 10	High <input type="checkbox"/>	Heavy <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/>	Taint=2 # cups Intensity
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High <input type="checkbox"/>	Low <input type="checkbox"/>	Thin <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/>	Fault=4 <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:									Final Score <input type="text"/>	