Chocolate Tasting Sensory Form

O4

Taster Information Name Date **Chocolate Information** Brand Type / Origin Cocoa Percentage **Appearance** Color Surface (gloss, bloom, etc.) **Snap** Snap Quality O_1 **C** 2 **O** 3 **C**4 **O** 5 **Aroma** Notes Detected Intensity **O**1 **O** 2 **O** 3

C 5
Texture/Mouthfeel
Smoothness
○ 1 ○ 2
C3
C 4
C 5
Other Texture Notes
Flavor
Tasting Notes
Balance (sweetness, bitterness, acidity)
Intensity
C 1
C ₂ C ₃
C4
○ 5
Finish
Length/Duration
Quality
O 1
C 2
○3 ○4
C 5
Overall Impression
Overall Score
O 1
C ₂ C ₃
O 4
C 5

Comments