TODDY®

cold brewed. simply better.™

Cold Brew Coffee Cupping Form

Name: _____

Date: _____ Session: _____

Quality Scale:

6.00 - **Good**	7.00 - **Very Good**	8.00 - **Excellent**	9.00 - **Outstanding**
6.25	7.25	8.25	9.25
6.50	7.50	8.50	9.50
6.75	7.75	8.75	9.75

Sample #

Roast Level of Sample

Fragrance/Aroma Score: ____ (6 7 8 9 10)

Dry: High / Low

Brewed: High / Low

Flavor Score: ____ X2 (6 7 8 9 10)

Aftertaste Score: ____ (6 7 8 9 10)

Acidity Score: ____ (6 7 8 9 10) High / Low

Body Score: ____ (6 7 8 9 10) High / Low

Sweetness Score: ____ (6 7 8 9 10) High / Low

Balance Score: ____ X2 (6 7 8 9 10)

Overall Score: ____ (6 7 8 9 10)

Cupper Notes:

* Vertical Scales mark Intensity of attribute
* Horizontal Scales mark quality of attribute
* Flavor & Balance scores are multiplied by factor of 2
* Defects: Taints intensity -1/Faults intensity -2 lose points in Balance Score

Notes:

Total Score _____

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