## **Alternative Milk Sensory Testing Template**

## Sample Information

Sample Name	
Date	_
Panelist	
Appearance	
Color	
Clarity	_
Consistency	
Aroma	
Description	
Description	$\overline{}$
Intensity (1-5)	1
Flavor	
Description	_
Sweetness (1-5)	
Bitterness (1-5)	

Other Notes

Mouthfeel		
Body/Thickness (1-5)		
Creaminess (1-5)		
Aftertaste		
Other Observations		
Overall Score (1-10)		