Restaurant Dish Evaluation Form

Dish Name	
Date	_
Evaluator	
Table Number	
	_
Category	
	•
Presentation	_
O 1	
O 2	
O 3	
O 4	
O 5	
Taste	
O 1	
^ℂ 2	
O 3	
O 4	
○ 5	
Texture	
O 1	
C 2	
C 3	
O 4	
○ 5	
Temperature	
O 1	
O 2	
O 3	
O 4	
○ 5	
Additional Comments	