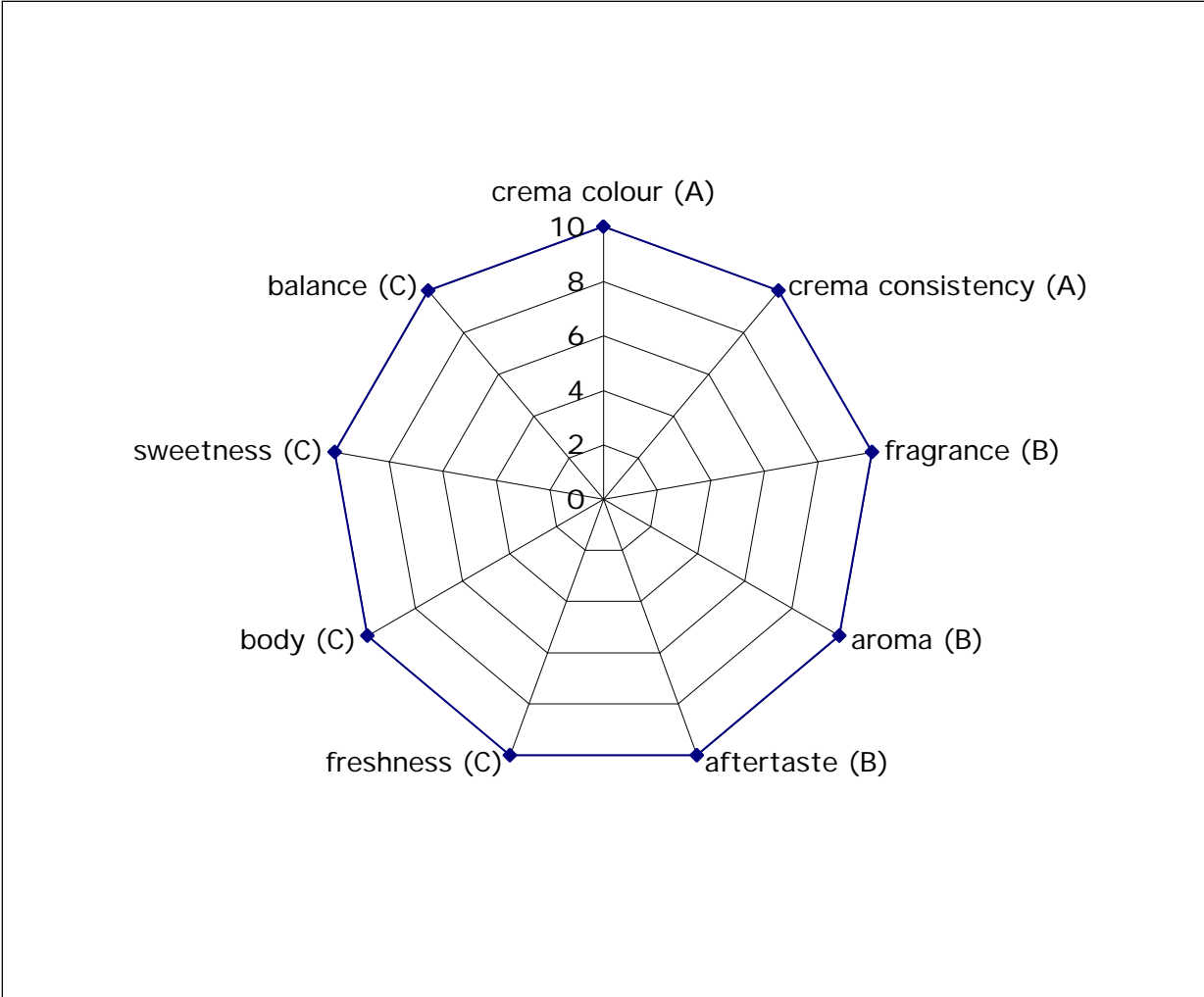


Espresso Tasting Evaluation Form

Date: _____ Time: _____ Method: Blind Open

Initials Taster: _____ Cupping Purpose: _____

Coffee Description: _____



Remarks:

Score A:

Score B:

Score C:

Total Score:

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