

	SENSORY EVALUATION FORM				
	DOCUMENT NUMBER: SIPL/SOP/QC/15-F02	ISSUE DATE: 1 st Oct 2022	REVISION NO: 00	EFFECTIVE DATE: 1 st Nov 2022	NEXT REVIEW DATE: 1 st Nov 2024

Date:

Product name:

Batch number:

Control sample batch number:

Please taste and record your opinion on 5-point scale compare with reference sample.

Scale Description: 5-Liked Very Much, 4 – Liked, 3 – Liked Slightly, 2 – Disliked Slightly, 1 – Disliked

Batch identification number	Lot I				Lot II				Lot III			
Number of evaluators	1	2	3	4	1	2	3	4	1	2	3	4
Parameters												
Color												
Aroma												
Texture												
Taste												
Sweetness												
Grittiness												
Mouth Feel												
Overall Acceptability												
Total												
Average												
Overall average												
Signature												

Are these samples close to each other in taste with respect to reference sample?

Yes _____

No _____

If no, please mention the reason(s):

Note: For batch approval average score should be More than 3.5

Signature: