



Specialty Coffee Association of America Coffee Cupping Form

Name: _____

Date: _____

<u>Quality scale:</u>			
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	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Total Score <input type="text"/>
		Fragrance/Aroma	Flavor	Acidity	Body	Uniformity	Clean Cup	Overall	
		6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	
		Dry Qualities: Break	Score: <input type="text"/>	Intensity High	Level Heavy	Score: <input type="text"/>	Score: <input type="text"/>	Defects(subtract)	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Aftertaste	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Balance	Sweetness	Taint=2 # cups Intensity	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fault=4 <input type="checkbox"/> X <input type="checkbox"/> = <input type="text"/>	
Notes:									Final Score <input type="text"/>

Sample #	Roast Level of Sample	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Score: <input type="text"/>	Total Score <input type="text"/>
		Fragrance/Aroma	Flavor	Acidity	Body	Uniformity	Clean Cup	Overall	
		6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	
		Dry Qualities: Break	Score: <input type="text"/>	Intensity High	Level Heavy	Score: <input type="text"/>	Score: <input type="text"/>	Defects(subtract)	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Aftertaste	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Balance	Sweetness	Taint=2 # cups Intensity	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fault=4 <input type="checkbox"/> X <input type="checkbox"/> = <input type="text"/>	
Notes:									Final Score <input type="text"/>

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		Fragrance/Aroma	Flavor	Acidity	Body	Uniformity	Clean Cup	Overall	
		6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	
		Dry Qualities: Break	Score: <input type="text"/>	Intensity High	Level Heavy	Score: <input type="text"/>	Score: <input type="text"/>	Defects(subtract)	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Aftertaste	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Balance	Sweetness	Taint=2 # cups Intensity	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fault=4 <input type="checkbox"/> X <input type="checkbox"/> = <input type="text"/>	
Notes:									Final Score <input type="text"/>